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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
11/13/2017	.	
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The Committee on Children, Families, and Elder Affairs (Garcia) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Present subsections (32) through (48) of section 394.455, Florida Statutes, are redesignated as subsections (33) through (49), respectively, and a new subsection (32) is added to that section, to read:

394.455 Definitions.—As used in this part, the term:

(32) "Peer specialist" means a person who has been in



862364

11 recovery from a substance use disorder or mental illness for the
12 past 2 years or a family member or caregiver of a person with a
13 substance use disorder or mental illness and who is certified
14 under s. 397.417.

15 Section 2. Paragraph (a) of subsection (1) of section
16 394.4572, Florida Statutes, is amended to read:

17 394.4572 Screening of mental health personnel.—

18 (1) (a) The department and the Agency for Health Care
19 Administration shall require level 2 background screening
20 pursuant to chapter 435 for mental health personnel. "Mental
21 health personnel" includes all program directors, professional
22 clinicians, staff members, and volunteers working in public or
23 private mental health programs and facilities who have direct
24 contact with individuals held for examination or admitted for
25 mental health treatment. For purposes of this chapter,
26 employment screening of mental health personnel also includes,
27 but is not limited to, employment screening as provided under
28 chapter 435 and s. 408.809. The department and the Agency for
29 Health Care Administration shall require a level 2 background
30 screening pursuant to s. 397.417(5) for persons working as peer
31 specialists in public or private mental health programs or
32 facilities who have direct contact with individuals held for
33 involuntary examination or admitted for mental health treatment.

34 Section 3. Paragraph (1) of subsection (2) of section
35 394.4573, Florida Statutes, is amended to read:

36 394.4573 Coordinated system of care; annual assessment;
37 essential elements; measures of performance; system improvement
38 grants; reports.—On or before December 1 of each year, the
39 department shall submit to the Governor, the President of the



40 Senate, and the Speaker of the House of Representatives an
41 assessment of the behavioral health services in this state. The
42 assessment shall consider, at a minimum, the extent to which
43 designated receiving systems function as no-wrong-door models,
44 the availability of treatment and recovery services that use
45 recovery-oriented and peer-involved approaches, the availability
46 of less-restrictive services, and the use of evidence-informed
47 practices. The department's assessment shall consider, at a
48 minimum, the needs assessments conducted by the managing
49 entities pursuant to s. 394.9082(5). Beginning in 2017, the
50 department shall compile and include in the report all plans
51 submitted by managing entities pursuant to s. 394.9082(8) and
52 the department's evaluation of each plan.

53 (2) The essential elements of a coordinated system of care
54 include:

55 (1) Recovery support, including, but not limited to, the
56 use of peer specialists as described in s. 397.417 to assist in
57 the individual's recovery from a substance use disorder or
58 mental illness, support for competitive employment, educational
59 attainment, independent living skills development, family
60 support and education, wellness management and self-care, and
61 assistance in obtaining housing that meets the individual's
62 needs. Such housing may include mental health residential
63 treatment facilities, limited mental health assisted living
64 facilities, adult family care homes, and supportive housing.
65 Housing provided using state funds must provide a safe and
66 decent environment free from abuse and neglect.

67 Section 4. Present subsections (30) through (49) of section
68 397.311, Florida Statutes, are redesignated as subsections (31)



862364

69 through (50), respectively, and a new subsection (30) is added
70 to that section, to read:

71 397.311 Definitions.—As used in this chapter, except part
72 VIII, the term:

73 (30) "Peer specialist" means a person who has been in
74 recovery from a substance use disorder or mental illness for the
75 past 2 years or a family member or caregiver of a person with a
76 substance use disorder or mental illness and who is certified
77 under s. 397.417.

78 Section 5. Paragraphs (b) and (c) of subsection (4) of
79 section 397.4073, Florida Statutes, are amended to read:

80 397.4073 Background checks of service provider personnel.—

81 (4) EXEMPTIONS FROM DISQUALIFICATION.—

82 ~~(b) Since rehabilitated substance abuse impaired persons~~
83 ~~are effective in the successful treatment and rehabilitation of~~
84 ~~individuals with substance use disorders, for service providers~~
85 ~~which treat adolescents 13 years of age and older, service~~
86 ~~provider personnel whose background checks indicate crimes under~~
87 ~~s. 817.563, s. 893.13, or s. 893.147 may be exempted from~~
88 ~~disqualification from employment pursuant to this paragraph.~~

89 ~~(c) The department may grant exemptions from~~
90 ~~disqualification which would limit service provider personnel to~~
91 ~~working with adults in substance use disorder ~~abuse~~ treatment~~
92 ~~facilities.~~

93 Section 6. Section 397.417, Florida Statutes, is created to
94 read:

95 397.417 Behavioral health peer specialists.—

96 (1) LEGISLATIVE FINDINGS AND INTENT.—

97 (a) The Legislature finds that:



862364

98 1. The ability to provide adequate behavioral health
99 services is limited by a shortage of professionals and
100 paraprofessionals.

101 2. The state is experiencing an increase in opioid
102 addictions, which prove fatal to persons in many cases.

103 3. Peer specialists provide effective support services
104 because they share common life experiences with the persons they
105 assist.

106 4. Peer specialists promote a sense of community among
107 those in recovery.

108 5. Research has shown that peer support facilitates
109 recovery and reduces health care costs.

110 6. Peer specialists may have a criminal history that
111 prevents them from meeting background screening requirements.

112 (b) The Legislature intends to expand the use of peer
113 specialists as a cost-effective means of providing services by
114 ensuring that peer specialists meet specified qualifications,
115 meet modified background screening requirements, and are
116 adequately reimbursed for their services.

117 (2) QUALIFICATIONS.—

118 (a) A person may seek certification as a peer specialist if
119 he or she has been in recovery from a substance use disorder or
120 mental illness for the past 2 years or if he or she is a family
121 member or caregiver of a person with a substance use disorder or
122 mental illness.

123 (b) To obtain certification as a peer specialist, a person
124 must meet the background screening requirements of subsection
125 (5), complete the training program, and achieve a passing score
126 on the competency exam described in paragraph (3)(a).



862364

127 (3) DUTIES OF THE DEPARTMENT.—

128 (a) The department must develop a training program for
129 persons seeking certification as peer specialists. The
130 department must give preference to trainers who are certified
131 peer specialists. The training program must coincide with a
132 competency exam and be based on current practice standards.

133 (b) The department shall certify peer specialists. The
134 department may certify peer specialists directly or may
135 designate a private, nonprofit certification organization to
136 certify peer specialists, implement the training program, and
137 administer the competency exam.

138 (c) The department must require that a person providing
139 peer specialist services be certified or be supervised by a
140 licensed behavioral health care professional or a certified peer
141 specialist.

142 (4) PAYMENT.—Peer specialist services may be reimbursed as
143 a recovery service through the department, a behavioral health
144 managing entity, or the Medicaid program. Medicaid managed care
145 plans are encouraged to use peer specialists in providing
146 recovery services.

147 (5) BACKGROUND SCREENING.—

148 (a) All peer specialists must have completed or been
149 lawfully released from confinement, supervision, or any
150 nonmonetary condition imposed by the court for any felony and
151 must undergo a background screening as a condition of employment
152 and continued employment. The background screening must include
153 fingerprinting for statewide criminal history records checks
154 through the Department of Law Enforcement and national criminal
155 history records checks through the Federal Bureau of



862364

156 Investigation. The background screening may include local
157 criminal records checks through local law enforcement agencies.

158 (b) The department or the Agency for Health Care
159 Administration, as applicable, may require by rule that
160 fingerprints submitted pursuant to this section be submitted
161 electronically to the Department of Law Enforcement.

162 (c) The department or the Agency for Health Care
163 Administration, as applicable, may contract with one or more
164 vendors to perform all or part of the electronic fingerprinting
165 pursuant to this section. Such contracts must ensure that the
166 owners and personnel of the vendor performing the electronic
167 fingerprinting are qualified and will ensure the integrity and
168 security of all personal identifying information.

169 (d) Vendors who submit fingerprints on behalf of employers
170 must:

- 171 1. Meet the requirements of s. 943.053; and
172 2. Have the ability to communicate electronically with the
173 department or the Agency for Health Care Administration, as
174 applicable, accept screening results from the Department of Law
175 Enforcement and provide the applicant's full first name, middle
176 initial, and last name; social security number or individual
177 taxpayer identification number; date of birth; mailing address;
178 sex; and race.

179 (e) The background screening under this section must ensure
180 that a peer specialist has not, during the previous 3 years,
181 been arrested for and is awaiting final disposition of, been
182 found guilty of, regardless of adjudication, or entered a plea
183 of nolo contendere or guilty to, or been adjudicated delinquent
184 and the record has not been sealed or expunged for, any felony.



862364

185 (f) The background screening under this section must ensure
186 that a peer specialist has not been found guilty of, regardless
187 of adjudication, or entered a plea of nolo contendere or guilty
188 to, or been adjudicated delinquent and the record has not been
189 sealed or expunged for, any offense prohibited under any of the
190 following state laws or similar laws of another jurisdiction:

191 1. Section 393.135, relating to sexual misconduct with
192 certain developmentally disabled clients and reporting of such
193 sexual misconduct.

194 2. Section 394.4593, relating to sexual misconduct with
195 certain mental health patients and reporting of such sexual
196 misconduct.

197 3. Section 409.9201, relating to Medicaid fraud.

198 4. Section 415.111, relating to adult abuse, neglect, or
199 exploitation of aged persons or disabled adults.

200 5. Section 741.28, relating to domestic violence.

201 6. Section 777.04, relating to attempts, solicitation, and
202 conspiracy to commit an offense listed in this section.

203 7. Section 782.04, relating to murder.

204 8. Section 782.07, relating to manslaughter, aggravated
205 manslaughter of an elderly person or disabled adult, aggravated
206 manslaughter of a child, or aggravated manslaughter of an
207 officer, a firefighter, an emergency medical technician, or a
208 paramedic.

209 9. Section 782.071, relating to vehicular homicide.

210 10. Section 782.09, relating to killing of an unborn child
211 by injury to the mother.

212 11. Chapter 784, relating to assault, battery, and culpable
213 negligence, if the offense was a felony.



862364

- 214 12. Section 787.01, relating to kidnapping.
- 215 13. Section 787.02, relating to false imprisonment.
- 216 14. Section 787.025, relating to luring or enticing a
217 child.
- 218 15. Section 787.04(2), relating to leading, taking,
219 enticing, or removing a minor beyond the state limits, or
220 concealing the location of a minor, with criminal intent pending
221 custody proceedings.
- 222 16. Section 787.04(3), relating to leading, taking,
223 enticing, or removing a minor beyond the state limits, or
224 concealing the location of a minor, with criminal intent pending
225 dependency proceedings or proceedings concerning alleged abuse
226 or neglect of a minor.
- 227 17. Section 790.115(1), relating to exhibiting firearms or
228 weapons within 1,000 feet of a school.
- 229 18. Section 790.115(2)(b), relating to possessing an
230 electric weapon or device, destructive device, or other weapon
231 on school property.
- 232 19. Section 794.011, relating to sexual battery.
- 233 20. Former s. 794.041, relating to prohibited acts of
234 persons in familial or custodial authority.
- 235 21. Section 794.05, relating to unlawful sexual activity
236 with certain minors.
- 237 22. Section 794.08, relating to female genital mutilation.
- 238 23. Section 798.02, relating to lewd and lascivious
239 behavior.
- 240 24. Chapter 800, relating to lewdness and indecent
241 exposure.
- 242 25. Section 806.01, relating to arson.



862364

- 243 26. Section 810.02, relating to burglary, if the offense
244 was a felony of the first degree.
- 245 27. Section 810.14, relating to voyeurism, if the offense
246 was a felony.
- 247 28. Section 810.145, relating to video voyeurism, if the
248 offense was a felony.
- 249 29. Section 812.13, relating to robbery.
- 250 30. Section 812.131, relating to robbery by sudden
251 snatching.
- 252 31. Section 812.133, relating to carjacking.
- 253 32. Section 812.135, relating to home-invasion robbery.
- 254 33. Section 817.50, relating to fraudulently obtaining
255 goods or services from a health care provider and false reports
256 of a communicable disease.
- 257 34. Section 817.505, relating to patient brokering.
- 258 35. Section 825.102, relating to abuse, aggravated abuse,
259 or neglect of an elderly person or disabled adult.
- 260 36. Section 825.1025, relating to lewd or lascivious
261 offenses committed upon or in the presence of an elderly person
262 or disabled person.
- 263 37. Section 825.103, relating to exploitation of an elderly
264 person or disabled adult, if the offense was a felony.
- 265 38. Section 826.04, relating to incest.
- 266 39. Section 827.03, relating to child abuse, aggravated
267 child abuse, or neglect of a child.
- 268 40. Section 827.04, relating to contributing to the
269 delinquency or dependency of a child.
- 270 41. Former s. 827.05, relating to negligent treatment of
271 children.



862364

- 272 42. Section 827.071, relating to sexual performance by a
273 child.
- 274 43. Section 831.30, relating to fraud in obtaining
275 medicinal drugs.
- 276 44. Section 831.31, relating to sale, manufacture,
277 delivery, possession with intent to sell, manufacture, or
278 deliver any counterfeit controlled substance if the offense was
279 a felony.
- 280 45. Section 843.01, relating to resisting arrest with
281 violence.
- 282 46. Section 843.025, relating to depriving a law
283 enforcement, correctional, or correctional probation officer
284 means of protection or communication.
- 285 47. Section 843.12, relating to aiding in an escape.
- 286 48. Section 843.13, relating to aiding in the escape of
287 juvenile inmates of correctional institutions.
- 288 49. Chapter 847, relating to obscene literature.
- 289 50. Section 874.05, relating to encouraging or recruiting
290 another to join a criminal gang.
- 291 51. Chapter 893, relating to drug abuse prevention and
292 control, if the offense was a felony of the second degree or
293 greater severity.
- 294 52. Section 895.03, relating to racketeering and collection
295 of unlawful debts.
- 296 53. Section 896.101, relating to the Florida Money
297 Laundering Act.
- 298 54. Section 916.1075, relating to sexual misconduct with
299 certain forensic clients and reporting of such sexual
300 misconduct.



862364

301 55. Section 944.35(3), relating to inflicting cruel or
302 inhuman treatment on an inmate resulting in great bodily harm.

303 56. Section 944.40, relating to escape.

304 57. Section 944.46, relating to harboring, concealing, or
305 aiding an escaped prisoner.

306 58. Section 944.47, relating to introduction of contraband
307 into a correctional facility.

308 59. Section 985.701, relating to sexual misconduct in
309 juvenile justice programs.

310 60. Section 985.711, relating to contraband introduced into
311 detention facilities.

312 (6) EXEMPTION REQUESTS.—Persons who wish to become a peer
313 specialist and are disqualified under subsection (5) may request
314 an exemption from disqualification pursuant to s. 435.07 from
315 the department or the Agency for Health Care Administration, as
316 applicable.

317 (7) GRANDFATHER CLAUSE.—All peer specialists certified as
318 of the effective date of this act are recognized as having met
319 the requirements of this act.

320 Section 7. Paragraph (e) of subsection (5) of section
321 212.055, Florida Statutes, is amended to read:

322 212.055 Discretionary sales surtaxes; legislative intent;
323 authorization and use of proceeds.—It is the legislative intent
324 that any authorization for imposition of a discretionary sales
325 surtax shall be published in the Florida Statutes as a
326 subsection of this section, irrespective of the duration of the
327 levy. Each enactment shall specify the types of counties
328 authorized to levy; the rate or rates which may be imposed; the
329 maximum length of time the surtax may be imposed, if any; the



330 procedure which must be followed to secure voter approval, if
331 required; the purpose for which the proceeds may be expended;
332 and such other requirements as the Legislature may provide.
333 Taxable transactions and administrative procedures shall be as
334 provided in s. 212.054.

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

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



862364

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

370 1. The plan shall divide the county into a minimum of four
371 and maximum of six service areas, with no more than one
372 participant hospital per service area. The county public general
373 hospital shall be designated as the provider for one of the
374 service areas. Services shall be provided through participants'
375 primary acute care facilities.

376 2. The plan and subsequent amendments to it shall fund a
377 defined range of health care services for both indigent persons
378 and the medically poor, including primary care, preventive care,
379 hospital emergency room care, and hospital care necessary to
380 stabilize the patient. For the purposes of this section,
381 "stabilization" means stabilization as defined in s. 397.311 ~~s.~~
382 ~~397.311(45)~~. Where consistent with these objectives, the plan
383 may include services rendered by physicians, clinics, community
384 hospitals, and alternative delivery sites, as well as at least
385 one regional referral hospital per service area. The plan shall
386 provide that agreements negotiated between the governing board,
387 agency, or authority and providers shall recognize hospitals



862364

388 that render a disproportionate share of indigent care, provide
389 other incentives to promote the delivery of charity care to draw
390 down federal funds where appropriate, and require cost
391 containment, including, but not limited to, case management.
392 From the funds specified in subparagraphs (d)1. and 2. for
393 indigent health care services, service providers shall receive
394 reimbursement at a Medicaid rate to be determined by the
395 governing board, agency, or authority created pursuant to this
396 paragraph for the initial emergency room visit, and a per-member
397 per-month fee or capitation for those members enrolled in their
398 service area, as compensation for the services rendered
399 following the initial emergency visit. Except for provisions of
400 emergency services, upon determination of eligibility,
401 enrollment shall be deemed to have occurred at the time services
402 were rendered. The provisions for specific reimbursement of
403 emergency services shall be repealed on July 1, 2001, unless
404 otherwise reenacted by the Legislature. The capitation amount or
405 rate shall be determined before program implementation by an
406 independent actuarial consultant. In no event shall such
407 reimbursement rates exceed the Medicaid rate. The plan must also
408 provide that any hospitals owned and operated by government
409 entities on or after the effective date of this act must, as a
410 condition of receiving funds under this subsection, afford
411 public access equal to that provided under s. 286.011 as to any
412 meeting of the governing board, agency, or authority the subject
413 of which is budgeting resources for the retention of charity
414 care, as that term is defined in the rules of the Agency for
415 Health Care Administration. The plan shall also include
416 innovative health care programs that provide cost-effective



862364

417 alternatives to traditional methods of service and delivery
418 funding.

419 3. The plan's benefits shall be made available to all
420 county residents currently eligible to receive health care
421 services as indigents or medically poor as defined in paragraph
422 (4) (d).

423 4. Eligible residents who participate in the health care
424 plan shall receive coverage for a period of 12 months or the
425 period extending from the time of enrollment to the end of the
426 current fiscal year, per enrollment period, whichever is less.

427 5. At the end of each fiscal year, the governing board,
428 agency, or authority shall prepare an audit that reviews the
429 budget of the plan, delivery of services, and quality of
430 services, and makes recommendations to increase the plan's
431 efficiency. The audit shall take into account participant
432 hospital satisfaction with the plan and assess the amount of
433 poststabilization patient transfers requested, and accepted or
434 denied, by the county public general hospital.

435 Section 8. Subsection (3) of section 394.495, Florida
436 Statutes, is amended to read:

437 394.495 Child and adolescent mental health system of care;
438 programs and services.—

439 (3) Assessments must be performed by:

440 (a) A professional as defined in s. 394.455(5), (7), (33)
441 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~;

442 (b) A professional licensed under chapter 491; or

443 (c) A person who is under the direct supervision of a
444 qualified professional as defined in s. 394.455(5), (7), (33)
445 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~ or a professional licensed under



862364

446 chapter 491.

447 Section 9. Subsection (5) of section 394.496, Florida
448 Statutes, is amended to read:

449 394.496 Service planning.—

450 (5) A professional as defined in s. 394.455(5), (7), (33)
451 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~ or a professional licensed under
452 chapter 491 must be included among those persons developing the
453 services plan.

454 Section 10. Subsection (6) of section 394.9085, Florida
455 Statutes, is amended to read:

456 394.9085 Behavioral provider liability.—

457 (6) For purposes of this section, the term ~~terms~~
458 “detoxification services” has the same meaning as
459 detoxification in s. 397.311(26) (a), “addictions receiving
460 facility” has the same meaning as provided in s.
461 397.311(26) (a), and “receiving facility” has have the same
462 meaning meanings as those provided in s. 394.455 ss.
463 ~~397.311(26) (a) 4., 397.311(26) (a) 1., and 394.455(39),~~
464 respectively.

465 Section 11. Section 397.416, Florida Statutes, is amended
466 to read:

467 397.416 Substance use disorder ~~abuse~~ treatment services;
468 qualified professional.—Notwithstanding any other provision of
469 law, a person who was certified through a certification process
470 recognized by the former Department of Health and Rehabilitative
471 Services before January 1, 1995, may perform the duties of a
472 qualified professional with respect to substance use ~~abuse~~
473 treatment services as defined in this chapter, and need not meet
474 the certification requirements contained in s. 397.311(35) ~~s.~~



862364

475 ~~397.311(34).~~

476 Section 12. Paragraph (b) of subsection (1) of section
477 409.972, Florida Statutes, is amended to read:

478 409.972 Mandatory and voluntary enrollment.—

479 (1) The following Medicaid-eligible persons are exempt from
480 mandatory managed care enrollment required by s. 409.965, and
481 may voluntarily choose to participate in the managed medical
482 assistance program:

483 (b) Medicaid recipients residing in residential commitment
484 facilities operated through the Department of Juvenile Justice
485 or in a treatment facility as defined in s. 394.455 ~~s.~~
486 ~~394.455(47).~~

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

489 440.102 Drug-free workplace program requirements.—The
490 following provisions apply to a drug-free workplace program
491 implemented pursuant to law or to rules adopted by the Agency
492 for Health Care Administration:

493 (1) DEFINITIONS.—Except where the context otherwise
494 requires, as used in this act:

495 (d) "Drug rehabilitation program" means a service provider
496 as defined in s. 397.311 which, established pursuant to s.
497 ~~397.311(43), that~~ provides confidential, timely, and expert
498 identification, assessment, and resolution of employee drug
499 abuse.

500 (g) "Employee assistance program" means an established
501 program capable of providing expert assessment of employee
502 personal concerns; confidential and timely identification
503 services with regard to employee drug abuse; referrals of



862364

504 employees for appropriate diagnosis, treatment, and assistance;
505 and followup services for employees who participate in the
506 program or require monitoring after returning to work. If, in
507 addition to the above activities, an employee assistance program
508 provides diagnostic and treatment services, these services shall
509 in all cases be provided by service providers as defined in s.
510 397.311 ~~pursuant to s. 397.311(43).~~

511 Section 14. Subsection (7) of section 744.2007, Florida
512 Statutes, is amended to read:

513 744.2007 Powers and duties.—

514 (7) A public guardian may not commit a ward to a treatment
515 facility, as defined in s. 394.455 ~~s. 394.455(47)~~, without an
516 involuntary placement proceeding as provided by law.

517 Section 15. This act shall take effect July 1, 2018.

518
519 ===== T I T L E A M E N D M E N T =====

520 And the title is amended as follows:

521 Delete everything before the enacting clause
522 and insert:

523 A bill to be entitled
524 An act relating to mental health and substance use
525 disorders; amending s. 394.455, F.S.; defining the
526 term "peer specialist"; amending s. 394.4572, F.S.;
527 requiring a specific level of screening for peer
528 specialists working in mental health programs and
529 facilities; amending s. 394.4573, F.S.; specifying
530 that the use of peer specialists for recovery support
531 is an essential element of a coordinated system of
532 behavioral health care; amending s. 397.311, F.S.;



862364

533 defining the term "peer specialist"; amending s.
534 397.4073, F.S.; conforming provisions to changes made
535 by the act; creating s. 397.417, F.S.; providing
536 legislative findings and intent; authorizing a person
537 to seek certification as a peer specialist if he or
538 she meets specified qualifications; requiring a
539 background screening, completion of a training
540 program, and a passing score on a competency exam for
541 a qualified person to obtain certification as a peer
542 specialist; requiring the Department of Children and
543 Families to develop a training program for peer
544 specialists and give preference to trainers who are
545 certified peer specialists; requiring the training
546 program to coincide with a competency exam and be
547 based on current practice standards; requiring the
548 department to certify peer specialists directly or by
549 designating a nonprofit certification organization;
550 requiring that a person providing peer specialist
551 services be certified or supervised by a licensed
552 behavioral health care professional or a certified
553 peer specialist; authorizing the department, a
554 behavioral health managing entity, or the Medicaid
555 program to reimburse a peer specialist service as a
556 recovery service; encouraging Medicaid managed care
557 plans to use peer specialists in providing recovery
558 services; requiring peer specialists to meet the
559 requirements of a background screening as a condition
560 of employment and continued employment; authorizing
561 the department or the Agency for Health Care



862364

562 Administration to require by rule that fingerprints be
563 submitted electronically to the Department of Law
564 Enforcement; authorizing the department or the agency
565 to contract with certain vendors for fingerprinting;
566 specifying requirements for vendors; specifying
567 offenses to be considered in the background screening
568 of a peer specialist; authorizing a person who does
569 not meet background screening requirements to request
570 an exemption from disqualification from the department
571 or the agency; providing that all peer specialists
572 certified as of the effective date of this act are
573 recognized as having met the requirements of this act;
574 amending ss. 212.055, 394.495, 394.496, 394.9085,
575 397.416, 409.972, 440.102, and 744.2007, F.S.;
576 conforming cross-references; making technical changes;
577 providing an effective date.