

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Health and Human Services Appropriations Committee

BILL: CS/CS/SB 2612

INTRODUCER: Health Regulation Committee; Children, Families, and Elder Affairs Committee; and Senator Wise

SUBJECT: Substance Abuse and Mental Health Services

DATE: April 16, 2009 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Ray	Walsh	CF	Fav/CS
2.	Stovall	Wilson	HR	Fav/CS
3.	Hardy	Peters	HA	Favorable
4.				
5.				
6.				

Please see Section VIII. for Additional Information:

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|------------------------------|-------------------------------------|---|
| A. COMMITTEE SUBSTITUTE..... | <input checked="" type="checkbox"/> | Statement of Substantial Changes |
| B. AMENDMENTS..... | <input type="checkbox"/> | Technical amendments were recommended |
| | <input type="checkbox"/> | Amendments were recommended |
| | <input type="checkbox"/> | Significant amendments were recommended |

I. Summary:

Committee Substitute for Committee Substitute for Senate Bill 2612 (the bill) makes numerous technical and conforming changes to statutes relating to substance abuse and mental health services. The bill:

- Deletes a requirement for a contract between the Department of Children and Families (DCF or the department) and residential treatment facilities;
- Sets client eligibility for substance abuse and mental health services by establishing priority populations to receive these services;
- Revises legislative intent for the substance abuse services program;
- Makes substantial changes to the definitions in ch. 397, F.S., related to substance abuse services;
- Makes substantial changes to the licensure process for substance abuse programs and requires licenses to be issued by service component, rather than issuing a license by facility (physical location);
- Requires the department to coordinate licensure inspections with other state agencies;
- Provides a process for medication assisted treatment services for substance-use disorders other than opiate dependence;

- Adds physician assistants and advanced registered nurse practitioners (ARNPs) who have a specialty in psychiatry to the list of qualified professionals who may provide substance abuse services, and physician assistants to the group of licensed medical professionals who may provide certain substance abuse services;
- Substitutes the term “client” with “individual” and “service district” with “substate entity” in ch. 397, F.S., related to substance abuse services; and
- Authorizes the DCF to establish a medical review committee for quality assurance of substance abuse, mental health, and forensic programs and provides immunity from liability to the committee.

There is no fiscal impact associated with this bill. The bill will lower revenues from substance abuse licensure fees because fewer licenses will be issued, but DCF is authorized to increase the per-license fee so there would be no net loss in revenue.

This bill substantially amends sections 212.055; 394.67; 394.674; 394.908; 394.9085; 397.301; 397.305; 397.311; 397.321; 397.331; 397.401; 397.403; 397.405; 397.406; 397.407; 397.411; 397.415; 397.416; 397.419; 397.427; 397.431; 397.451; 397.471; 397.501; 397.581; 397.601; 397.6751; 397.6752; 397.6758; 397.6773; 397.6797; 397.6799; 397.6819; 397.6821; 397.6822; 397.697; 397.6971; 397.6975; 397.6977; 397.702; 397.706; 397.801; 397.821; 397.94; 397.95; 397.97; 397.99; 440.102; and 766.101, F.S.

The bill repeals sections 394.9081 and 397.409, F.S.

II. Present Situation:

Mental Health Program

The state mental health program, governed under ch. 394, F.S., provides services to reduce the occurrence and disabling effects of mental health problems. Various residential facilities authorized under the mental health program are licensed by the Agency for Health Care Administration (AHCA). State funded mental health services are provided through the DCF and serve nearly 200,000 individuals in four client groups. The program serves:

- Adults with a mental illness who live in the community,
- Children with emotional disturbances,
- Adults served in mental health treatment facilities, and
- Sexually violent predators.

The department provides comprehensive, statewide services, including emergency stabilization, case management, outpatient services, assertive community treatment teams, juvenile and adult restoration support, community support services, residential care, forensic treatment, and civil treatment. The department’s community-based mental health services are provided by private, non-profit mental health centers that contract with the department. Institutional services are provided at six mental health treatment facilities, three of which are operated by the department and three of which are operated under contract with providers.¹

¹ OPPAGA, *FGAR, DCF Mental Health Services Program*, found at <<http://www.oppaga.state.fl.us/profiles/5045/>> (Last visited April 9, 2009).

Substance Abuse Program

The state substance abuse program is designed to support the prevention and remediation of substance abuse through the provision of a comprehensive system of prevention, detoxification, and treatment services to assist individuals at risk for or affected by substance abuse.

Both the United States Congress and the Florida Legislature have recognized that substance abuse is a major health problem that leads to profoundly disturbing consequences, such as serious impairment, chronic addiction, criminal behavior, injury, and death, and contributes to spiraling health care costs. Substance abuse impairment is a disease which affects the whole family, as well as the community, and requires effective, specialized prevention, intervention, and treatment services.

During FY 2006-07, 110,933 adults and 53,892 children were served by agencies under contract with the department for substance abuse services. The Substance Abuse program has two primary target groups: persons at risk for developing substance abuse problems (prevention), and persons with substance abuse problems (treatment). Priority populations for receiving treatment include: persons involved in the criminal and juvenile justice systems, women with children, families involved in the child protection system, persons with co-occurring substance use and mental disorders, and intravenous drug users.²

The program provides services to these individuals to reduce the occurrence, severity, and disabling effects of substance abuse problems. Substance abuse prevention, treatment, and other services are provided throughout the state by local substance abuse providers in the department's 20 circuits. The substance abuse program also partners with other agencies to provide health, education, and social services for individuals and their families. Major functions of the program are planning, policy development, implementation and administration, administration of funds, provision of a comprehensive and integrated system of care, and the regulation of substance abuse services and treatment facilities.³

The program services for adults and children include:

- Prevention services,
- Intervention services,
- Assessment services,
- Residential treatment,
- Non-residential treatment, and
- Detoxification services.⁴

Detoxification Programs

The department provides detoxification programs⁵ for both children and adults on a residential or outpatient basis and uses medical and clinical procedures to assist an individual in his or her

² OPPAGA, *FGAR, DCF Substance Abuse Program*, found at <<http://www.oppaga.state.fl.us/profiles/5057/>> (Last visited April 9, 2009).

³ *Id.*

⁴ *Id.*

efforts to withdraw from the physiological and psychological effects of substance abuse. Residential detoxification and addictions receiving facilities for adults provide emergency screening, short-term stabilization, and treatment in a secure environment 24 hours a day, seven days a week. Outpatient detoxification provides structured activities four hours a day, seven days a week. According to the department, 2,364 children and 21,819 adults received detoxification treatment in FY 2006-07.⁶

Prevention Programs

The department provides prevention programs⁷ for both children and adults, including services to individuals and groups, as well as assistance to communities, for the purpose of reducing substance abuse and risk factors related to substance abuse. Programs are discrete collections of activities conducted in a certain order over a given period of time with an individual or group that would benefit from completing the schedule of activities. During FY 2006-07, 141,613 at-risk children and 106,000 adults were served in prevention services.⁸ Ninety-eight percent of the children at risk of substance abuse who received targeted prevention services were not admitted to substance abuse services during the 12 months after completion of prevention services.⁹

Treatment and Aftercare Services

The department provides treatment and aftercare services¹⁰ for both children and adults that focus on reducing and eliminating substance abuse among identified populations in order to promote positive outcomes, such as contributing to family unity and stability for minor children, reducing involvement in the criminal justice system, and maintaining a drug-free lifestyle.¹¹

Administrative Procedure Act

Section 120.60, F.S., of the Administrative Procedure Act relates to licensing. Among other things, this section provides protections for persons licensed under Florida law. Subsection (5) provides that prior to the entry of a final order to revoke, suspend, annul, or withdraw a license, the issuing agency must serve an administrative complaint which affords reasonable notice to the licensee of facts or conduct which warrant the intended action and an adequate opportunity to request a hearing.

Subsection (6) authorizes an agency, upon a finding that an immediate serious danger to the public health, safety, or welfare requires emergency suspension, restriction, or limitation of a license, to take such action by any procedure that is fair under the circumstances if:

- The procedure provides at least the same procedural protection as is given by other statutes, the State Constitution, or the United States Constitution;
- The agency takes only that action necessary to protect the public interest under the emergency procedure; and

⁵ Sections 397.305, 397.311(18)(a), 397.321, 397.675, 397.901, 397.92, and 397.93, F.S.

⁶ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at pages 144, 146 (July 1, 2008).

⁷ Sections 397.21 397.305, 397.92, 397.93, and 397.99, F.S.

⁸ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at pages 144, 147 (July 1, 2008).

⁹ *Id.*

¹⁰ Sections 397.305, 397.321, 397.334, 397.427, 397.675, 397.92, 397.93, and 397.99, F.S.

¹¹ Department of Children and Families, *Sunset Review Agency Report to the Legislature*, at page 145 (July 1, 2008).

- The agency states in writing at the time of, or prior to, its action the specific facts and reasons for finding an immediate danger to the public health, safety, or welfare, and its reasons for concluding that the procedure used is fair under the circumstances. The agency's findings of immediate danger, necessity, and procedural fairness are judicially reviewable. Summary suspension, restriction, or limitation may be ordered, but a suspension or revocation proceeding must also be promptly instituted and acted upon.

Medical Review Committee

A medical review committee is defined in ch. 766, F.S., related to medical malpractice and related matters, and includes a committee of or within: hospitals; ambulatory surgical centers; health maintenance organizations; physician-hospital organizations; a state or local professional society of health care providers; medical staff of a hospital or nursing home; the Department of Corrections or the Correctional Medical Authority; a business entity formed and operated to practice medicine; mental health treatment facilities or community mental health centers; substance abuse treatment and education prevention programs; peer review or utilization review committees organized under ch. 440, F.S., related to worker's compensation; the Department of Health, county health departments, healthy start coalitions, or certified rural health networks; or pharmacies. The medical review committee must be formed to:

- Evaluate and improve the quality of health care rendered by providers of health services,
- Determine that health services rendered were professionally indicated or were performed in compliance with the applicable standards of care, or
- Determine that the cost of health care rendered was considered reasonable by the providers or professional health services in the area.

A medical review committee might also include a committee of an insurer or other person conducting review under s. 766.106, F.S., related to medical malpractice pre-suit procedures.¹²

Investigations, proceedings, and records of a medical review committee and testimony before a medical review committee are not subject to discovery or introduction into evidence in any civil or administrative action, however this limitation does not exclude the use of original source documents or information.¹³ Members of a medical review committee and health care providers or other persons furnishing information to a medical review committee have no personal liability for any act or proceeding undertaken or performed within the scope of the functions of the committee, absent intentional fraud on the part of the person.

III. Effect of Proposed Changes:

Section 1 amends s. 212.055, F.S., related to discretionary sales surtaxes, to conform a cross-reference.

¹² s. 766.101, F.S.

¹³ A recent opinion of the Florida Supreme Court interpreting Amendment 7 of the Florida Constitution (Article X, s. 25 of the Florida Constitution) related to Patients' Right to Know About Adverse Medical Incidents, declares the confidentiality provisions in s. 766.101 and s. 766.1016, F.S., unconstitutional [at least with respect to medical review committees associated with certain health care facilities and health care practitioners.] See *Florida Hospital Waterman, Inc., v. Teresa M. Buster, et., et. al.*, 984 So.2d 478 (Fla. 2008).

Section 2 amends s. 394.67(21), F.S., to conform the statute to current responsibilities of state agencies, by deleting a requirement that a residential treatment center for children and adolescents be under contract with the DCF and instead requiring the facility to be licensed by the AHCA.

Section 3 amends s. 394.674, F.S., to eliminate an obsolete reference to target groups approved by the Legislature under s. 216.0166, F.S., since this section was repealed in 2000, when referring to persons eligible for services. The bill refers to individuals eligible to receive substance abuse and mental health services funded by the department as priority populations. The bill provides for three groupings of priority populations and describes conditions within these groups as follows:

- Adult mental health priority population:
 - Adults who have severe and persistent mental illness, as designated by the department based on specified criteria. Included within this group are:
 - Older adults in crisis,
 - Older adults who are at risk of being placed in a more restrictive environment because of their mental illness,
 - Persons deemed incompetent to proceed or not guilty by reason of insanity under ch. 916, F.S., related to mentally deficient and mentally ill defendants,
 - Other persons involved in the criminal justice system, and
 - Persons diagnosed as having co-occurring mental illness and substance abuse disorders; and
 - Persons who are experiencing an acute mental or emotional crisis as defined in the definition section in s. 394.67, F.S.;
- Children's mental health priority population:
 - Children who are at risk of emotional disturbance as defined in s. 394.492(4), F.S., related to child and adolescent mental health services,
 - Children who have an emotional disturbance as defined in s. 394.492(5), F.S.,
 - Children who have a serious emotional disturbance as defined in s. 394.492(6), and
 - Children diagnosed as having a co-occurring substance abuse and emotional disturbance or serious emotional disturbance; and
- Substance abuse priority population:
 - Adults who have substance abuse disorders and a history of intravenous drug use,
 - Persons diagnosed as having co-occurring substance abuse and mental health disorders,
 - Parents who put children at risk due to a substance abuse disorder,
 - Persons who have a substance abuse disorder and have been ordered by the court to receive treatment,
 - Children at risk for initiating drug use,
 - Children under state supervision,
 - Children who have a substance abuse disorder but who are not under the supervision of a court or in the custody of a state agency, and
 - Persons identified as being part of a priority population as a condition for receiving services funded through the Center for Mental Health Services and Substance Abuse Prevention and Treatment Block Grants.

The bill removes the target groups of *older* adults with severe and persistent mental illness, and *older* adults in need of substance abuse treatment from among those enumerated in the adult mental health and substance abuse priority populations.

The bill provides the department with the authority to establish rules relating to client eligibility and enrollment in publicly funded substance abuse and mental health services.

Section 4 amends s. 394.908, F.S., related to substance abuse and mental health funding equity to reference priority populations instead of target populations to conform to Section 3 of the bill.

Section 5 amends s. 394.9085, F.S., relating to behavioral provider liability, to conform a cross-reference.

Section 6 amends s. 397.301, F.S., to remove the words “of 1993” from the title of the “Hal S. Marchman Alcohol and Other Drug Services Act of 1993.”

Section 7 amends s. 397.305, F.S., to revise existing Legislative intent, purposes, and goals relating to substance abuse.

Section 8 amends s. 397.311, F.S., related to the definition of terms used in ch. 397, F.S., related to substance abuse, as follows:

- Replaces certain terms:
 - “Client” with “Individual,”
 - “Client identifying information” with “Identifying information,”
 - “Assessment” with the newly-defined term “Clinical assessment,” which means the collection of detailed information concerning an individual’s substance use, emotional and physical health, social roles, and other areas that may reflect the severity of the individual’s abuse of alcohol or drugs. The collection of information serves as a basis for identifying an appropriate treatment regimen, and
 - “Quality assurance” with “Quality improvement;”
- Amends existing definitions for “Authorized agent of the department,” “Court,” “Detoxification,” “Intensive inpatient treatment,” “Outpatient treatment,” “Prevention,” and “Residential treatment;”
- Substantially amends the definitions of:
 - “Addictions receiving facility” by removing the requirement that each of these facilities be state owned, operated, or contracted and removing the description of an addictions receiving facility’s security and staffing requirements. The bill places the definition of the term “Addictions receiving facility” within the definition of the term “Clinical treatment services” as a licensed service component;
 - “Licensed service provider” to include a description of the licensable service components of clinical treatment, intervention, and prevention;
 - “Private practitioner to include a physician assistant; and
 - “Qualified professional” to include a physician assistant and an ARNP having a specialty in psychiatry; and
- Adds definitions for the following terms:
 - “Day or night treatment” is a service provided in a nonresidential environment, with a structured schedule of treatment and rehabilitative services;

- “Intensive outpatient treatment” is a service that provides individual or group counseling in a more structured environment, is a higher intensity and duration than outpatient treatment, and is provided to individuals who meet the placement criteria for this component;
- “Medication-assisted treatment (MAT)” is the use of medications approved by the United States Food and Drug Administration, in combination with counseling and behavioral therapies, to provide a holistic approach to the treatment of substance use disorders;
- “Medication-assisted treatment for opiate addiction” is a service that uses methadone or other medication as authorized by state and federal law, in combination with medical, rehabilitative, and counseling services in the treatment of individuals who are dependent on opioid drugs;
- “Recovery” means a process of personal change through which individuals achieve abstinence from alcohol or drug use and improve health, wellness, and quality of life;
- “Recovery support” means services designed to strengthen or assist individuals to regain skills, develop the environmental supports necessary to help the individual thrive in the community, and meet life goals that promote recovery from alcohol and drug use. These services include, but are not limited to, economic, vocational, employment, educational, housing, and other ancillary services;
- “Screening” means the gathering of initial information to be used in determining a person's need for assessment, services, or referral;
- “Service component” or “component” means a discrete operational entity within a service provider that is subject to licensing as defined by rule. Service components include prevention, intervention, and clinical treatment described in subsection (17).
- “Substance abuse” means the misuse or abuse of, or dependence on alcohol, illicit drugs, or prescription medications. As an individual progresses along this continuum of misuse, abuse, and dependence, there is an increased need for substance abuse intervention and treatment to help abate the problem;
- “Substate entity” means a departmental office designated to serve a geographical area specified by the department;
- “System of care” means a coordinated continuum of community-based services and supports that are organized to meet the challenges and needs of individuals who are at risk of developing substance abuse problems or individuals who have substance abuse problems; and
- “Treatment plan” means an immediate and a long-range plan based upon an individual’s assessed needs and used to address and monitor an individual’s recovery from substance abuse.

Section 9 amends s. 397.321, F.S., to expand the state agencies that DCF is required to develop partnerships with to include the Department of Juvenile Justice, the Department of Health, the Department of Financial Services, and the AHCA. The DCF is also required to develop a certification process, by rule, for community substance abuse prevention coalitions. Language establishing a pilot project in District 9 that was enacted in 2000, is eliminated.

Section 10 amends s. 397.331, F.S., related to the Office of Drug Control and the Statewide Drug Policy Advisory Council, to make conforming changes.

Section 11 amends s. 397.401, F.S., related to the requirement for a license to act as a substance abuse service provider, to make conforming changes.

Sections 12 amends s. 397.403, F.S., related to the license application, to make technical changes.

Section 13 amends s. 397.405, F.S., to exempt crisis stabilization units licensed under s. 394.875, F.S., from licensure as a substance abuse services provider, and to make conforming changes. Physician assistants and ARNPs are added to the list of licensed professionals whose practice under their professional license may not be limited by the requirements of ch. 397, F.S., under certain conditions.

Section 14 amends s. 397.406, F.S., to clarify that the Department of Juvenile Justice is a member of the list of government-operated substance abuse programs that is required to be licensed by the DCF to operate substance abuse programs.

Section 15 amends s. 397.407, F.S., to remove an obsolete requirement to phase in fee ranges for providers over a five year period. The bill also requires the department to consider the potential adverse impact on small, not-for-profit service providers while adopting rules to govern the licensure process and fees. The provisions for probationary, regular, and interim licenses from s. 397.409, F.S., are moved into this section and are modified to provide:

- A process for issuing probationary, regular, and interim licenses by service component instead of by physical location, and
- Notwithstanding s. 120.60(5), F.S., the DCF may order a probationary licensee to cease and desist operations at any time it is found to be substantially out of compliance with licensure standards. This order is exempt from the requirements of s. 120.60(6), F.S. (See the comment under Other Constitutional Issues.)

Section 16 repeals s. 397.409, F.S., related to types of licenses. This language is added to s. 397.407, F.S., in section 15 of the bill.

Section 17 amends s. 397.411, F.S., to require the department to notify other state agencies of scheduled licensure inspections of services providers that are jointly funded by the other agencies to improve coordination of licensure inspections.

Section 18 amends s. 397.415, F.S., to authorize the department to suspend or revoke the license as to the operation of any service component or location identified on the license. If a license is revoked as to any service component or location, the provider is barred from applying for licensure for that service component or location for one year after the revocation. In addition, the department is authorized to seek an injunction regarding a licensed or unlicensed provider, service component, or location that is in violation of this chapter and rules adopted under this chapter. Administrative fine collections are to be deposited into the Operations and Maintenance Trust Fund, rather than the Substance Abuse Impairment Provider Licensing Trust Fund.

Section 19 amends s. 397.416, F.S., related to qualified professionals, to conform a cross-reference.

Section 20 amends s. 397.419, F.S., to rename the quality assurance program, the quality improvement program. The bill deletes the requirements that this program be implemented as part of the DCF's contract management process, and that it track the performance standards and measures established by the Legislature as part of the performance-based budgeting process. The bill also deletes the provision that the department incorporate a peer review process that includes review of providers by departmental district staff and other providers and review individual districts by other districts. The bill corrects a reference to disciplinary proceedings by the Department of Health to reflect current responsibilities assigned to that department.

Section 21 amends s. 397.427, F.S., to remove the term "methadone" and replace it with broader language for general medication or treatment for "opiate addiction." The bill also changes the term "Medication treatment services" to "Medication-assisted treatment services" to reflect advances in addiction treatment to include medications other than methadone. The bill add physician assistants to the list of professionals who may deliver takeout medication for opiate treatment.

The department is required to determine the need for establishing medication-assisted treatment for substance-use disorders other than opiate dependence and adopt rules related to these services. Public funding of these services is to be based on the availability of funds. Service providers that provide medication-assisted treatment for substance use disorders other than opiate dependence are required to provide counseling services in conjunction with medication-assisted treatment.

The bill authorizes a physician assistant, registered nurse, ARNP, or licensed practical nurse to deliver medication as a medication-assisted treatment as prescribed by rule if certain conditions are met.

Section 22 amends s. 397.431, F.S., related to financial responsibility for the cost of substance abuse impairment services, to make conforming changes.

Section 23 amends s. 397.451, F.S., to exempt personnel that are employed directly or under contract with the Department of Corrections in an inmate substance abuse program from the level two background screening requirement of ch. 435, F.S.

Sections 24 – 49 amend numerous sections of law in ch. 397, F.S., to make technical and conforming changes.

Section 50 amends s. 766.101, F.S., related to medical review committees and immunity from liability, to include a committee of employees, agents, or consultants of the department within the definition of a medical review committee for the purpose of reviewing activities of treatment services provided under ch. 394, F.S., related to mental health; ch. 397, F.S., related to substance abuse services; and ch. 916, F.S., related to mentally deficient and mentally ill defendants.

Section 51 repeals s. 394.9081, F.S., related to target groups for substance abuse and mental health services, which are replaced with the priority populations in s. 394.674, F.S., as amended in section 3 of the bill.

Section 52 provides an effective date of July 1, 2009.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of the bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

D. Other Constitutional Issues:

Lines 1141-1145: The bill provides that, notwithstanding s. 120.60(5), F.S., the DCF can order a probationary licensee to cease and desist operation at any time it is found to be substantially out of compliance with licensure standards. This action is exempt from the requirements of s. 120.60(6), F.S. Because those sections of the Administrative Procedure Act set forth the procedures designed to ensure that licensees receive due process relating to state action against their property rights in the license, this provision may raise constitutional concerns.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The department reports that the proposed changes in licensing provisions will reduce the number of substance abuse licenses by approximately 40 percent, depending on the number of program components a provider operates. The department issues an average of 1,650 substance abuse licenses per year. The provisions of the bill would reduce the number of licenses to approximately 990 annually.

The department reports that it will increase license fees to retain the needed state revenue but keep the provisions of the bill cost neutral.

VI. Technical Deficiencies:

None.

VII. Related Issues:

Section 50 (Lines 2282 – 2286): The flush left language after sub-subparagraph k. in s. 766.101(1)(a)1, F.S., describes the purpose of a medical review committee. The language proposed in the bill, which describes a particular purpose for the DCF's medical review committee, appears to be at odds with the flush left language applicable to the sub-subparagraph. This language, which is found in the medical malpractice statute, is related to the review of the actions of doctors, dentists, podiatrists, optometrists, chiropractors, pharmacists, and hospitals. It is unclear whether this language will accomplish what the DCF intends.

VIII. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Regulation Committee on April 15, 2009:

The substantive changes in the committee substitute include defining the term substance abuse, adding physician assistants and ARNPs who have a specialty in psychiatry to the list of qualified professionals who may provide substance abuse services under this chapter, and physician assistants to the group of licensed medical professionals who may provide certain substance abuse services.

CS by Children, Families, and Elder Affairs Committee on March 25, 2009:

The committee substitute:

- Changes the bill title, clarifying that the act relates to both substance abuse and mental health services;
- Removes a provision stating that it is the purpose of the Legislature to provide funds;
- Clarifies legislative intent regarding individuals with a co-occurring substance abuse and mental disorder;
- Reinstates legislative intent relating to religious freedom;
- Reinstates definitions that were inadvertently removed in the original bill;
- Requires the department to develop a certification process by rule for community substance abuse prevention coalitions;
- Clarifies that no license may be issued if the results of a background screening indicate that the owner, director, or chief financial officer failed to meet the screening standard;
- Removes rulemaking authority relating to treatment standards;
- Reinstates language requiring fees collected from licensure to be sufficient to cover at least 50 percent of the costs of regulating the service component; and
- Requires the department to take into consideration the impact of increased fees on small providers.

B. Amendments:

None.

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