HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 883 Health Care Services for Minors and Incapacitated Persons
SPONSOR(S): Ryan
TIED BILLS: None. **IDEN./SIM. BILLS:** CS/SB 1090

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Future of Florida's Families Committee		Davis	Collins
2) Civil Justice Committee			
3) Health Care Appropriations Committee			
4) Health & Families Council			
5)			

SUMMARY ANALYSIS

HB 883 specifies requirements for the Department of Children and Families (department) with respect to providing psychotropic medication to a child in the custody of the department. The bill specifies the following:

- Requires the prescribing physician to attempt to obtain express and informed parental consent for providing such medication.
- Authorizes the department to provide psychotropic medication without such consent in certain circumstances.
- Requires the child to be evaluated by a physician.
- Requires the department to obtain court authorization for providing such medication within a specified period of time.
- Specifies circumstances under which medication may be provided in advance of a court order.
- Requires that a hearing be held on the motion to provide psychotropic medication to a child under certain circumstances.
- Requires the department to provide a child's medical records to the court.
- Requires the department to adopt rules governing procedures for determining the services needed, obtaining personal consent, and obtaining court authorization for the use of psychotropic medication.
- Requires that a patient be asked to give express and informed consent before admission or treatment.
- Requires additional information be provided with respect to risks and benefits of treatment, the dosage range of medication, potential side effects, and the monitoring of treatment.

In 2004, the department studied the use of psychotropic medication with children in its custody over a specified period of time. As a result of this study, it was determined that 13 percent of all children in state custody were receiving at least one psychotropic medication. Further analysis indicated that of the children receiving at least one psychotropic medication, eight percent were being treated with three or more medications concurrently. Findings also indicated that 3.5 percent of the children in state custody who were age five and under received at least one psychotropic medication. A surprising finding was that 25 percent of the children living in a foster care setting were being treated with psychotropic medications, a rate five times higher than that for the general population of Medicaid eligible children.

According to the Department of Children and Families, it would cost an estimated $1,127,800 in FY 2005-2006 to implement this bill.

This bill provides an effective date of July 1, 2005.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Provide Limited Government: This bill increases the responsibilities of the Department of Children and Families. There will be an undetermined cost for the Department of Children and Families Child Welfare and Community-Based Care Program and the Children's Mental Health Program to develop new rules and amend current rules to comply with the requirements of this bill. There may be litigation expenses to pay for medical testimony on behalf of the Department of Children and Families. The cost of additional psychiatric or other medical evaluations will depend on the number of children requiring these evaluations and the number of evaluations performed each year. The Office of the State Courts Administrator (OSCA) reports that the hearings on psychotropic medications required by this bill may result in an increase in judicial workload. Additionally, OSCA notes that the bill authorizes the court to order additional medical consultation and second opinions without specifying who pays for these activities. The court has and exercises this authority now without the provisions of this bill.

Empower Families: This bill increases the empowerment of families as the prescribing physician must attempt to obtain express and informed parental consent for providing such medication.

B. EFFECT OF PROPOSED CHANGES:

Present Situation: Throughout the United States and in Florida a growing number of children are diagnosed with mental disorders. The increasing number of children needing mental health treatment in this state significantly impacts the child welfare system that is the responsibility of the Department of Children and Families (department). This impact may be due to the disproportionate number of children in the department's care who are considered "high risk" for emotional and behavioral problems because of the trauma of abuse or neglect, as well as the necessity of removal from their homes and separation from their families. These children may experience problems ranging from behavioral to socio-emotional to psychological and are frequently in need of treatment that may include psychotropic medications.

Psychotropic medication is one of many treatment interventions that may be used to address mental health problems. Medication may be recommended and prescribed for children with mental, behavioral, or emotional symptoms when the potential benefits of treatment outweigh the risks. However, there has been growing public concern over reports that very young children are being prescribed psychotropic medications with potentially adverse side effects.

Some of the concern regarding the use of psychotropic medications with children stems from the limited information that is available regarding the efficacy and the potential side effects of these drugs with children. Most clinical trials for these drugs were conducted on an adult population. The same results are not always obtained when these drugs are used with children, and the side effects for children are frequently different from those experienced by adults. The Food and Drug Administration (FDA) has publicly expressed concerns regarding the use of antidepressants in children and recently established an advisory committee to further study and evaluate the use of psychotropic medications with children.

In Florida, there has been controversy around the number of children in the custody of the state who are on psychotropic medications. The controversy has included the types of medications prescribed, the circumstances under which the drugs were used, how consent was obtained, as well as the lack of oversight provided by state agencies. However, there is no source of information that accurately depicts the prescribing patterns and frequency with which these medications are provided to children under state custody or the appropriate use of these drugs.

Emotional and mental disorders are disproportionately frequent among children who have been abused or neglected. Those same children frequently end up in the foster care system because of that abuse or neglect. Studies of mental health needs specific to the foster care system have firmly established that children in foster care are a high-risk population for socio-emotional, behavioral, and psychiatric problems warranting mental health treatments. In addition, an estimated 50 percent of Florida juvenile offenders in residential delinquency programs are diagnosed with mental health illnesses or emotional problems; many have been victims of physical and/or sexual abuse themselves.

Children with emotional, behavioral, and mental disorders that could be treated with medications may not be treated, or may be treated improperly, because their physicians do not know which products might be most effective or what dosage to administer. New drug therapies are helping children combat even serious mental illnesses, such as schizophrenia and depression. Troubled children have been able to make dramatic turnarounds and do things they never could before—go to school, be with friends and get along with their family. However, three-fourths of all medications used by children are prescribed "off label," in that they have not been approved by the FDA for use by children. Clinicians, families, researchers and advocates are concerned about the unknown, long-term effects of medication on children's development.

There are several major categories of psychotropic medications: stimulants; anti-depressants; anti-anxiety agents; anti-psychotics; and mood stabilizers. However, effective treatment with psychotropic medication depends on the appropriate diagnosis of the problem. These medications may be used to treat a variety of symptoms and include:

- Stimulant medications which are frequently used to treat Attention Deficit Hyperactivity Disorder ADHD), the most common behavioral disorder of childhood;
- Anti-depressants and anti-anxiety medications which follow the stimulant medications in prevalence among children and adolescents. These medications are commonly used for depression, anxiety and obsessive compulsive disorders;
- Anti-psychotic medications which are used to treat children with schizophrenia, bipolar disorders, autism, and severe conduct disorders; and
- Mood stabilizing medications which are used to treat bipolar disorders.

In 2004, the department studied the use of psychotropic medication with children in its custody over a specified period of time. As a result of this study, it was determined that 13 percent of all children in state custody were receiving at least one psychotropic medication. Further analysis indicated that of the children receiving at least one psychotropic medication, eight percent were being treated with three or more medications concurrently. Findings also indicated that 3.5 percent of the children in state custody who were age five and under received at least one psychotropic medication. A surprising finding was that 25 percent of the children living in a foster care setting were being treated with psychotropic medications, a rate five times higher than that for the general population of Medicaid eligible children.

Despite initiatives by the department to identify children in its care who are on psychotropic medications and to determine the appropriateness of this treatment, there is limited information available to make such determinations.

The procedure for ensuring that children in department custody are receiving appropriate treatment to address their mental health needs and for obtaining authorization to provide psychotropic medication to children in department custody is an issue of considerable importance to the department and the children it serves. Treatment for these children often includes the provision of appropriately prescribed psychotropic medications. Under the current statutes, according to the Department of Children and Families, the department lacks clear authority to consent to extraordinary medical treatment, including not only the provision of psychotropic medications, but also to general anesthesia, surgery, or cessation of life.

Although this lack of statutory authority is clear to the department, trial courts have been inconsistent in entertaining department motions for authorization to administer psychotropic medications. In recent years, several dependency court judges have taken the position that in cases where parental rights to a child have been terminated, the department is the custodian of the child and thus has the authority to make decisions regarding consent for medications for the child.

Department policy and practice related to the provision of psychotropic medications is governed by General Counsel Opinion No. 2001-04 and 2001-04(a) issued in May of 2001. This opinion requires that if the parent is available, consent to provide psychotropic medication must be sought from the parent. If the parent is unavailable or unwilling to consent, a court order must be entered prior to the provision of the medication. In additional clarification of the opinion, the General Counsel indicates that if the child is receiving psychotropic medication pursuant to a court order, that information should be addressed in the Judicial Review and continued authorization should be made part of the court order.

The Department's Authority to Consent to Medical Treatment

Currently, s. 39.407, F.S., requires that consent for medical treatment be obtained from a parent or legal custodian of a child in state custody, or by a court order approving treatment if the parent or legal custodian is unavailable, his/her whereabouts cannot be ascertained, or the parent refuses to give consent. The department may consent to the medical care or treatment of any minor who is in its custody under ch. 39, F.S., when the person who has the power to consent, as otherwise provided by law, cannot be contacted and has not expressly objected to that consent. *See* s. 743.0645(3), F.S.

However, the term "medical care and treatment" is defined to include **ordinary** and necessary medical and dental examination and treatment, including blood testing, preventive care including ordinary immunizations, tuberculin testing, and well-child care, *but does not* include surgery, general anesthesia, provision of psychotropic medications, or other **extraordinary** procedures for which a separate court order, power of attorney, or informed consent as provided by law is required. *See* s. 743.0645(1)(b), F.S.

Problems have been experienced when children come into care of the department while taking psychotropic medications and parental consent cannot be obtained. When this situation occurs, the child does not receive his or her medication until either parental consent or court authorization can be obtained. Similarly, problems are also experienced when a child in out-of-home care needs medication and the physician advises that it is unwise to wait for court approval before providing the medication. There are times that failing to provide the needed medication on time results in the significant deterioration of the child's mental and emotional stability. While court approval must be obtained, in the absence of parental consent, to provide psychotropic medication for children in the custody of the department, the courts have expressed discomfort with providing authorization for reasons that include the following:

- Courts frequently lack the necessary information about the child's condition to make informed decisions;
- There is a lack of information (particularly medical history) that travels with the child through the child welfare system, making it difficult for the treating physician to meet procedural requirements associated with children in out-of-home care;
- There are no state endorsed standards of care or guidelines for treatment decisions to be measured against;
- Medication oversight and monitoring requirements for children on psychotropic medications are not clearly defined; and
- The level and quality of information that must be provided to the parents/legal custodian in order to ensure express and informed consent is provided is not clear.

Express and Informed Consent

"Express and informed consent" is defined under s. 394.455(9), F.S., as consent given voluntarily in writing, by a competent person, after sufficient explanation and disclosure of

subject matter involved to enable the person to make a knowing and willful decision without any element of force, fraud, deceit, duress, or other form of coercion.

Each person entering treatment, if competent, must be asked to give express and informed consent for treatment. If the person is a minor, express and informed consent is required from the guardian. Section 394.459(3), F.S., further provides that prior to seeking consent, the individual or the individual's parent or legal guardian must be given the following information:

- The reason for the admission;
- The proposed treatment;
- The purpose of the treatment to be provided;
- The common side-effects thereof;
- The consideration of any alternative treatment modalities;
- The approximate length of care; and
- That any consent given may be revoked orally or in writing prior to or during the treatment period.

The requirements specified by s. 394.459, F.S., are referenced by Rule 65E-10, F.A.C., which governs the provision of mental health services to children in residential treatment settings and addresses the need to protect children's rights by requiring that policies be developed in accordance with the provisions of ch. 394, Part I, F.S. However, the rules pertaining to the provision of mental health services to children on an outpatient basis do not provide similar safeguards nor do they specifically address treatment with psychotropic medications.

Many proponents feel that the current safeguards for children taking psychotropic medications do not appear to be sufficient. There are ongoing reports of incidents involving inappropriate utilization of these medications, specifically regarding practices around the provision of psychotropic medications to children who are in the care of DCF.

Complaints

Section 394.459(4)(b), F.S., requires, among other things, that mental health receiving and treatment facilities develop and maintain a system for the review of complaints by patients or their families or guardians. This provision does not address the resolution of these complaints, only that they be reviewed.

Effect of Changes: Section 39.407(3)(a) F.S., states that before the department provides psychotropic medications to a child in its custody, the prescribing physician shall attempt to obtain express and informed consent from the child's parent or legal guardian. If the parental rights have been terminated or consent is not obtained from the parents, the department must seek court authority to provide the medication after consultation with the prescribing physician. If the parental rights have not been terminated, and it is possible to do so, the department shall involve the parents in the decision making process regarding the provision of psychotropic medications. A parent who retains parental rights may, at any time, give express and informed consent to provide the child with psychotropic medication, therefore negating the requirement to seek court authorization for medication.

The bill provides in s. 39.407(3)(b), F.S., that prior to a shelter hearing, the department may authorize the continued provision of psychotropic medications to a child already receiving those medications upon the child's removal from the home when parental authorization cannot be obtained. According to the department, the use of language permitting the department to authorize the provision of psychotropic medication is extremely problematic. The implication of such language is that the department has or could have the ability to provide informed consent for this medication. The department does not want the responsibility of providing informed consent or authorizing the provision of psychotropic medication and has made it very clear that such language creates a liability issue for the department. According to the department, the language should state that the department can continue to provide the medication that the child has already been prescribed and has been taking.

The bill also requires that when a child is removed from the home the department must attempt to get the consent of the child's parent or legal guardian for the continued provision of the psychotropic medication. In the event such consent is obtained, the department is not required to seek court authority to provide the psychotropic medication. If parental consent is not received and the department is advised by a physician that the child should continue to take the medication, the department must file a motion seeking court authority at the shelter hearing to continue providing the psychotropic medication to the child. If the court authorizes the continued provision of the medication at the shelter hearing, this authorization is only valid until the dependency motion is heard or 28 days following the date of removal, whichever occurs sooner. The bill states that the department shall ensure that the child is evaluated by a physician licensed under Chapter 458 or Chapter 459, F.S., to determine if it is appropriate for the child to continue to be provided the psychotropic medication prior to filing a dependency petition. According to the department, this mandate does not take into consideration that a psychiatric evaluation may require more time than the time frame established in the bill, and may result in late filing of the petition for adjudication of dependency. According to the department, the bill should make it clear that the petition for adjudication of dependency must be filed whether or not the motion for the provision of the psychotropic medication is ready.

The bill provides in s. 39.407(3)(c), F.S., that the department is directed to seek court approval to provide psychotropic medication, as a part of the dependency hearing process, if consent cannot be obtained from the parent or legal guardian. The bill also specifies that the motion that is filed by the department to seek the court authorization to initially provide or to continue to provide psychotropic medication to a child in its legal custody must be supported by a written report prepared by the department that describes the efforts that have been made to enable the prescribing physician to obtain express and informed consent for providing the medication to the child as well as other treatments considered or recommended for the child. The motion must also include a physician's signed medical report providing:

- The name of the child, the name and dosage range of the medication, and that there is a need to prescribe psychotropic medication to the child based upon a diagnosed condition for which the medication is being prescribed;
- A statement indicating that the physician has reviewed all medical information on the child that has been provided;
- A statement indicating that the psychotropic medication, at its prescribed dosage, is appropriate for treating the child's diagnosed medical condition, as well as the behaviors and symptoms the medication, at its prescribed dosage, is expected to address;
- An explanation of the nature and purpose of the treatment; the recognized side effects, risks, and contraindications of the medication; drug-interaction precautions; the possible effects of stopping the medication; and how the treatment will be monitored, followed by a statement indicating that this explanation was provided to the child if age appropriate and to the child's caregiver; and
- Documentation addressing whether the psychotropic medication will replace or supplement any other currently prescribed medications or treatments; the length of time the child is expected to be taking the medication; and any additional medical, mental health, behavioral, counseling, or other services the prescribing physician recommends.

The bill provides in section 39.407(3)(d)1., F.S., that if any party objects to the department's motion requesting court authorization to provide a child with psychotropic medication, the court must hold a hearing before approving the department to initially provide or continue medications for a child. The physician's medical report is admissible evidence. However, the physician is not required to attend the hearing or testify unless court ordered to do so. The court may, in the best interests of the child, order the provision of psychotropic medication based upon the department's motion and the physician's report. However, the court must ask the department whether additional medical, mental health, behavioral, counseling, or other services which the prescribing physician considers to be necessary or beneficial in treating the child's medical condition, and that the physician recommends or expects to provide to the child in concert with the medication are being provided to the child by the department.

The court may also order additional medical consultation, including obtaining a second opinion within five working days after such order, based upon consideration of the best interests of the child. According to the department obtaining a second psychiatric opinion within five days may be difficult due to the limited number of child psychiatrist in Florida. The court may not order the discontinuation of a prescribed psychotropic medication contrary to the decision of the prescribing physician without first obtaining a second opinion from a licensed psychiatrist, if available, or, if not available, a physician licensed under ch. 458 or ch. 459, F.S., stating that the psychotropic medication should be discontinued. If, however, the prescribing physician is a child or adolescent psychiatrist, the court may not order the discontinuation of prescribed psychotropic medication unless the second opinion is also from a child or adolescent psychiatrist. The burden of proof at any hearing must be made by a preponderance of evidence.

Of particular concern to the department, are the numerous psychiatric evaluations and medical opinions that the department can be required to obtain pursuant to this bill. The department must obtain an initial evaluation after the child is removed from the home, and may have to obtain a second opinion soon thereafter. At any time, the court may order the department to obtain another medical opinion that the continued use of the medication is in the child's best interests. According to the department, there is nothing to prevent a court from doing so on a monthly basis. There is also nothing addressing alternatives if a second opinion regarding these medications cannot be obtained within five days. The department has concern because there is no provision in this bill addressing the source of payment for these evaluations. According to the department, access to and payment for this service for dependent children has been very problematic in the past.

This bill provides in s. 39.407(3)(e), F.S., that if the child's prescribing physician certifies in the signed medical report that delay in providing a prescribed psychotropic medication would more likely than not cause significant harm to the child, the medication may be provided in advance of the issuance of a court order. In such an event, the medical report must provide the specific reasons why the child may experience significant harm and the nature and the extent of the potential harm. The department must submit a motion seeking continuation of the medication and the physician's medical report to the court, the child's guardian ad litem, and all other parties within three working days after the department commences providing the medication to the child. The department shall seek the order at the next regularly scheduled court hearing required under this chapter, or within 30 days after the date of the prescription, whichever occurs sooner. If any party objects to the department's motion, the court shall hold a hearing within seven days. This could again require another psychiatric evaluation of the child in a very short period of time. Additionally, psychotropic medications may be administered in advance of a court order in hospitals, crisis stabilization units, and in statewide inpatient psychiatric programs. Within three working days after the medication is begun, the department must seek court authorization as specified in this bill.

This bill provides in s. 39.407(3)(f), F.S., that when a child who is in the custody of the department is prescribed psychotropic medications, in accordance with the provisions of this bill, the department is required to fully inform the court of the child's medical and behavioral status as a part of the social services report that is prepared for each judicial review. As a part of the information that is provided to the court, the department must also furnish copies of all pertinent medical records concerning the child which have been generated since the previous hearing. The bill authorizes the court, on its own motion or on good cause shown by any party, including any guardian ad litem, attorney, or attorney ad litem who has been appointed to represent the child or the child's best interests, to review the child's status more frequently. The bill also specifically authorizes the court to review the medical and behavioral status of the child more frequently than at the intervals specified by this bill as well as order the department to obtain a medical opinion that the continued use of the medication under the circumstances is safe and medically appropriate. However, the court currently has the authority to order additional hearings or to seek a second medical opinion whenever the court deems necessary.

This bill provides in s. 39.407(3)(f) F.S., that the department is to adopt rules to ensure that children receive timely access to clinically appropriate psychotropic medications. These rules must, at a minimum, describe a uniform process for obtaining informed consent and procedures for obtaining court authorization, including adoption of standardized forms to be used in requesting court authorization for use of psychotropic medication. The rule will also describe the process for

determining what other medical and behavioral health services should be provided to the child and how the child's treatment plan and case plan will be integrated. The department must begin the formal rule making process within 90 days of the effective date of this act.

According to the department, the language proposed by this bill regarding rule development does not address some issues that are important to the child's well-being. For example, the department is not required to address how the child's parents are to be included in treatment decisions when parental rights have not been terminated or how to ensure that the child's caregiver receives the information contained in the prescribing physician's signed report that is provided to the court.

Although there are current requirements specified in rule pertaining to the provision of mental health services for children, these requirements do not specifically address the use of psychotropic medications and may only be applicable in crisis stabilization units or residential treatment settings. There are situations when a child who is in the custody of the department may be prescribed a psychotropic medication without there being clear departmental requirements for the administration of this medication. Staff from DCF's Children's Mental Health and Child Welfare Programs indicate that rules are under development to address some of these gaps. The language proposed in this section of the bill will assist the department in ensuring that safeguards are in place for children who are prescribed psychotropic medication.

The bill amends s. 394.459(3), F.S., concerning the patient's right to express and informed consent. There is an increase in the amount of information that must be provided to a patient or a person who is legally authorized to make mental health care decisions on behalf of the patient in order to obtain express and informed consent and to expand the requirements of facilities when handling complaints.

The bill strengthens the informed consent process and ensures that information is provided in plain language that is easily understood by the child and his or her caregiver. The bill also adds the additional requirements to inform the individual of the potential side effects for stopping treatment and to address the monitoring that is to occur while treatment is being provided. Finally, the bill provides that mental health facilities are to develop a system for investigating, tracking, managing, and responding to complaints by persons receiving services or individuals acting on their behalf. This system must be consistent with rules adopted by the department. According to the department, the bill does not clarify if psychotropic medications can be provided to children in the department's custody who are in Crisis Stabilization Units or acute care facilities.

This bill amends s. 743.0645(1), F.S., providing an exemption from the requirements relating to the consent for medical care and treatment to allow the department to authorize treatment with psychotropic medications for a child in its custody as provided under s. 39.407(3), F.S.

C. SECTION DIRECTORY:

Section 1. Amends s. 39.407, F.S., to specify the requirements for the Department of Children and Families to follow with respect to providing psychotropic medications to a child who is in its custody.

Section 2. Amends s. 394.459(3), F.S., to increase the information that must be provided to a patient or a person who is legally authorized to make mental health care decisions on behalf of the patient in order to obtain express and informed consent and to expand the requirements of facilities when handling complaints.

Section 3. Amends s. 743.0645(1), F.S., providing an exemption from the requirements relating to the consent for medical care and treatment to allow the department to authorize treatment with psychotropic medications for a child in its custody as provided under s. 39.407(3), F.S.

Section 4. Provides for an effective date of July 1, 2005.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

   None.

2. Expenditures:

   Department of Children and Families

   Psychiatric Medication Evaluations

# of children in state custody receiving at least one behavioral health drug (Sept. 1, 2004 – Nov. 30, 2004)	5,641
25% requiring 2 psychiatric medication evaluations	1,410
	1,410 X $250 X 2 = $705,000
Expert testimony in medication review hearings	
Hourly cost for psychiatric testimony	$200
75% of cases (phone deposition 1 hour)	1,058
	1,058 X $200 = $211,600
25% of cases (court appearance 3 hours X $200 =$600)	352
	352 X $600 = $211,200
Total	**$1,127,800**

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

   None.

2. Expenditures:

   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

This legislation will have an impact on Florida licensed physicians, including those enrolled in Medicaid, who prescribe psychotropic medications to children in the care and custody of the state, by expanding documentation and reporting requirements. The majority of children in the care and custody of the state are on Medicaid.

D. FISCAL COMMENTS:

There will be an undetermined cost for the Department of Children and Families' Child Welfare and Community-Based Care Program and the Children's Mental Health Program to develop new rules and amend current rules to comply with the requirements of this bill. There may be other costs associated with the implementation of this bill, but these costs cannot be estimated based on available data.

- There may be litigation expenses to pay for medical testimony on behalf of the Department of Children and Families.
- The cost of additional psychiatric or other medical evaluations will depend on the number of children requiring these evaluations and the number of evaluations performed each year.

Implementation of this bill may lower the use of psychotropic medications among children in state custody, potentially generating a cost savings to the state.

The Office of the State Courts Administrator (OSCA) reports that the hearings on psychotropic medications required by this bill may result in an increase in judicial workload. Additionally, OSCA notes that the bill authorizes the court to order additional medical consultation and second opinions without specifying who pays for these activities. The court has and exercises this authority now without the provisions of this bill.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

The bill does not require counties or municipalities to spend funds or to take an action requiring the expenditures of funds. The bill does not reduce the percentage of a state tax shared with counties or municipalities. The bill does not reduce the authority that municipalities have to raise revenue.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The Department of Children and Families is given rulemaking authority consistent with the provisions of this bill. There will be an undetermined cost for the department to develop new rules and amend current rules to comply with the requirements of this bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

The department maintains that it may be difficult to obtain psychiatric evaluations within the time frames specified by this bill.

Section 39.407(3)(b)3., F.S., refers to "dependency motion," which is not defined. There is a petition for adjudication of dependency (sometimes called a dependency petition), for which an arraignment hearing is held. The term is not related to current statutory terminology and should be clarified.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES