

# SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: Children and Families Committee

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BILL: SB 280

INTRODUCER: Senator Fasano

SUBJECT: Community Behavioral Health Agencies

DATE: January 4, 2006

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Goltry</u>	<u>Whiddon</u>	<u>CF</u>	<b>Favorable</b>
2.	_____	_____	<u>JU</u>	_____
3.	_____	_____	<u>HA</u>	_____
4.	_____	_____	<u>WM</u>	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

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## I. Summary:

Senate Bill 280 creates s. 394.90085, F.S., limiting liability in tort actions involving crisis services provided by detoxification programs defined in s. 397.311(18) (b), F.S., addictions receiving facilities defined in s. 397.311 (18) (a), F.S., or designated public receiving facilities defined in s. 394.455 (26), F.S. The bill requires that damages be offset by any collateral source payment in accordance with s. 768.76, F.S., and allows for claims bills to be brought to the Legislature for amounts in excess of those specified by the bill. The provider or its insurers are to assume any costs for defending actions brought under this section.

The bill extends the immunities enjoyed by a provider to an employee of the provider under certain conditions. The bill specifies that the newly created section does not have the effect of designating a person who provides contractual services to the Department of Children and Family Services (DCF or the department) as an employee or agent of the state for the purposes of ch. 440, F.S., relating to Worker's Compensation. The bill requires that as a part of its contract with DCF, providers are required to obtain and maintain general liability coverage in the amount of \$1 million per claim and \$3 million per incident.

Conditional limitations on damages specified by the act are increased at the rate of five percent each year, to be prorated from its effective date to the date at which damages subject to such limitations are awarded by final judgment or settlement.

The bill takes effect on July 1, 2006.

This bill creates the following section of the Florida Statutes: s. 394.9085.

## II. Present Situation:

Part I of chapter 394 is the Florida Mental Health Act, also known as “the Baker Act.” The Baker Act describes the criteria and process for the involuntary examination of a person who is believed to have a mental illness and, because of that illness, has refused voluntary examination or is unable to determine that an examination is necessary and is a danger to self or others or likely to suffer from self-neglect to the degree that it endangers his or her well-being. The statute authorizes law enforcement, certain mental health clinical professionals, or the court to require that an individual be involuntarily detained for evaluation for a period up to 72 hours.

In addition to procedural requirements for involuntary examination and voluntary and involuntary treatment, the Baker Act provides a framework for the public mental health service delivery system. The “front door” to that system is the public receiving facility. Receiving facilities admit persons for involuntary examination and are defined in the statute as “any public or private facility designated by the department to receive and hold involuntary patients under emergency conditions or for psychiatric evaluation and to provide short-term treatment.”<sup>1</sup> Public receiving facilities are those facilities that receive public funds specifically for Baker Act examinations. Under s. 394.459(2), F.S., receiving facilities are required to examine and provide treatment to everyone, regardless of their diagnosis or ability to pay. The Florida Council for Community Mental Health (FCCMH) reports that virtually all funding for public receiving facilities comes from local, state, and federal sources.<sup>2</sup> Public receiving facilities are usually co-located with a community mental health provider agency or a public hospital.

A crisis stabilization unit is defined as “a program that provides an alternative to inpatient hospitalization and that provides brief, intensive services 24 hours a day, seven days a week, for mentally ill individuals who are in an acutely disturbed state.”<sup>3</sup> The definition of “crisis stabilization unit” and licensure requirements for these programs are found in Part IV of Chapter 394, F.S., the Community Substance Abuse and Mental Health Services Act.

Part V of chapter 397 F.S., provides criteria and procedures for the involuntary admission of an individual in an acute substance abuse crisis. A person meets the criteria for involuntary admission if he or she is substance abuse impaired and because of such impairment has lost the power of self-control with respect to substance use and either is likely to harm him or her self or others or is in need of substance abuse services and his or her judgment has been so impaired that the person is unable to appreciate the need for treatment or services.<sup>4</sup> An individual may be compelled to emergency admission for detoxification, assessment, or stabilization through one of several pathways including law enforcement, physician certification, parent or guardian consent, or court order.

Substance abuse providers may be licensed by the department for one or several separate service components.<sup>5</sup> Included in these licensed service components are detoxification programs and addictions receiving facilities. Detoxification services may be provided within a facility that is

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<sup>1</sup> s. 394.455 (26), F.S.

<sup>2</sup> FCCMH is a statewide association consisting of 70 community-based mental health and substance abuse agencies.

<sup>3</sup> s. 394.67(5), F.S.

<sup>4</sup> s. 397.675, F.S.

<sup>5</sup> s. 397.311 (18), F.S.

licensed as a substance abuse treatment program or in a hospital licensed under chapter 395, F.S. Addictions receiving facilities (ARFs) are state-owned, state-operated, or state-contracted programs licensed by the department and designated as secure facilities to provide an intensive level of care. All persons admitted to ARFs are considered clients of the department and their admission cannot be denied solely on the basis of their inability to contribute to the cost of their care.<sup>6</sup> However, admission may be denied due to failure to meet admission criteria, medical or behavioral conditions beyond management capabilities of the program, or lack of space, services, or financial resources to pay for care.<sup>7</sup> Detoxification services may be provided on a residential or outpatient basis to assist an individual with the physiological and psychological withdrawal from the effects of substance abuse. While most of these programs are funded by the department, some of them are private, for-profit organizations that receive no funding from the department.

The department contracts with these community-based substance abuse and mental health treatment providers to deliver services on behalf of the state. Currently, contract language specifies that a provider is an independent contractor and not an agent of the state and the provider agrees to indemnify, defend, and hold the department, its agencies, officers, and employees harmless from all claims, suits, judgments, or damages, including attorneys' fees arising out of any act, actions, neglect or omissions by the provider, its agents or employees.<sup>8</sup> As of FY 2004-05, the department maintained contracts with 159 substance abuse providers and 249 community mental health provider agencies. There are currently 75 public receiving facilities and 53 private receiving facilities designated by the department. Among the public facilities, 47 are licensed by the Agency for Health Care Administration and designated as Crisis Stabilization Units. The agency may not issue a license to a crisis stabilization unit unless the unit receives state funds. Of the substance abuse providers, 32 provide substance abuse detoxification services and 10 are licensed as addictions receiving facilities (ARFs). In FY 2004-05, services were provided to 69,059 individuals through mental health or substance abuse crisis services agencies contracting with the department.

In 2004, in response to proviso language in the General Appropriations Act, the department conducted a study of medical malpractice issues relating to publicly-funded mental health acute care services. The report states that the median cost of insurance for public receiving facilities rose by 72.5 percent during the four years 2001 to 2004, from \$15,210 in FY 2001-02 to \$26,239 in FY 2003-04. During this same period, the reporting agencies' acute care budgets have increased by 23.01 percent.<sup>9</sup> The study also reported on the number of lawsuits or settlement agreements involving the 31 agencies that responded to the survey. The number of lawsuits declined from 11 in FY 2001-02 to four in the first half of 2004-2005; the number of settlement agreements declined from seven in FY 2001-02 to one in the first half of FY 2004-05.

The impact of rising insurance costs on the entire community-based substance abuse and mental health service system has generated concern in the provider community. Community agencies' general and professional liability annual insurance premiums increased 93 percent from FY 2002-03 to FY 2005-06, with some rate increases exceeding 100 percent. The average cost per

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<sup>6</sup> s. 397.431(5), F.S.

<sup>7</sup> s. 397.6751, F.S.

<sup>8</sup> Ibid.

<sup>9</sup> Department of Children and Families Staff Analysis and Economic Impact Statement, October 13, 2005.

sampled agency in FY 2005-06 is \$397,334.<sup>10</sup> In some cases, five percent or more of a facility’s operating budget is being used to pay for liability insurance. The Florida Council for Community Mental Health reports that the cost of medical malpractice liability insurance is limiting the ability of publicly supported community substance abuse and mental health agencies to provide critical treatment services. The following chart illustrates the escalating costs of liability insurance including medical malpractice, officers’, and directors’ insurance, and other liability insurance for a sample of provider agencies.

**Sample of Community Providers’ Annual Insurance Premium Increases  
FY 2002-03 through FY 2005-06**

Facility	FY 2002-03 Premiums	FY 2003-04 Premiums	FY 2004-05 Premiums	FY 2005-06 Premiums	% Increase from '02-03 to '05-06
Act Corporation	\$391,000	\$425,000	\$582,061	\$619,603	58.5%
Lakeview Center	\$555,301	\$793,063	\$1,063,966	\$1,236,461	122.7%
Personal Enrichment	\$72,315	\$225,662	\$187,556	\$159,454	120.5%
Meridian Behavioral Health	\$306,364	\$420,174	\$520,896	\$543,201	77.3%
Apalachee Center	\$95,630	\$247,239	\$186,031	\$272,355	184.8%
Bayview Center	\$59,280	\$88,952	\$119,629	\$137,646	132.2%
Manatee Glens	\$99,744	\$125,379	\$137,404	\$162,473	62.9%
LifeStream	\$137,843	\$167,463	\$221,535	\$257,879	87.1%
Bridgeway	\$160,250	\$281,539	\$219,817	\$238,270	48.7%
<b>Average Cost / % Change</b>	\$210,094	\$326,549	\$370,890	\$397,334	93.42%

Source: Florida Council for Behavioral Healthcare, Helping Florida Families in Crisis: Liability Limits for State Funded Detoxification and Public Receiving Facilities, January 1, 2006

Liability limits and immunity provisions similar to those proposed in this bill are extended to health care<sup>11</sup> and other providers serving inmates of the state correctional system,<sup>12</sup> providers under contract with the Department of Juvenile Justice,<sup>13</sup> and eligible child welfare lead agencies.<sup>14</sup> These immunities are not applicable to a provider or employee who acts in a culpably negligent manner or with willful and wanton disregard or unproved physical aggression when such acts result in injury or death.

**III. Effect of Proposed Changes:**

Senate Bill 280 creates s. 394.9085, F.S., to provide that certain facilities or programs [a detoxification program defined in s. 397.311(18) (b), F.S, an addictions receiving facility defined in s. 397.311 (18) (a), F.S., or a designated public receiving facility defined in s. 394.455 (26), F.S.], have limited liability in tort actions based on services for stabilization of a mental health or substance abuse crisis. The bill requires that net economic damages be limited to \$1 million per liability claim, including but not limited to past and future medical expenses, wage loss, and loss of earning capacity. Conditional limitations on damages specified by this act shall be increased at the rate of five percent each year, to be prorated from its effective date to the date at which damages subject to such limitations are awarded by final judgment or settlement. The provider is

<sup>10</sup> Florida Council for Behavioral Healthcare, Helping Florida Families in Crisis: Liability Limits for State Funded Detoxification and Public Receiving Facilities, January 1, 2006.

<sup>11</sup> s. 456.048, F.S.

<sup>12</sup> s. 946.5026, F.S.

<sup>13</sup> s. 985.31 (5)(d), F.S.

<sup>14</sup> s. 409.1671(1)(h), F.S.

required, as a part of the contract with the department, to obtain and maintain general liability coverage in the amount of \$1 million per claim and \$3 million per incident.

The bill also specifies that damages be offset by any collateral source payment that is paid in accordance with s. 768.76, F.S. Additionally, any non-economic damages against the entities specified by this bill are limited to \$200,000 per claim. The bill allows any claim to be settled up to the policy limits without action by the Legislature; claims for any amount exceeding limits specified by this bill may be brought to the Legislature in a claims bill as provided in s. 768.28, F.S. The provider or its insurer must assume any costs for defending action brought under this section.

Under the provisions of this bill, immunity enjoyed by a provider extends to an employee of the provider when the employee is acting in furtherance of the provider's responsibilities under its contract with the department. However, a provider or employee who acts in a culpably negligent manner or with willful and wanton disregard or unprovoked physical aggression when such acts result in injury or death is not granted immunity by this legislation.

Current DCF contract language specifies that a provider is an independent contractor, not an agent of the state. The provisions of this bill specify that a person who provides contractual services for the department is not an employee or agent of the state for the purposes of ch. 440, F.S., Worker's Compensation.

#### **IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. Other Constitutional Issues:

This bill limits the liability of a behavioral health care provider eligible under newly created section 394.9085, F.S., and places a cap on the amount of damages that a plaintiff may recover. Net economic damages will be limited to \$1 million per claim and non-economic damages to \$200,000 per claim.

In addressing these provisions in a similar bill, legislative staff noted that according to the "access to courts provision" of Article 1, Section 21, of the Florida Constitution, the Legislature is limited in what it may do to limit economic and non-economic damage awards. Relevant case law states that the Legislature must provide a reasonable

alternative remedy or commensurate benefit or show an overpowering public necessity for the abolishment of the right to recover unlimited damages and must show that no alternative method of meeting the public necessity was available to the Legislature.<sup>15</sup>

**V. Economic Impact and Fiscal Note:**

**A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

The provisions of this bill limit the economic damages recoverable by certain individuals who have been damaged in tort.

The implementation of this bill will require that certain substance abuse and mental health providers purchase general liability coverage.

The Department of Children and Family Services reports that limiting the damages awarded to an individual may have a direct positive impact on certain mental health and substance abuse providers by containing the cost of their insurance premiums, thereby reducing their administrative costs.

To the extent that providers reduce their costs for insurance and legal fees, there may be increased funding available for services. Conversely, to the extent that injured persons are not able to recover fully for their injuries, more families may be dependent on government-funded assistance programs.

**C. Government Sector Impact:**

The implementation of this legislation may result in the introduction of claims bills that seek to require the state to pay for judgments entered against certain providers that are in excess of the cap specified by this bill.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

Advocates for this legislation maintain that public receiving facilities, detoxification programs, and addiction receiving facilities exercise the police power and *parens patriae* power of the state when they admit an individual for evaluation on an involuntary basis and as such are performing what is essentially a state duty. This argument may be more persuasive for public mental health receiving facilities as these facilities are an alternative to costly state mental health hospital

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<sup>15</sup> *Smith v Department of Insurance*, 507 So. 2d 1080 (Fla. 1987).

admission. Individuals in need of detoxification would go to community acute care hospitals or jails if addictions receiving facilities or detoxification programs were not available.

This legislation contributes to a precedent that may encourage other private entities providing services on behalf of the state through a contracting arrangement to expect similar protections.

The preferred organizational structure for health care service delivery is increasingly moving toward the use of managing entities or networks, which may include subcontractors. The liability limitation extended by this bill is not specifically extended to subcontractors of network provider agencies as is provided for in chapter 409 relating to community-based child welfare providers.<sup>16</sup>

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

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<sup>16</sup> s. 409.1671 (1)(j), F.S.





## **VIII. Summary of Amendments:**

None.

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