

By Senator Garcia

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1 A bill to be entitled
2 An act relating to mental health and substance use
3 disorders; amending s. 394.455, F.S.; defining the
4 term "peer specialist"; amending s. 394.4572, F.S.;
5 requiring a specific level of screening for peer
6 specialists working in mental health programs and
7 facilities; amending s. 394.4573, F.S.; specifying
8 that the use of peer specialists for recovery support
9 is an essential element of a coordinated system of
10 behavioral health care; amending s. 397.311, F.S.;
11 defining the term "peer specialist"; amending s.
12 397.4073, F.S.; conforming a provision to changes made
13 by the act; creating s. 397.417, F.S.; providing
14 legislative findings and intent; providing
15 qualifications and requiring a background screening as
16 a condition of certification for peer specialists;
17 requiring the Department of Children and Families to
18 develop a training program for peer specialists and
19 give preference to trainers who are certified peer
20 specialists; requiring that a peer specialist
21 providing services be supervised by a licensed
22 behavioral health care professional or a licensed
23 behavioral health care agency; requiring the
24 department to certify peer specialists directly or by
25 designating a nonprofit certification organization;
26 requiring a person to pass a competency exam before
27 certification as a peer specialist; authorizing the
28 department, a behavioral health managing entity, or
29 the Medicaid program to reimburse a peer specialist

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30 service as a recovery service; encouraging Medicaid
31 managed care plans to use peer specialists in the
32 provision of recovery services; requiring all peer
33 specialists to meet the requirements of a background
34 screening as a condition of employment and continued
35 employment; authorizing the department or the Agency
36 for Health Care Administration to require by rule that
37 fingerprints are submitted electronically to the
38 Department of Law Enforcement; authorizing the
39 department or the agency to contract with certain
40 vendors for fingerprinting; specifying requirements
41 for vendors; specifying offenses to be considered in
42 the background screening of a peer specialist;
43 authorizing a person who does not meet background
44 screening requirements to request an exemption from
45 disqualification from the department or the agency;
46 providing that all peer specialists certified as of
47 the effective date of this act are recognized as
48 having met the requirements of this act; amending ss.
49 212.055, 394.495, 394.496, 394.9085, 397.416, 409.972,
50 440.102, and 744.2007, F.S.; conforming cross-
51 references; making technical changes; providing an
52 effective date.

53
54 Be It Enacted by the Legislature of the State of Florida:

55
56 Section 1. Present subsections (32) through (48) of section
57 394.455, Florida Statutes, are redesignated as subsections (33)
58 through (49), respectively, and a new subsection (32) is added

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59 to that section, to read:

60 394.455 Definitions.—As used in this part, the term:

61 (32) "Peer specialist" means a person who has been in
62 recovery from a substance use disorder or mental illness for the
63 past 2 years and is certified or is seeking certification under
64 s. 397.417.

65 Section 2. Paragraph (a) of subsection (1) of section
66 394.4572, Florida Statutes, is amended to read:

67 394.4572 Screening of mental health personnel.—

68 (1) (a) The department and the Agency for Health Care
69 Administration shall require level 2 background screening
70 pursuant to chapter 435 for mental health personnel. "Mental
71 health personnel" includes all program directors, professional
72 clinicians, staff members, and volunteers working in public or
73 private mental health programs and facilities who have direct
74 contact with individuals held for examination or admitted for
75 mental health treatment. For purposes of this chapter,
76 employment screening of mental health personnel also includes,
77 but is not limited to, employment screening as provided under
78 chapter 435 and s. 408.809. The department and the Agency for
79 Health Care Administration shall require a level 2 background
80 screening pursuant to s. 397.417(5) for persons working as peer
81 specialists in public or private mental health programs or
82 facilities who have direct contact with individuals held for
83 involuntary examination or admitted for mental health treatment.

84 Section 3. Paragraph (1) of subsection (2) of section
85 394.4573, Florida Statutes, is amended to read:

86 394.4573 Coordinated system of care; annual assessment;
87 essential elements; measures of performance; system improvement

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88 grants; reports.—On or before December 1 of each year, the
89 department shall submit to the Governor, the President of the
90 Senate, and the Speaker of the House of Representatives an
91 assessment of the behavioral health services in this state. The
92 assessment shall consider, at a minimum, the extent to which
93 designated receiving systems function as no-wrong-door models,
94 the availability of treatment and recovery services that use
95 recovery-oriented and peer-involved approaches, the availability
96 of less-restrictive services, and the use of evidence-informed
97 practices. The department's assessment shall consider, at a
98 minimum, the needs assessments conducted by the managing
99 entities pursuant to s. 394.9082(5). Beginning in 2017, the
100 department shall compile and include in the report all plans
101 submitted by managing entities pursuant to s. 394.9082(8) and
102 the department's evaluation of each plan.

103 (2) The essential elements of a coordinated system of care
104 include:

105 (1) Recovery support, including, but not limited to, the
106 use of peer specialists pursuant to s. 397.417, support for
107 competitive employment, educational attainment, independent
108 living skills development, family support and education,
109 wellness management and self-care, and assistance in obtaining
110 housing that meets the individual's needs. Such housing may
111 include mental health residential treatment facilities, limited
112 mental health assisted living facilities, adult family care
113 homes, and supportive housing. Housing provided using state
114 funds must provide a safe and decent environment free from abuse
115 and neglect.

116 Section 4. Present subsections (30) through (49) of section

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117 397.311, Florida Statutes, are redesignated as subsections (31)
118 through (50), respectively, and a new subsection (30) is added
119 to that section, to read:

120 397.311 Definitions.—As used in this chapter, except part
121 VIII, the term:

122 (30) "Peer specialist" means a person who has been in
123 recovery from a substance use disorder or mental illness for the
124 past 2 years and is certified or is seeking certification under
125 s. 397.417.

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

128 397.4073 Background checks of service provider personnel.—

129 (4) EXEMPTIONS FROM DISQUALIFICATION.—

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

137 ~~(c) The department may grant exemptions from~~
138 ~~disqualification which would limit service provider personnel to~~
139 ~~working with adults in substance use ~~abuse~~ treatment facilities.~~

140 Section 6. Section 397.417, Florida Statutes, is created to
141 read:

142 397.417 Behavioral health peer specialists.—

143 (1) LEGISLATIVE FINDINGS AND INTENT.—

144 (a) The Legislature finds that:

145 1. The ability to provide adequate behavioral health

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146 services is limited by a shortage of professionals and
147 paraprofessionals.

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

150 3. Peer specialists provide effective support services
151 because they share common life experiences with the persons they
152 assist.

153 4. Peer specialists promote a sense of community among
154 those in recovery.

155 5. Research has shown that peer support facilitates
156 recovery and reduces health care costs.

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

159 (b) The Legislature intends to expand the use of peer
160 specialists as a cost-effective means of providing services by
161 ensuring that peer specialists meet specified qualifications,
162 meet modified background screening requirements, and are
163 adequately reimbursed for their services.

164 (2) QUALIFICATIONS.—

165 (a) A person may be certified as a peer specialist if he or
166 she has been in recovery from a substance use disorder or mental
167 illness for the past 2 years and meets all requirements of this
168 section.

169 (b) A peer specialist must meet the background screening
170 requirements of subsection (5) and complete a training program
171 approved by the department. The training program must coincide
172 with a competency exam and be based on the current practice
173 standards.

174 (3) DUTIES OF THE DEPARTMENT.—

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175 (a) The department must develop a training program for peer
176 specialists. The department must give preference to trainers who
177 are certified peer specialists.

178 (b) The department must require that a peer specialist
179 providing services is supervised by a licensed behavioral health
180 care professional or licensed behavioral health care agency.

181 (c) The department must certify peer specialists. The
182 department may designate a private, nonprofit certification
183 organization to certify peer specialists or may certify peer
184 specialists directly. The department or designated organization
185 must require a peer specialist to pass a competency exam before
186 certification.

187 (4) PAYMENT.—Peer specialist services may be reimbursed as
188 a recovery service through the department, a behavioral health
189 managing entity, or the Medicaid program. Medicaid managed care
190 plans are encouraged to use peer specialists in the provision of
191 recovery services.

192 (5) BACKGROUND SCREENING.—

193 (a) All peer specialists must undergo a background
194 screening as a condition of employment and continued employment
195 which must include fingerprinting for statewide criminal history
196 records checks through the Department of Law Enforcement and
197 national criminal history records checks through the Federal
198 Bureau of Investigation. The background screening may include
199 local criminal records checks through local law enforcement
200 agencies.

201 (b) The department or the Agency for Health Care
202 Administration, as applicable, may require by rule that
203 fingerprints submitted pursuant to this section must be

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204 submitted electronically to the Department of Law Enforcement.

205 (c) The department or the Agency for Health Care
206 Administration, as applicable, may contract with one or more
207 vendors to perform all or part of the electronic fingerprinting
208 pursuant to this section. Such contracts must ensure that the
209 owners and personnel of the vendor performing the electronic
210 fingerprinting are qualified and will ensure the integrity and
211 security of all personal identifying information.

212 (d) Vendors who submit fingerprints on behalf of employers
213 must:

214 1. Meet the requirements of s. 943.053; and
215 2. Have the ability to communicate electronically with the
216 department or the Agency for Health Care Administration, as
217 applicable, accept screening results from the Department of Law
218 Enforcement and provide the applicant's full first name, middle
219 initial, and last name; social security number or individual
220 taxpayer identification number; date of birth; mailing address;
221 sex; and race.

222 (e) The background screening under this section must ensure
223 that a peer specialist has not, during the previous 3 years,
224 been arrested for and is awaiting final disposition of, has been
225 found guilty of, regardless of adjudication, or entered a plea
226 of nolo contendere or guilty to, or has been adjudicated
227 delinquent and the record has not been sealed or expunged for,
228 any offense prohibited under any of the following state laws or
229 similar laws of another jurisdiction:

230 1. Section 393.135, relating to sexual misconduct with
231 certain developmentally disabled clients and reporting of such
232 sexual misconduct.

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- 233 2. Section 394.4593, relating to sexual misconduct with
234 certain mental health patients and reporting of such sexual
235 misconduct.
- 236 3. Section 409.9201, relating to Medicaid fraud.
- 237 4. Section 415.111, relating to adult abuse, neglect, or
238 exploitation of aged persons or disabled adults.
- 239 5. Section 741.28, relating to domestic violence.
- 240 6. Section 777.04, relating to attempts, solicitation, and
241 conspiracy to commit an offense listed in this section.
- 242 7. Section 782.04, relating to murder.
- 243 8. Section 782.07, relating to manslaughter, aggravated
244 manslaughter of an elderly person or disabled adult, aggravated
245 manslaughter of a child, or aggravated manslaughter of an
246 officer, a firefighter, an emergency medical technician, or a
247 paramedic.
- 248 9. Section 782.071, relating to vehicular homicide.
- 249 10. Section 782.09, relating to killing of an unborn child
250 by injury to the mother.
- 251 11. Section 787.01, relating to kidnapping.
- 252 12. Section 787.02, relating to false imprisonment.
- 253 13. Section 787.025, relating to luring or enticing a
254 child.
- 255 14. Section 787.04(2), relating to leading, taking,
256 enticing, or removing a minor beyond the state limits, or
257 concealing the location of a minor, with criminal intent pending
258 custody proceedings.
- 259 15. Section 787.04(3), relating to leading, taking,
260 enticing, or removing a minor beyond the state limits, or
261 concealing the location of a minor, with criminal intent pending

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262 dependency proceedings or proceedings concerning alleged abuse
263 or neglect of a minor.

264 16. Section 790.115(1), relating to exhibiting firearms or
265 weapons within 1,000 feet of a school.

266 17. Section 790.115(2) (b), relating to possessing an
267 electric weapon or device, destructive device, or other weapon
268 on school property.

269 18. Section 794.011, relating to sexual battery.

270 19. Former s. 794.041, relating to prohibited acts of
271 persons in familial or custodial authority.

272 20. Section 794.05, relating to unlawful sexual activity
273 with certain minors.

274 21. Section 798.02, relating to lewd and lascivious
275 behavior.

276 22. Chapter 800, relating to lewdness and indecent
277 exposure.

278 23. Section 806.01, relating to arson.

279 24. Section 810.14, relating to voyeurism, if the offense
280 was a felony.

281 25. Section 810.145, relating to video voyeurism, if the
282 offense was a felony.

283 26. Section 817.50, relating to fraudulently obtaining
284 goods or services from a health care provider.

285 27. Section 817.505, relating to patient brokering.

286 28. Section 817.563, relating to fraudulent sale of
287 controlled substances, if the offense was a felony.

288 29. Section 825.102, relating to abuse, aggravated abuse,
289 or neglect of an elderly person or disabled adult.

290 30. Section 825.1025, relating to lewd or lascivious

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291 offenses committed upon or in the presence of an elderly person
292 or disabled person.

293 31. Section 825.103, relating to exploitation of an elderly
294 person or disabled adult, if the offense was a felony.

295 32. Section 826.04, relating to incest.

296 33. Section 827.03, relating to child abuse, aggravated
297 child abuse, or neglect of a child.

298 34. Section 827.04, relating to contributing to the
299 delinquency or dependency of a child.

300 35. Former s. 827.05, relating to negligent treatment of
301 children.

302 36. Section 827.071, relating to sexual performance by a
303 child.

304 37. Section 831.30, relating to fraud in obtaining
305 medicinal drugs.

306 38. Section 831.31, relating to sale, manufacture,
307 delivery, possession with intent to sell, manufacture, or
308 deliver any counterfeit controlled substance if the offense was
309 a felony.

310 39. Section 843.01, relating to resisting arrest with
311 violence.

312 40. Section 843.025, relating to depriving a law
313 enforcement, correctional, or correctional probation officer
314 means of protection or communication.

315 41. Section 843.12, relating to aiding in an escape.

316 42. Section 843.13, relating to aiding in the escape of
317 juvenile inmates of correctional institutions.

318 43. Chapter 847, relating to obscene literature.

319 44. Section 874.05, relating to encouraging or recruiting

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320 another to join a criminal gang.

321 45. Chapter 893, relating to drug abuse prevention and

322 control, if the offense was a felony.

323 46. Section 895.03, relating to racketeering and collection

324 of unlawful debts.

325 47. Section 896.101, relating to the Florida Money

326 Laundering Act.

327 48. Section 916.1075, relating to sexual misconduct with

328 certain forensic clients and reporting of such sexual

329 misconduct.

330 49. Section 944.35(3), relating to inflicting cruel or

331 inhuman treatment on an inmate resulting in great bodily harm.

332 50. Section 944.40, relating to escape.

333 51. Section 944.46, relating to harboring, concealing, or

334 aiding an escaped prisoner.

335 52. Section 944.47, relating to introduction of contraband

336 into a correctional facility.

337 53. Section 985.701, relating to sexual misconduct in

338 juvenile justice programs.

339 54. Section 985.711, relating to contraband introduced into

340 detention facilities.

341 (6) EXEMPTION REQUESTS.—Persons who wish to become a peer

342 specialist and are disqualified under subsection (5) may request

343 an exemption from disqualification pursuant to s. 435.07 from

344 the department or the Agency for Health Care Administration, as

345 applicable.

346 (7) GRANDFATHER CLAUSE.—All peer specialists certified as

347 of the effective date of this act are recognized as having met

348 the requirements of this act.

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349 Section 7. Paragraph (e) of subsection (5) of section
350 212.055, Florida Statutes, is amended to read:

351 212.055 Discretionary sales surtaxes; legislative intent;
352 authorization and use of proceeds.—It is the legislative intent
353 that any authorization for imposition of a discretionary sales
354 surtax shall be published in the Florida Statutes as a
355 subsection of this section, irrespective of the duration of the
356 levy. Each enactment shall specify the types of counties
357 authorized to levy; the rate or rates which may be imposed; the
358 maximum length of time the surtax may be imposed, if any; the
359 procedure which must be followed to secure voter approval, if
360 required; the purpose for which the proceeds may be expended;
361 and such other requirements as the Legislature may provide.
362 Taxable transactions and administrative procedures shall be as
363 provided in s. 212.054.

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

374 (e) A governing board, agency, or authority shall be
375 chartered by the county commission upon this act becoming law.
376 The governing board, agency, or authority shall adopt and
377 implement a health care plan for indigent health care services.

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378 The governing board, agency, or authority shall consist of no
379 more than seven and no fewer than five members appointed by the
380 county commission. The members of the governing board, agency,
381 or authority shall be at least 18 years of age and residents of
382 the county. A ~~No~~ member may not be employed by or affiliated
383 with a health care provider or the public health trust, agency,
384 or authority responsible for the county public general hospital.
385 The following community organizations shall each appoint a
386 representative to a nominating committee: the South Florida
387 Hospital and Healthcare Association, the Miami-Dade County
388 Public Health Trust, the Dade County Medical Association, the
389 Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade
390 County. This committee shall nominate between 10 and 14 county
391 citizens for the governing board, agency, or authority. The
392 slate shall be presented to the county commission and the county
393 commission shall confirm the top five to seven nominees,
394 depending on the size of the governing board. Until such time as
395 the governing board, agency, or authority is created, the funds
396 provided for in subparagraph (d)2. shall be placed in a
397 restricted account set aside from other county funds and not
398 disbursed by the county for any other purpose.

399 1. The plan shall divide the county into a minimum of four
400 and maximum of six service areas, with no more than one
401 participant hospital per service area. The county public general
402 hospital shall be designated as the provider for one of the
403 service areas. Services shall be provided through participants'
404 primary acute care facilities.

405 2. The plan and subsequent amendments to it shall fund a
406 defined range of health care services for both indigent persons

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407 and the medically poor, including primary care, preventive care,
408 hospital emergency room care, and hospital care necessary to
409 stabilize the patient. For the purposes of this section,
410 "stabilization" means stabilization as defined in s. 397.311 ~~s.~~
411 ~~397.311(45)~~. Where consistent with these objectives, the plan
412 may include services rendered by physicians, clinics, community
413 hospitals, and alternative delivery sites, as well as at least
414 one regional referral hospital per service area. The plan shall
415 provide that agreements negotiated between the governing board,
416 agency, or authority and providers shall recognize hospitals
417 that render a disproportionate share of indigent care, provide
418 other incentives to promote the delivery of charity care to draw
419 down federal funds where appropriate, and require cost
420 containment, including, but not limited to, case management.
421 From the funds specified in subparagraphs (d)1. and 2. for
422 indigent health care services, service providers shall receive
423 reimbursement at a Medicaid rate to be determined by the
424 governing board, agency, or authority created pursuant to this
425 paragraph for the initial emergency room visit, and a per-member
426 per-month fee or capitation for those members enrolled in their
427 service area, as compensation for the services rendered
428 following the initial emergency visit. Except for provisions of
429 emergency services, upon determination of eligibility,
430 enrollment shall be deemed to have occurred at the time services
431 were rendered. The provisions for specific reimbursement of
432 emergency services shall be repealed on July 1, 2001, unless
433 otherwise reenacted by the Legislature. The capitation amount or
434 rate shall be determined before program implementation by an
435 independent actuarial consultant. In no event shall such

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436 reimbursement rates exceed the Medicaid rate. The plan must also
437 provide that any hospitals owned and operated by government
438 entities on or after the effective date of this act must, as a
439 condition of receiving funds under this subsection, afford
440 public access equal to that provided under s. 286.011 as to any
441 meeting of the governing board, agency, or authority the subject
442 of which is budgeting resources for the retention of charity
443 care, as that term is defined in the rules of the Agency for
444 Health Care Administration. The plan shall also include
445 innovative health care programs that provide cost-effective
446 alternatives to traditional methods of service and delivery
447 funding.

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

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

456 5. At the end of each fiscal year, the governing board,
457 agency, or authority shall prepare an audit that reviews the
458 budget of the plan, delivery of services, and quality of
459 services, and makes recommendations to increase the plan's
460 efficiency. The audit shall take into account participant
461 hospital satisfaction with the plan and assess the amount of
462 poststabilization patient transfers requested, and accepted or
463 denied, by the county public general hospital.

464 Section 8. Subsection (3) of section 394.495, Florida

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465 Statutes, is amended to read:

466 394.495 Child and adolescent mental health system of care;
467 programs and services.-

468 (3) Assessments must be performed by:

469 (a) A professional as defined in s. 394.455(5), (7), (33)
470 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~;

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

472 (c) A person who is under the direct supervision of a
473 qualified professional as defined in s. 394.455(5), (7), (33)
474 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~ or a professional licensed under
475 chapter 491.

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

478 394.496 Service planning.-

479 (5) A professional as defined in s. 394.455(5), (7), (33)
480 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~ or a professional licensed under
481 chapter 491 must be included among those persons developing the
482 services plan.

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

485 394.9085 Behavioral provider liability.-

486 (6) For purposes of this section, the terms "detoxification
487 services~~7~~" has the same meaning as detoxification in s.
488 397.311(26) (a), "addictions receiving facility~~7~~" has the same
489 meaning as provided in s. 397.311(26) (a), and "receiving
490 facility" has have the same meaning meanings as those provided
491 in s. 394.455 ss. 397.311(26) (a)4., 397.311(26) (a)1., and
492 394.455(39), respectively.

493 Section 11. Section 397.416, Florida Statutes, is amended

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494 to read:

495 397.416 Substance use ~~abuse~~ treatment services; qualified
496 professional.—Notwithstanding any other provision of law, a
497 person who was certified through a certification process
498 recognized by the former Department of Health and Rehabilitative
499 Services before January 1, 1995, may perform the duties of a
500 qualified professional with respect to substance use ~~abuse~~
501 treatment services as defined in this chapter, and need not meet
502 the certification requirements contained in s. 397.311(35) ~~s.~~
503 ~~397.311(34)~~.

504 Section 12. Paragraph (b) of subsection (1) of section
505 409.972, Florida Statutes, is amended to read:

506 409.972 Mandatory and voluntary enrollment.—

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

511 (b) Medicaid recipients residing in residential commitment
512 facilities operated through the Department of Juvenile Justice
513 or in a treatment facility as defined in s. 394.455 ~~s.~~
514 ~~394.455(47)~~.

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

517 440.102 Drug-free workplace program requirements.—The
518 following provisions apply to a drug-free workplace program
519 implemented pursuant to law or to rules adopted by the Agency
520 for Health Care Administration:

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

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523 (d) "Drug rehabilitation program" means a service provider
524 as defined in s. 397.311 ~~which, established pursuant to s.~~
525 ~~397.311(43), that~~ provides confidential, timely, and expert
526 identification, assessment, and resolution of employee drug
527 abuse.

528 (g) "Employee assistance program" means an established
529 program capable of providing expert assessment of employee
530 personal concerns; confidential and timely identification
531 services with regard to employee drug abuse; referrals of
532 employees for appropriate diagnosis, treatment, and assistance;
533 and followup services for employees who participate in the
534 program or require monitoring after returning to work. If, in
535 addition to the above activities, an employee assistance program
536 provides diagnostic and treatment services, these services shall
537 in all cases be provided by service providers as defined in s.
538 397.311 ~~pursuant to s. 397.311(43).~~

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

541 744.2007 Powers and duties.—

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

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