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A bill to be entitled An act relating to mental health and substance use disorders; amending s. 394.455, F.S.; defining the term "peer specialist"; amending s. 394.4572, F.S.; requiring a specific level of screening for peer specialists working in mental health programs and facilities; amending s. 394.4573, F.S.; specifying that the use of peer specialists for recovery support is an essential element of a coordinated system of behavioral health care; amending s. 397.311, F.S.; defining the terms "peer specialist" and "third-party credentialing entity"; amending s. 397.4073, F.S.; conforming provisions to changes made by the act; creating s. 397.417, F.S.; providing legislative findings and intent; providing qualifications to receive department approval as a peer specialist; requiring peer specialists to meet background screening requirements; requiring the Department of Children and Families to develop and implement a training program for peer specialists and give preference to trainers who are certified peer specialists; requiring the department to certify peer specialists directly or by designating a third-party credentialing entity; providing requirements for department approval of a person providing peer

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specialist services; authorizing the department, a behavioral health managing entity, or the Medicaid program to reimburse a peer specialist service as a recovery service; directing the Agency for Health Care Administration to amend the state Medicaid plan to include certain data; encouraging Medicaid managed care plans to use peer specialists in providing recovery services; requiring peer specialists to meet the requirements of a background screening as a condition of employment and continued employment; authorizing the department or the Agency for Health Care Administration to require by rule that fingerprints be submitted electronically to the Department of Law Enforcement; authorizing the department or the agency to contract with certain vendors for fingerprinting; specifying requirements for vendors; specifying offenses to be considered in the background screening of a peer specialist; authorizing a person who does not meet background screening requirements to request an exemption from disqualification from the department or the agency; providing that all peer specialists holding certain credentials by a specified date are recognized as having met the requirements of this act; amending ss. 212.055, 394.495, 394.496, 394.9085, 397.416, 409.972,

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51 440.102, and 744.2007, F.S.; conforming cross-52 references; making technical changes; providing an 53 effective date. 54 55 Be It Enacted by the Legislature of the State of Florida: 56 57 Section 1. Subsections (32) through (48) of section 58 394.455, Florida Statutes, are renumbered as subsections (33) through (49), respectively, and a new subsection (32) is added 59 60 to that section, to read: 394.455 Definitions.—As used in this part, the term: 61 62 (32) "Peer specialist" means a person who uses his or her lived experience of recovery from a substance use disorder or 63 64 mental illness, including skills learned in training to deliver services in behavioral health settings to promote mind-body 65 66 recovery and resiliency, and is certified under s. 397.417, or a 67 family member or caregiver of a person with a substance use 68 disorder or mental illness. 69 Section 2. Paragraph (a) of subsection (1) of section 70 394.4572, Florida Statutes, is amended to read: 71 394.4572 Screening of mental health personnel.-72 (1)(a) The department and the Agency for Health Care Administration shall require level 2 background screening 73 74 pursuant to chapter 435 for mental health personnel. "Mental 75 health personnel" includes all program directors, professional

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clinicians, staff members, and volunteers working in public or private mental health programs and facilities who have direct contact with individuals held for examination or admitted for mental health treatment. For purposes of this chapter, employment screening of mental health personnel also includes, but is not limited to, employment screening as provided under chapter 435 and s. 408.809. The department and the Agency for Health Care Administration shall require a level 2 background screening pursuant to s. 397.417(5) for persons working as peer specialists in public or private mental health programs or facilities who have direct contact with individuals held for involuntary examination or admitted for mental health treatment.

Section 3. Paragraph (1) of subsection (2) of section 394.4573, Florida Statutes, is amended to read:

394.4573 Coordinated system of care; annual assessment; essential elements; measures of performance; system improvement grants; reports.—On or before December 1 of each year, the department shall submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives an assessment of the behavioral health services in this state. The assessment shall consider, at a minimum, the extent to which designated receiving systems function as no-wrong-door models, the availability of treatment and recovery services that use recovery-oriented and peer-involved approaches, the availability of less-restrictive services, and the use of evidence-informed

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practices. The department's assessment shall consider, at a minimum, the needs assessments conducted by the managing entities pursuant to s. 394.9082(5). Beginning in 2017, the department shall compile and include in the report all plans submitted by managing entities pursuant to s. 394.9082(8) and the department's evaluation of each plan.

- (2) The essential elements of a coordinated system of care include:
- (1) Recovery support, including, but not limited to, the use of peer specialists as described in s. 397.417 to assist in the individual's recovery from a substance use disorder or mental illness, support for competitive employment, educational attainment, independent living skills development, family support and education, wellness management and self-care, and assistance in obtaining housing that meets the individual's needs. Such housing may include mental health residential treatment facilities, limited mental health assisted living facilities, adult family care homes, and supportive housing. Housing provided using state funds must provide a safe and decent environment free from abuse and neglect.
- Section 4. Subsections (30) through (48) of section 397.311, Florida Statutes, are renumbered as subsections (31) through (49), respectively, present subsection (49) is renumbered as subsection (51), and new subsections (30) and (50) are added to that section, to read:

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126 397.311 Definitions.—As used in this chapter, except part 127 VIII, the term: 128 (30) "Peer specialist" means a person who uses his or her lived experience of recovery from a substance use disorder or 129 mental illness, including skills learned in training to deliver 130 131 services in behavioral health settings to promote mind-body recovery and resiliency, and is certified under s. 397.417, or a 132 133 family member or caregiver of a person with a substance use 134 disorder or mental illness. 135 (50) "Third-party credentialing entity" means a 136 department-approved nonprofit organization that has met 137 nationally recognized standards for developing and administering 138 professional certification programs. Section 5. Paragraphs (b) and (c) of subsection (4) of 139 140 section 397.4073, Florida Statutes, are amended to read: 397.4073 Background checks of service provider personnel.-141 142 EXEMPTIONS FROM DISQUALIFICATION. -143 (b) Since rehabilitated substance abuse impaired persons 144 are effective in the successful treatment and rehabilitation of 145 individuals with substance use disorders, for service providers 146 which treat adolescents 13 years of age and older, service 147 provider personnel whose background checks indicate crimes under s. 817.563, s. 893.13, or s. 893.147 may be exempted from 148 disqualification from employment pursuant to this paragraph. 149 150 (c) The department may grant exemptions from

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151	disqualification which would limit service provider personnel to
152	working with adults in substance $\underline{\text{use disorder}}$ $\underline{\text{abuse}}$ treatment
153	facilities.
154	Section 6. Section 397.417, Florida Statutes, is created
155	to read:
156	397.417 Behavioral health peer specialists
157	(1) LEGISLATIVE FINDINGS AND INTENT.—
158	(a) The Legislature finds that:
159	1. The ability to provide adequate behavioral health
160	services is limited by a shortage of professionals and
161	paraprofessionals.
162	2. The state is experiencing an increase in opioid
163	addictions, which prove fatal to persons in many cases.
164	3. Peer specialists provide effective support services
165	because they share common life experiences with the persons they
166	assist.
167	4. Peer specialists promote a sense of community among
168	those in recovery.
169	5. Research has shown that peer support facilitates
170	recovery and reduces health care costs.
171	6. Peer specialists may have a criminal history that
172	prevents them from meeting background screening requirements.
173	(b) The Legislature intends to expand the use of peer
174	specialists as a cost-effective means of providing services by

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ensuring that peer specialists meet specified qualifications,

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meet modified background screening requirements, and are adequately reimbursed for their services.

(2) QUALIFICATIONS.—

- (a) A peer specialist must hold a valid peer specialist credential issued by a third-party credentialing entity, as defined in s. 397.311(50) and approved by the department pursuant to s. 402.40, and meet all requirements of this section.
- (b) To obtain certification as a peer specialist, a person must meet the background screening requirements of subsection (5).
 - (3) DUTIES OF THE DEPARTMENT.—
- (a) The department must develop and implement a training program for persons seeking certification as peer specialists.

 Training curricula must be based on core competencies to ensure that each person delivering peer specialist services has the knowledge, skills, and abilities necessary to carry out his or her work responsibilities. The department may give preference to trainers who are certified peer specialists.
- (b) The department shall approve one or more third-party credentialing entities to certify peer specialists.
- (c) To be approved by the department, a person providing peer specialist services must be certified as a peer specialist and supervised by a qualified professional under this chapter or must be a certified peer specialist with at least 3 years of

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<u>full-time</u> experience and supervisory training who is working at a licensed behavioral health organization.

- (4) PAYMENT.—Peer specialist services may be reimbursed as a behavioral health service through the department, a behavioral health managing entity, or the Medicaid program. The Agency for Health Care Administration is directed to amend the state Medicaid plan to include billing codes specific to peer specialist services. Medicaid managed care plans are encouraged to use peer specialists in providing recovery services.
 - (5) BACKGROUND SCREENING.-

- (a) A peer specialist must have completed or been lawfully released from confinement, supervision, or any nonmonetary condition imposed by the court for any felony and must undergo a background screening as a condition of employment and continued employment. The background screening must include fingerprinting for statewide criminal history records checks through the Department of Law Enforcement and national criminal history records checks through the Federal Bureau of Investigation. The background screening may include local criminal records checks through local law enforcement agencies.
- (b) The department or the Agency for Health Care

 Administration, as applicable, may require by rule that

 fingerprints submitted pursuant to this section be submitted
 electronically to the Department of Law Enforcement.
 - (c) The department or the Agency for Health Care

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Administration, as applicable, may contract with one or more vendors to perform all or part of the electronic fingerprinting pursuant to this section. Such contracts must ensure that the owners and personnel of the vendor performing the electronic fingerprinting are qualified and will ensure the integrity and security of all personal identifying information.

- (d) Vendors who submit fingerprints on behalf of employers
 must:
 - 1. Meet the requirements of s. 943.053; and

- 2. Have the ability to communicate electronically with the department or the Agency for Health Care Administration, as applicable, accept screening results from the Department of Law Enforcement and provide the applicant's full first name, middle initial, and last name; social security number or individual taxpayer identification number; date of birth; mailing address; sex; and race.
- (e) The background screening under this section must ensure that a peer specialist has not, during the previous 3 years, been arrested for and is awaiting final disposition of, been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or been adjudicated delinquent and the record has not been sealed or expunged for, any felony.
- (f) The background screening under this section must ensure that a peer specialist has not been found guilty of,

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251	regardless of adjudication, or entered a plea of nolo contendere
252	or guilty to, or been adjudicated delinquent and the record has
253	not been sealed or expunged for, any offense prohibited under
254	any of the following state laws or similar laws of another
255	jurisdiction:

- 1. Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- 2. Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
 - 3. Section 409.9201, relating to Medicaid fraud.
- 4. Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.
 - 5. Section 741.28, relating to domestic violence.
- 6. Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this section.
 - 7. Section 782.04, relating to murder.

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- 8. Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, aggravated manslaughter of a child, or aggravated manslaughter of an officer, a firefighter, an emergency medical technician, or a paramedic.
 - 9. Section 782.071, relating to vehicular homicide.
 - 10. Section 782.09, relating to killing of an unborn child

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276	by injury to the mother.
277	11. Chapter 784, relating to assault, battery, and
278	culpable negligence, if the offense was a felony.
279	12. Section 787.01, relating to kidnapping.
280	13. Section 787.02, relating to false imprisonment.
281	14. Section 787.025, relating to luring or enticing a
282	child.
283	15. Section 787.04(2), relating to leading, taking,
284	enticing, or removing a minor beyond the state limits, or
285	concealing the location of a minor, with criminal intent pending
286	custody proceedings.
287	16. Section 787.04(3), relating to leading, taking,
288	enticing, or removing a minor beyond the state limits, or
289	concealing the location of a minor, with criminal intent pending
290	dependency proceedings or proceedings concerning alleged abuse
291	or neglect of a minor.
292	17. Section 790.115(1), relating to exhibiting firearms or
293	weapons within 1,000 feet of a school.
294	18. Section 790.115(2)(b), relating to possessing an
295	electric weapon or device, destructive device, or other weapon
296	on school property.
297	19. Section 794.011, relating to sexual battery.
298	20. Former s. 794.041, relating to prohibited acts of
299	persons in familial or custodial authority.
300	21. Section 794.05, relating to unlawful sexual activity

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301	with certain minors.
302	22. Section 794.08, relating to female genital mutilation.
303	23. Section 798.02, relating to lewd and lascivious
304	behavior.
305	24. Chapter 800, relating to lewdness and indecent
306	exposure.
307	25. Section 806.01, relating to arson.
308	26. Section 810.02, relating to burglary, if the offense
309	was a felony of the first degree.
310	27. Section 810.14, relating to voyeurism, if the offense
311	was a felony.
312	28. Section 810.145, relating to video voyeurism, if the
313	offense was a felony.
314	29. Section 812.13, relating to robbery.
315	30. Section 812.131, relating to robbery by sudden
316	snatching.
317	31. Section 812.133, relating to carjacking.
318	32. Section 812.135, relating to home-invasion robbery.
319	33. Section 817.50, relating to fraudulently obtaining
320	goods or services from a health care provider and false reports
321	of a communicable disease.
322	34. Section 817.505, relating to patient brokering.
323	35. Section 825.102, relating to abuse, aggravated abuse,
324	or neglect of an elderly person or disabled adult.
325	36. Section 825.1025, relating to lewd or lascivious

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CODING: Words $\frac{\text{stricken}}{\text{stricken}}$ are deletions; words $\frac{\text{underlined}}{\text{ore additions}}$ are additions.

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326	offenses committed upon or in the presence of an elderly person
327	or disabled person.
328	37. Section 825.103, relating to exploitation of an
329	elderly person or disabled adult, if the offense was a felony.
330	38. Section 826.04, relating to incest.
331	39. Section 827.03, relating to child abuse, aggravated
332	child abuse, or neglect of a child.
333	40. Section 827.04, relating to contributing to the
334	delinquency or dependency of a child.
335	41. Former s. 827.05, relating to negligent treatment of
336	children.
337	42. Section 827.071, relating to sexual performance by a
338	child.
339	43. Section 831.30, relating to fraud in obtaining
340	medicinal drugs.
341	44. Section 831.31, relating to sale, manufacture,
342	delivery, possession with intent to sell, manufacture, or
343	deliver any counterfeit controlled substance if the offense was
344	a felony.
345	45. Section 843.01, relating to resisting arrest with
346	violence.
347	46. Section 843.025, relating to depriving a law
348	enforcement, correctional, or correctional probation officer
349	means of protection or communication.
350	47. Section 843.12, relating to aiding in an escape.

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CODING: Words stricken are deletions; words underlined are additions.

351	48. Section 843.13, relating to aiding in the escape of
352	juvenile inmates of correctional institutions.
353	49. Chapter 847, relating to obscene literature.
354	50. Section 874.05, relating to encouraging or recruiting
355	another to join a criminal gang.
356	51. Chapter 893, relating to drug abuse prevention and
357	control, if the offense was a felony of the second degree or
358	greater severity.
359	52. Section 895.03, relating to racketeering and
360	collection of unlawful debts.
361	53. Section 896.101, relating to the Florida Money
362	Laundering Act.
363	54. Section 916.1075, relating to sexual misconduct with
364	certain forensic clients and reporting of such sexual
365	misconduct.
366	55. Section 944.35(3), relating to inflicting cruel or
367	inhuman treatment on an inmate resulting in great bodily harm.
368	56. Section 944.40, relating to escape.
369	57. Section 944.46, relating to harboring, concealing, or
370	aiding an escaped prisoner.
371	58. Section 944.47, relating to introduction of contraband
372	into a correctional facility.
373	59. Section 985.701, relating to sexual misconduct in
374	juvenile justice programs.
375	60. Section 985.711, relating to contraband introduced

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into detention facilities.

- (6) EXEMPTION REQUESTS.—A person who wishes to become a peer specialist and is disqualified under subsection (5) may request an exemption from disqualification pursuant to s. 435.07 from the department or the Agency for Health Care Administration, as applicable.
- (7) GRANDFATHER CLAUSE.—All peer specialists holding a valid peer specialist credential issued by a department-approved third-party credentialing entity as of July 1, 2018, are recognized as having met the requirements of this act.

Section 7. Paragraph (e) of subsection (5) of section 212.055, Florida Statutes, is amended to read:

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

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(5) COUNTY PUBLIC HOSPITAL SURTAX.—Any county as defined in s. 125.011(1) may levy the surtax authorized in this subsection pursuant to an ordinance either approved by extraordinary vote of the county commission or conditioned to take effect only upon approval by a majority vote of the electors of the county voting in a referendum. In a county as defined in s. 125.011(1), for the purposes of this subsection, "county public general hospital" means a general hospital as defined in s. 395.002 which is owned, operated, maintained, or governed by the county or its agency, authority, or public health trust.

(e) A governing board, agency, or authority shall be chartered by the county commission upon this act becoming law. The governing board, agency, or authority shall adopt and implement a health care plan for indigent health care services. The governing board, agency, or authority shall consist of no more than seven and no fewer than five members appointed by the county commission. The members of the governing board, agency, or authority shall be at least 18 years of age and residents of the county. A No member may not be employed by or affiliated with a health care provider or the public health trust, agency, or authority responsible for the county public general hospital. The following community organizations shall each appoint a representative to a nominating committee: the South Florida Hospital and Healthcare Association, the Miami-Dade County

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Public Health Trust, the Dade County Medical Association, the Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade County. This committee shall nominate between 10 and 14 county citizens for the governing board, agency, or authority. The slate shall be presented to the county commission and the county commission shall confirm the top five to seven nominees, depending on the size of the governing board. Until such time as the governing board, agency, or authority is created, the funds provided for in subparagraph (d)2. shall be placed in a restricted account set aside from other county funds and not disbursed by the county for any other purpose.

- 1. The plan shall divide the county into a minimum of four and maximum of six service areas, with no more than one participant hospital per service area. The county public general hospital shall be designated as the provider for one of the service areas. Services shall be provided through participants' primary acute care facilities.
- 2. The plan and subsequent amendments to it shall fund a defined range of health care services for both indigent persons and the medically poor, including primary care, preventive care, hospital emergency room care, and hospital care necessary to stabilize the patient. For the purposes of this section, "stabilization" means stabilization as defined in \underline{s} . $\underline{397.311}$ \underline{s} . $\underline{397.311}$ $\underline{(45)}$. Where consistent with these objectives, the plan may include services rendered by physicians, clinics, community

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hospitals, and alternative delivery sites, as well as at least one regional referral hospital per service area. The plan shall provide that agreements negotiated between the governing board, agency, or authority and providers shall recognize hospitals that render a disproportionate share of indigent care, provide other incentives to promote the delivery of charity care to draw down federal funds where appropriate, and require cost containment, including, but not limited to, case management. From the funds specified in subparagraphs (d) 1. and 2. for indigent health care services, service providers shall receive reimbursement at a Medicaid rate to be determined by the governing board, agency, or authority created pursuant to this paragraph for the initial emergency room visit, and a per-member per-month fee or capitation for those members enrolled in their service area, as compensation for the services rendered following the initial emergency visit. Except for provisions of emergency services, upon determination of eligibility, enrollment shall be deemed to have occurred at the time services were rendered. The provisions for specific reimbursement of emergency services shall be repealed on July 1, 2001, unless otherwise reenacted by the Legislature. The capitation amount or rate shall be determined before program implementation by an independent actuarial consultant. In no event shall such reimbursement rates exceed the Medicaid rate. The plan must also provide that any hospitals owned and operated by government

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entities on or after the effective date of this act must, as a condition of receiving funds under this subsection, afford public access equal to that provided under s. 286.011 as to any meeting of the governing board, agency, or authority the subject of which is budgeting resources for the retention of charity care, as that term is defined in the rules of the Agency for Health Care Administration. The plan shall also include innovative health care programs that provide cost-effective alternatives to traditional methods of service and delivery funding.

- 3. The plan's benefits shall be made available to all county residents currently eligible to receive health care services as indigents or medically poor as defined in paragraph (4)(d).
- 4. Eligible residents who participate in the health care plan shall receive coverage for a period of 12 months or the period extending from the time of enrollment to the end of the current fiscal year, per enrollment period, whichever is less.
- 5. At the end of each fiscal year, the governing board, agency, or authority shall prepare an audit that reviews the budget of the plan, delivery of services, and quality of services, and makes recommendations to increase the plan's efficiency. The audit shall take into account participant hospital satisfaction with the plan and assess the amount of poststabilization patient transfers requested, and accepted or

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501	denied, by the county public general hospital.
502	Section 8. Subsection (3) of section 394.495, Florida
503	Statutes, is amended to read:
504	394.495 Child and adolescent mental health system of care;
505	programs and services.—
506	(3) Assessments must be performed by:
507	(a) A professional as defined in s. $394.455(5)$, (7) , $\underline{(33)}$
508	(32) , <u>(36)</u> (35) , or <u>(37)</u> (36) ;
509	(b) A professional licensed under chapter 491; or
510	(c) A person who is under the direct supervision of a
511	qualified professional as defined in s. 394.455(5), (7), $\underline{(33)}$
512	$\frac{(32)}{(36)}$, $\frac{(35)}{(37)}$, or $\frac{(37)}{(36)}$ or a professional licensed under
513	chapter 491.
514	Section 9. Subsection (5) of section 394.496, Florida
515	Statutes, is amended to read:
516	394.496 Service planning.—
517	(5) A professional as defined in s. 394.455(5), (7), <u>(33)</u>
518	$\frac{(32)}{(36)}$, $\frac{(35)}{(35)}$, or $\frac{(37)}{(36)}$ or a professional licensed under
519	chapter 491 must be included among those persons developing the
520	services plan.
521	Section 10. Subsection (6) of section 394.9085, Florida
522	Statutes, is amended to read:
523	394.9085 Behavioral provider liability.—
524	(6) For purposes of this section, the $\frac{\text{term}}{\text{term}}$
525	"detoxification services $_{ au}$ " has the same meaning as

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526 detoxification in s. 397.311(26)(a), "addictions receiving 527 facility T'' has the same meaning as provided in s. 528 397.311(26)(a), and "receiving facility" has have the same 529 meaning meanings as those provided in s. 394.455 ss. 530 397.311(26)(a)4., 397.311(26)(a)1., and 394.455(39), 531 respectively. 532 Section 11. Section 397.416, Florida Statutes, is amended 533 to read: 534 397.416 Substance use disorder abuse treatment services; 535 qualified professional.-Notwithstanding any other provision of 536 law, a person who was certified through a certification process 537 recognized by the former Department of Health and Rehabilitative Services before January 1, 1995, may perform the duties of a 538 539 qualified professional with respect to substance use abuse 540 treatment services as defined in this chapter, and need not meet 541 the certification requirements contained in s. 397.311(35) s. 542 397.311(34). 543 Section 12. Paragraph (b) of subsection (1) of section 409.972, Florida Statutes, is amended to read: 544 545 409.972 Mandatory and voluntary enrollment.-546 The following Medicaid-eligible persons are exempt from mandatory managed care enrollment required by s. 409.965, 547 548 and may voluntarily choose to participate in the managed medical assistance program: 549 (b) Medicaid recipients residing in residential commitment 550

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facilities operated through the Department of Juvenile Justice or $\underline{\text{in}}$ a treatment facility as defined in $\underline{\text{s. }394.455}$ $\underline{\text{s.}}$ 394.455(47).

Section 13. Paragraphs (d) and (g) of subsection (1) of section 440.102, Florida Statutes, are amended to read:

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

- (1) DEFINITIONS.—Except where the context otherwise requires, as used in this act:
- (d) "Drug rehabilitation program" means a service provider as defined in s. 397.311 which, established pursuant to s. 397.311(43), that provides confidential, timely, and expert identification, assessment, and resolution of employee drug abuse.
- (g) "Employee assistance program" means an established program capable of providing expert assessment of employee personal concerns; confidential and timely identification services with regard to employee drug abuse; referrals of employees for appropriate diagnosis, treatment, and assistance; and followup services for employees who participate in the program or require monitoring after returning to work. If, in addition to the above activities, an employee assistance program provides diagnostic and treatment services, these services shall

576	in all cases be provided by service providers as defined in s.
577	397.311 pursuant to s. 397.311(43).
578	Section 14. Subsection (7) of section 744.2007, Florida
579	Statutes, is amended to read:
580	744.2007 Powers and duties.—
581	(7) A public guardian may not commit a ward to a treatment
582	facility, as defined in $s. 394.455 s. 394.455(47)$, without an
583	involuntary placement proceeding as provided by law.
584	Section 15. This act shall take effect July 1, 2018.

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