

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 325 Involuntary Examinations under the Baker Act

SPONSOR(S): Health Quality Subcommittee; Campbell and others

TIED BILLS: **IDEN./SIM. BILLS:** SB 572

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee	11 Y, 0 N, As CS	Siples	O'Callaghan
2) Civil Justice Subcommittee			
3) Health & Human Services Committee			

SUMMARY ANALYSIS

In 1971, the Legislature passed the Florida Mental Health Act (also known as "The Baker Act") to address the mental health needs of individuals in the state. The Baker Act allows for voluntary and, under certain circumstances, involuntary examinations of individuals suspected of having a mental illness, and establishes procedures for the court, law enforcement, and the medical community to initiate such examinations.

More specifically, the Baker Act authorizes the involuntary examination of an individual who appears to have a mental illness and who, because of mental illness, presents a substantial threat of harm to himself or herself or others. Involuntary examination may be initiated by courts, law enforcement officers, physicians, clinical psychologists, psychiatric nurses, mental health counselors, marriage and family therapists, and clinical social workers.

The bill adds advanced registered nurse practitioners and physician assistants to the list of medical professionals who may execute a certificate for involuntary examination of a person under the Baker Act.

The bill does not appear to have a fiscal impact on state or local government.

The bill provide as effective date of July 1, 2016.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Current Situation

Involuntary Examination under the Baker Act

In 1971, the Legislature passed the Florida Mental Health Act (also known as “The Baker Act”) to address mental health needs in the state.¹ Part I of ch. 394, F.S., provides the authority and process for the voluntary and involuntary examination of persons with evidence of a mental illness and the subsequent inpatient or outpatient placement of individuals for treatment. The Department of Children and Families (DCF) administers this law through receiving facilities that provide for the examination of persons with evidence of mental illness. Receiving facilities are designated by the DCF and may be public or private facilities that provide the examination and short-term treatment of persons who meet the criteria under The Baker Act.² Subsequent to examination at a receiving facility, a person who requires further treatment may be transported to a treatment facility. Treatment facilities designated by the DCF are state hospitals (e.g. Florida State Hospital) which provide extended treatment and hospitalization beyond what is provided in a receiving facility.³

Current law provides that an involuntary examination may be initiated for a person if there is reason to believe the person has a mental illness and because of the illness:⁴

- The person has refused a voluntary examination after explanation of the purpose of the exam or is unable to determine for himself or herself that an examination is needed; and
- The person is likely to suffer from self-neglect or substantial harm to her or his well-being, or be a danger to himself or herself or others.

A circuit court or a law enforcement officer may initiate an involuntary examination.⁵ A circuit court may enter an *ex parte* order stating a person meets the criteria for involuntary examination. A law enforcement officer, as defined in s. 943.10(1), F.S., may take a person into custody who appears to meet the criteria for involuntary examination and transport them to a receiving facility for examination.

Additionally, the following professional, when they have examined a person within the preceding 48 hours, may issue a certificate stating that the person meets the criteria for involuntary examination:⁶

- A physician licensed under ch. 458, F.S., or an osteopathic physician licensed under ch. 459, F.S., who has experience in the diagnosis and treatment of mental and nervous disorders.
- A physician employed by a facility operated by the United States Department of Veterans Affairs that qualifies as a receiving or treatment facility.
- A clinical psychologist, as defined in s. 490.003(7), F.S., with three years of postdoctoral experience in the practice of clinical psychology, inclusive of the experience required for licensure.
- A psychologist employed by a facility operated by the United States Department of Veterans Affairs that qualifies as a receiving or treatment facility.
- A psychiatric nurse licensed under part I of ch. 464, F.S., who has a master’s degree or a doctorate in psychiatric nursing, holds a national advanced practice certification as a psychiatric mental health advance practice nurse, and has two years of post-master’s clinical experience under the supervision of a physician.

¹ Chapter 71-131, s. 1, Laws of Fla.

² Section 394.455(26), F.S.

³ Section 394.455(32), F.S.

⁴ Section 394.463(1), F.S.

⁵ Section 394.463(2)(a)1.-2., F.S.

⁶ Section 394.463(2)(a)3., F.S.

- A mental health counselor licensed under ch. 491, F.S.
- A marriage and family therapist licensed under ch. 491, F.S.
- A clinical social worker licensed under ch. 491, F.S.

In 2014, there were 181,471 involuntary examinations initiated in the state. Law enforcement initiated half of the involuntary examinations (50.18 percent), followed closely by mental health professionals (47.86 percent), with the remaining initiated pursuant to *ex parte* orders by judges (1.96 percent).⁷

Physician Assistants

The licensure of physician assistants (PAs) in Florida is governed by ss. 458.347(7) and 459.022(7), F.S. The Department of Health (DOH) licenses PAs and the Florida Council on Physician Assistants (Council) regulates them.⁸ PAs are also regulated by either the Florida Board of Medicine (Board of Medicine) for PAs licensed under ch. 458, F.S., or the Florida Board of Osteopathic Medicine (Osteopathic Board) for PAs licensed under ch. 459, F.S. The duty of a board and its members is to make disciplinary decisions concerning whether a doctor or PA has violated the provisions of his or her practice act.⁹ There are 7,987 PAs who hold active licenses in Florida.¹⁰

PAs may only practice under the direct or indirect supervision of a medical doctor or doctor of osteopathic medicine with whom they have a clinical relationship.¹¹ A supervising physician may only delegate tasks and procedures to the PA that are within the supervising physician's scope of practice.¹² The supervising physician is responsible and liable for any and all acts of the PA and may not supervise more than four PAs at any time.¹³

To become licensed as a PA in Florida, an applicant must demonstrate to the Council:¹⁴

- Satisfactory passage of the National Commission on Certification of Physician Assistant exam;
- Completion of the application and remittance of the application fee;¹⁵
- Completion of an approved PA training program;
- A sworn statement of any prior felony convictions;
- A sworn statement of any previous revocation or denial of licensure in any state;
- Two letters of recommendation; and
- If the applicant wishes to apply for prescribing authority, a copy of course transcripts and a copy of the course description from a PA training program describing the course content in pharmacotherapy.

Licenses are renewed biennially.¹⁶ At the time of renewal, a PA must demonstrate that he or she has met the continuing education requirements and must submit a sworn statement that he or she has not been convicted of any felony in the previous two years.¹⁷

⁷ Christy, Annette & Christina Guenther, Baker Act Reporting Center, College of Behavioral & Community Sciences, University of South Florida, *Annual Report of Baker Act Data: Summary of 2014 Data*, available at <http://bakeract.fmhi.usf.edu/index.html> (last visited Nov. 5, 2015).

⁸ The Council consists of three physicians who are members of the Board of Medicine; one member who is a member of the Board of Osteopathic Medicine, and a physician assistant appointed by the State Surgeon General. (Sections 458.347(9) and 459.022(8), F.S.)

⁹ Sections 458.347(12) and 459.022(12), F.S.

¹⁰ Email correspondence with the Department of Health, Medical Quality Assurance staff on November 9, 2015. The number of active licensed PAs include both in-state and out-of-state licensees, as of November 9, 2015.

¹¹ Sections 458.347(2)(f) and 459.022(2)(f), F.S., define supervision as responsible supervision and control which requires the easy availability or physical presence of the licensed physician for consultation and direction of the PA.

¹² Rules 64B8-30.012 and 64B15-6.010, F.A.C.

¹³ Sections 458.347(3) and 459.022(3), F.S.

¹⁴ Sections 458.347(7) and 459.022(7), F.S.

¹⁵ The application fee is \$100 and the initial license fee is \$205. See <http://flboardofmedicine.gov/licensing/physician-assistant-licensure/> (last visited Nov. 5, 2015).

¹⁶ For timely renewed licenses, the renewal fee is \$280 and the prescribing registration is \$150. An applicant may be charged an additional fee if the license is renewed after expiration or is more than 120 days delinquent. See <http://flboardofmedicine.gov/renewals/physician-assistants/> (last visited Nov. 5, 2015).

¹⁷ Sections 458.347(7)(c)-(d) and 459.022(7)(c)-(d), F.S.

In 2008, Attorney General Bill McCollum issued an opinion stating:

A physician assistant pursuant to Chapter 458 or 459, Florida Statutes, may refer a patient for involuntary evaluation pursuant to section 394.463, Florida Statutes, provided that the physician assistant has experience regarding the diagnosis and treatment of mental and nervous disorders and such tasks are within the supervising physician's scope of practice.¹⁸

However, PAs are not required by law to have experience in the diagnosis and treatment of mental and nervous disorders.

Advanced Registered Nurse Practitioners

The licensure and regulation of nurses in this state is governed by part I of ch. 464, F.S. Nurses are licensed by the DOH and are regulated by the Board of Nursing. Licensure requirements to practice nursing include completion of education requirements, demonstration of passage of an examination approved by the DOH, acceptable results of a criminal background screening, and payment of applicable fees.¹⁹

A nurse who holds a current license to practice professional nursing may apply to be certified as an Advanced Registered Nurse Practitioner (ARNP), under s. 464.012, F.S., if the nurse meets one or more of the following requirements:

- Satisfactory completion of a formal postbasic educational program of at least one academic year that prepares nurses for advanced or specialized practice;
- Certification by a specialty board; or
- Graduation from a program leading to a master's degree in a nursing clinical specialty area with preparation in specialized practitioner skills.

Current law defines three categories of ARNPs: certified registered nurse anesthetists, certified nurse midwives, and nurse practitioners.²⁰ All ARNPs, regardless of practice category, may only practice within the framework of an established protocol and under the supervision of an allopathic or osteopathic physician or dentist.²¹ ARNPs may carry out treatments as specified in statute, including:²²

- Monitoring and altering drug therapies;
- Initiating appropriate therapies for certain conditions;
- Ordering diagnostic tests and physical and occupational therapy; and
- Performing additional functions as maybe determined by rule in accordance with s. 464.003(2), F.S.²³

In addition to the above-allowed acts, an ARNP may also perform other acts as authorized by statute and within his or her specialty.²⁴ Further, if it is within an ARNP's established protocol, the ARNP may establish behavioral problems and diagnosis and make treatment recommendations.²⁵

There are 22,003 ARNPs who hold active licenses in Florida.²⁶

¹⁸ Op. Att'y Gen. Fla. 08-31 (2008), available at <http://www.dcf.state.fl.us/programs/samh/MentalHealth/laws/agopinion.pdf> (last visited Nov. 5, 2015).

¹⁹ Sections 464.008 and 464.009, F.S. As an alternative to licensure by examination, a nurse may also be eligible for licensure by endorsement.

²⁰ Section 464.012(2), F.S.

²¹ Section 464.012(3), F.S.

²² *Id.*

²³ Section 464.003(2), F.S., defines "advanced or specialized nursing practice" to include additional activities that an ARNP may perform as approved by the Board of Nursing.

²⁴ Section 464.012(4), F.S.

²⁵ Section 464.012(4)(c)1., F.S.

Effect of Proposed Changes

The bill authorizes a PA or an ARNP to execute a certificate stating that a person he or she examined within the preceding 48 hours appears to meet the criteria for an involuntary examination for mental illness. Under current law, only a physician, clinical psychologist, psychiatric nurse, mental health counselor, marriage and family therapist or clinical social worker may issue such a certificate.

The bill defines a “physician assistant” as having the same definition as the term has in s. 458.347(2)(e), F.S., or s. 459.022(2)(2), F.S. Those provisions define “physician assistant” as a person who is a graduate of an approved program or its equivalent or meets standards approved by the Board of Medicine or Osteopathic Board and is licensed to perform medical services delegated by the supervising physician. The bill defines an “advanced registered nurse practitioner” as a person licensed in this state to practice professional nursing and certified in advanced or specialized nursing, as defined in s. 464.003, F.S.

The bill makes necessary conforming changes due to the statutory changes made by the bill.

The bill provides an effective date of July 1, 2016.

B. SECTION DIRECTORY:

Section 1: Amends s. 394.464, F.S., relating to involuntary examination.

Section 2: Amends s. 394.455, F.S., relating to definitions.

Section 3: Amends s. 394.407, F.S., relating to medical, psychiatric, and psychological examination and treatment of child; physical, mental, or substance abuse examination of person with or requesting child custody.

Section 4: Amends s. 394.495, F.S., relating to child and adolescent mental health system of care; programs and services.

Section 5: Amends s. 394.496, F.S., relating to service planning.

Section 6: Amends s. 394.9085, F.S., relating to behavioral provider liability.

Section 7: Amends s. 409.972, F.S., relating to mandatory and voluntary enrollment.

Section 8: Amends s. 744.704, F.S., relating to powers and duties.

Section 9: Provides an effective date of July 1, 2016.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

²⁶ Email correspondence with the Department of Health, Medical Quality Assurance staff on November 9, 2015. The number of active licensed ARNPs include both in-state and out-of-state licensees, as of November 9, 2015.

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

No additional rule-making is necessary to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On November 17, 2015, the Health Quality Subcommittee adopted an amendment that clarified the definition of physician assistant by incorporating, by reference, the definitions of physician in ss. 458.347(2)(e) and 459.022(2)(e), F.S.

The bill was reported favorably as a committee substitute. The analysis is drafted to the committee substitute.