

1 A bill to be entitled
2 An act relating to mental health and substance use
3 disorders; amending s. 394.455, F.S.; providing
4 definitions; amending s. 394.457, F.S.; providing when
5 peer specialists must be certified; amending s.
6 394.4572, F.S.; providing background screening
7 requirements for peer specialists; authorizing the
8 Department of Children and Families and the Agency for
9 Health Care Administration to grant exemptions from
10 disqualification for individuals to work solely in
11 certain treatment programs or facilities; amending s.
12 394.4573, F.S.; revises requirements for annual state
13 behavioral health assessment; revises elements for a
14 coordinated system of care; amending s. 397.311, F.S.;
15 providing a definition; amending s. 397.4073, F.S.;
16 requiring individuals screened on or after a specified
17 date to undergo specified background screening;
18 requiring the department to grant or deny a request
19 for an exemption from disqualification within a
20 certain timeframe; authorizing certain applicants for
21 an exemption to work under the supervision of certain
22 persons for a specified period of time while his or
23 her application is pending; authorizing certain
24 persons to be exempt from disqualification from
25 employment; authorizing the department to grant

26 exemptions from disqualification for service provider
27 personnel to work solely in certain treatment
28 programs, facilities, or recovery residences; creating
29 s. 397.417, F.S.; providing legislative findings and
30 intent; authorizing an individual to seek
31 certification as a peer specialist if he or she meets
32 specified qualifications; requiring the department to
33 approve one or more third-party credentialing entities
34 for specified purposes; requiring the credentialing
35 entity to demonstrate compliance with certain
36 standards in order to be approved by the department;
37 requiring an individual providing department-funded
38 recovery support services as a peer specialist to be
39 certified; authorizing an individual who is not
40 certified to provide recovery support services as a
41 peer specialist under certain circumstances; amending
42 s. 435.07, F.S.; authorizing certain persons to be
43 exempt from disqualification from employment; amending
44 ss. 212.055, 394.495, 394.496, 394.9085, 397.416,
45 409.972, 440.102, 464.012, and 744.2007, F.S.;
46 conforming cross-references; providing an effective
47 date.

48
49 Be It Enacted by the Legislature of the State of Florida:
50

51 Section 1. Subsections (17) through (31) and (32) through
52 (48) of section 394.455, Florida Statutes, are renumbered as
53 subsections (18) through (32) and (34) through (50),
54 respectively, and new subsections (17) and (33) are added to
55 that section to read:

56 394.455 Definitions.—As used in this part, the term:

57 (17) "First episode psychosis program" means a program
58 grounded in evidence for individuals between 15 and 30 years of
59 age who are experiencing early indications of serious mental
60 illness, especially a first episode of psychotic symptoms, and
61 which includes, but is not limited to, intensive case
62 management, individual or group therapy, supported employment,
63 family education and supports, and appropriate psychotropic
64 medication as indicated.

65 (33) "Peer specialist" has the same meaning as in s.
66 397.311.

67 Section 2. Paragraph (a) of subsection (6) of section
68 394.457, Florida Statutes, is amended to read:

69 394.457 Operation and administration.—

70 (6) PERSONNEL.—

71 (a)1. The department shall, by rule, establish minimum
72 standards of education and experience for professional and
73 technical personnel employed in mental health programs,
74 including members of a mobile crisis response service.

75 2. An individual providing department-funded recovery

76 support services as a peer specialist must be certified pursuant
77 to s. 397.417. An individual who is not certified may provide
78 recovery support services as a peer specialist for up to 1 year
79 if he or she is working toward certification and is supervised
80 by a qualified professional or by a certified peer specialist
81 who has at least 3 years of full-time experience as a peer
82 specialist at a licensed behavioral health organization.

83 Section 3. Paragraph (a) of subsection (1) and subsection
84 (2) of section 394.4572, Florida Statutes, are amended to read:

85 394.4572 Screening of mental health personnel.—

86 (1) (a) The department and the Agency for Health Care
87 Administration shall require level 2 background screening
88 pursuant to chapter 435 for mental health personnel. "Mental
89 health personnel" includes all program directors, professional
90 clinicians, staff members, and volunteers working in public or
91 private mental health programs and facilities who have direct
92 contact with individuals held for examination or admitted for
93 mental health treatment. For purposes of this chapter,
94 employment screening of mental health personnel also includes,
95 but is not limited to, employment screening as provided under
96 chapter 435 and s. 408.809. Background screening for peer
97 specialists is governed by s. 397.4073 and subsection (2).

98 (2) The department or the Agency for Health Care
99 Administration may grant exemptions from disqualification as
100 provided in chapter 435. The department or agency may grant such

101 exemptions that allow individuals to work solely in mental
102 health treatment programs or facilities, or in programs or
103 facilities that treat co-occurring substance use and mental
104 health disorders.

105 Section 4. Section 394.4573, Florida Statutes, is amended
106 to read:

107 394.4573 Coordinated system of care; annual assessment;
108 essential elements; measures of performance; system improvement
109 grants; reports.—On or before December 1 of each year, the
110 department shall submit to the Governor, the President of the
111 Senate, and the Speaker of the House of Representatives an
112 assessment of the behavioral health services in this state. The
113 assessment shall consider, at a minimum, the extent to which
114 designated receiving systems function as no-wrong-door models,
115 the availability of treatment and recovery services that use
116 recovery-oriented and peer-involved approaches, the availability
117 of less-restrictive services, and the use of evidence-informed
118 practices. The assessment shall also describe the availability
119 of and access to first episode psychosis programs, and any gaps
120 in their availability and access, in all areas of the state. The
121 department's assessment shall consider, at a minimum, the needs
122 assessments conducted by the managing entities pursuant to s.
123 394.9082(5). Beginning in 2017, the department shall compile and
124 include in the report all plans submitted by managing entities
125 pursuant to s. 394.9082(8) and the department's evaluation of

126 | each plan.

127 | (1) As used in this section:

128 | (a) "Care coordination" means the implementation of
129 | deliberate and planned organizational relationships and service
130 | procedures that improve the effectiveness and efficiency of the
131 | behavioral health system by engaging in purposeful interactions
132 | with individuals who are not yet effectively connected with
133 | services to ensure service linkage. Examples of care
134 | coordination activities include development of referral
135 | agreements, shared protocols, and information exchange
136 | procedures. The purpose of care coordination is to enhance the
137 | delivery of treatment services and recovery supports and to
138 | improve outcomes among priority populations.

139 | (b) "Case management" means those direct services provided
140 | to a client in order to assess his or her needs, plan or arrange
141 | services, coordinate service providers, link the service system
142 | to a client, monitor service delivery, and evaluate patient
143 | outcomes to ensure the client is receiving the appropriate
144 | services.

145 | (c) "Coordinated system of care" means the full array of
146 | behavioral and related services in a region or community offered
147 | by all service providers, whether participating under contract
148 | with the managing entity or by another method of community
149 | partnership or mutual agreement.

150 | (d) "No-wrong-door model" means a model for the delivery

151 of acute care services to persons who have mental health or
152 substance use disorders, or both, which optimizes access to
153 care, regardless of the entry point to the behavioral health
154 care system.

155 (2) The essential elements of a coordinated system of care
156 include:

157 (a) Community interventions, such as prevention, primary
158 care for behavioral health needs, therapeutic and supportive
159 services, crisis response services, and diversion programs.

160 (b) A designated receiving system that consists of one or
161 more facilities serving a defined geographic area and
162 responsible for assessment and evaluation, both voluntary and
163 involuntary, and treatment or triage of patients who have a
164 mental health or substance use disorder, or co-occurring
165 disorders.

166 1. A county or several counties shall plan the designated
167 receiving system using a process that includes the managing
168 entity and is open to participation by individuals with
169 behavioral health needs and their families, service providers,
170 law enforcement agencies, and other parties. The county or
171 counties, in collaboration with the managing entity, shall
172 document the designated receiving system through written
173 memoranda of agreement or other binding arrangements. The county
174 or counties and the managing entity shall complete the plan and
175 implement the designated receiving system by July 1, 2017, and

176 | the county or counties and the managing entity shall review and
177 | update, as necessary, the designated receiving system at least
178 | once every 3 years.

179 | 2. To the extent permitted by available resources, the
180 | designated receiving system shall function as a no-wrong-door
181 | model. The designated receiving system may be organized in any
182 | manner which functions as a no-wrong-door model that responds to
183 | individual needs and integrates services among various
184 | providers. Such models include, but are not limited to:

185 | a. A central receiving system that consists of a
186 | designated central receiving facility that serves as a single
187 | entry point for persons with mental health or substance use
188 | disorders, or co-occurring disorders. The central receiving
189 | facility shall be capable of assessment, evaluation, and triage
190 | or treatment or stabilization of persons with mental health or
191 | substance use disorders, or co-occurring disorders.

192 | b. A coordinated receiving system that consists of
193 | multiple entry points that are linked by shared data systems,
194 | formal referral agreements, and cooperative arrangements for
195 | care coordination and case management. Each entry point shall be
196 | a designated receiving facility and shall, within existing
197 | resources, provide or arrange for necessary services following
198 | an initial assessment and evaluation.

199 | c. A tiered receiving system that consists of multiple
200 | entry points, some of which offer only specialized or limited

201 services. Each service provider shall be classified according to
202 its capabilities as either a designated receiving facility or
203 another type of service provider, such as a triage center, a
204 licensed detoxification facility, or an access center. All
205 participating service providers shall, within existing
206 resources, be linked by methods to share data, formal referral
207 agreements, and cooperative arrangements for care coordination
208 and case management.

209

210 An accurate inventory of the participating service providers
211 which specifies the capabilities and limitations of each
212 provider and its ability to accept patients under the designated
213 receiving system agreements and the transportation plan
214 developed pursuant to this section shall be maintained and made
215 available at all times to all first responders in the service
216 area.

217 (c) Transportation in accordance with a plan developed
218 under s. 394.462.

219 (d) Crisis services, including mobile response teams,
220 crisis stabilization units, addiction receiving facilities, and
221 detoxification facilities.

222 (e) Case management. Each case manager or person directly
223 supervising a case manager who provides Medicaid-funded targeted
224 case management services shall hold a valid certification from a
225 department-approved credentialing entity as defined in s.

226 397.311(10) by July 1, 2017, and, thereafter, within 6 months
227 after hire.

228 (f) Care coordination that involves coordination with
229 other local systems and entities, public and private, which are
230 involved with the individual, such as primary care, child
231 welfare, behavioral health care, and criminal and juvenile
232 justice organizations.

233 (g) Outpatient services.

234 (h) Residential services.

235 (i) Hospital inpatient care.

236 (j) Aftercare and other postdischarge services.

237 (k) Medication-assisted treatment and medication
238 management.

239 (l) Recovery support, including, but not limited to, the
240 use of peer specialists to assist in the individual's recovery
241 from a substance use disorder or mental illness, support for
242 competitive employment, educational attainment, independent
243 living skills development, family support and education,
244 wellness management and self-care, and assistance in obtaining
245 housing that meets the individual's needs. Such housing may
246 include mental health residential treatment facilities, limited
247 mental health assisted living facilities, adult family care
248 homes, and supportive housing. Housing provided using state
249 funds must provide a safe and decent environment free from abuse
250 and neglect.

251 (m) Care plans shall assign specific responsibility for
252 initial and ongoing evaluation of the supervision and support
253 needs of the individual and the identification of housing that
254 meets such needs. For purposes of this paragraph, the term
255 "supervision" means oversight of and assistance with compliance
256 with the clinical aspects of an individual's care plan.

257 (n) First episode psychosis programs.

258 (3) SYSTEM IMPROVEMENT GRANTS.—Subject to a specific
259 appropriation by the Legislature, the department may award
260 system improvement grants to managing entities based on a
261 detailed plan to enhance services in accordance with the no-
262 wrong-door model as defined in subsection (1) and to address
263 specific needs identified in the assessment prepared by the
264 department pursuant to this section. Such a grant must be
265 awarded through a performance-based contract that links payments
266 to the documented and measurable achievement of system
267 improvements.

268 Section 5. Subsections (30) through (49) of section
269 397.311, Florida Statutes, are renumbered as subsections (31)
270 through (50), respectively, and a new subsection (30) is added
271 to that section to read:

272 397.311 Definitions.—As used in this chapter, except part
273 VIII, the term:

274 (30) "Peer specialist" means a person who has been in
275 recovery from a substance use disorder or mental illness for at

276 | least 2 years who uses his or her personal experience to provide
 277 | services in behavioral health settings to support others in
 278 | their recovery, or a person who has at least 2 years of
 279 | experience as a family member or caregiver of an individual who
 280 | has a substance use disorder or mental illness. The term does
 281 | not include a qualified professional or a person otherwise
 282 | certified under chapter 394 or this chapter.

283 | Section 6. Paragraph (g) of subsection (1) of section
 284 | 397.4073, Florida Statutes, is redesignated as paragraph (h),
 285 | and paragraphs (a) and (f) of that subsection and paragraphs (b)
 286 | and (c) of subsection (4) are amended, and a new paragraph (g)
 287 | is added to subsection (1) of that section, to read:

288 | 397.4073 Background checks of service provider personnel.—

289 | (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND
 290 | EXCEPTIONS.—

291 | (a) For all individuals screened on or after July 1, 2019,
 292 | background checks shall apply as follows:

293 | 1. All owners, directors, chief financial officers, and
 294 | clinical supervisors of service providers are subject to level 2
 295 | background screening as provided under s. 408.809 and chapter
 296 | 435. Inmate substance abuse programs operated directly or under
 297 | contract with the Department of Corrections are exempt from this
 298 | requirement.

299 | 2. All service provider personnel who have direct contact
 300 | with children receiving services or with adults who are

301 developmentally disabled receiving services are subject to level
302 2 background screening as provided under s. 408.809 and chapter
303 435.

304 3. All peer specialists who have direct contact with
305 individuals held for examination under s. 394.463 or receiving
306 mental health or substance abuse treatment or services are
307 subject to level 2 background screening as provided under s.
308 408.809 and chapter 435.

309 (f) Service provider personnel who request an exemption
310 from disqualification must submit the request within 30 days
311 after being notified of the disqualification. The department
312 shall grant or deny the request within 60 days after receipt of
313 a complete application.

314 (g) If 5 years or more, or 3 years or more in the case of
315 a certified peer specialist or an individual seeking
316 certification as a peer specialist pursuant to s. 397.417, have
317 elapsed since an applicant for an exemption from
318 disqualification has completed or has been lawfully released
319 from confinement, supervision, or a nonmonetary condition
320 imposed by a court for the applicant's most recent disqualifying
321 offense, the applicant may work with adults with substance use
322 disorders or co-occurring disorders under the supervision of
323 persons who meet all personnel requirements of this chapter for
324 up to 90 days after being notified of his or her
325 disqualification or until the department makes a final

326 determination regarding his or her request for an exemption from
327 disqualification, whichever is earlier the most recent
328 ~~disqualifying offense, service provider personnel may work with~~
329 ~~adults with substance use disorders under the supervision of a~~
330 ~~qualified professional licensed under chapter 490 or chapter 491~~
331 ~~or a master's-level-certified addictions professional until the~~
332 ~~agency makes a final determination regarding the request for an~~
333 ~~exemption from disqualification.~~

334 (4) EXEMPTIONS FROM DISQUALIFICATION.—

335 (b) Since rehabilitated substance abuse impaired persons
336 are effective in the successful treatment and rehabilitation of
337 individuals with substance use disorders, for service providers
338 which treat adolescents 13 years of age and older, service
339 provider personnel whose background checks indicate crimes under
340 s. 796.07(2)(e), s. 810.02(4), s. 812.014(2)(c), s. 817.563, s.
341 831.01, s. 831.02, s. 893.13, or s. 893.147, or any related
342 criminal attempt, solicitation, or conspiracy under s. 777.04,
343 may be exempted from disqualification from employment pursuant
344 to this paragraph.

345 (c) The department may grant exemptions from
346 disqualification for service provider personnel to work solely
347 in substance use disorder treatment programs, facilities, or
348 recovery residences or in programs or facilities that treat co-
349 occurring substance use and mental health disorders. The
350 department may further limit such ~~grant~~ exemptions from

351 ~~disqualification which would limit service provider personnel~~ to
352 working with adults in substance abuse treatment facilities.

353 Section 7. Section 397.417, Florida Statutes, is created
354 to read:

355 397.417 Peer specialists.-

356 (1) LEGISLATIVE FINDINGS AND INTENT.-

357 (a) The Legislature finds that:

358 1. The ability to provide adequate behavioral health
359 services is limited by a shortage of professionals and
360 paraprofessionals.

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

363 3. Peer specialists provide effective support services
364 because they share common life experiences with the persons they
365 assist.

366 4. Peer specialists promote a sense of community among
367 those in recovery.

368 5. Research has shown that peer support facilitates
369 recovery and reduces health care costs.

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

372 (b) The Legislature intends to expand the use of peer
373 specialists as a cost-effective means of providing services by
374 ensuring that peer specialists meet specified qualifications and
375 modified background screening requirements.

376 (2) An individual may seek certification as a peer
377 specialist if he or she has been in recovery from a substance
378 use disorder or mental illness for at least 2 years, or if he or
379 she has at least 2 years of experience as a family member or
380 caregiver of a person with a substance use disorder or mental
381 illness.

382 (3) The department shall approve one or more third-party
383 credentialing entities for the purposes of certifying peer
384 specialists, approving training programs for individuals seeking
385 certification as peer specialists, approving continuing
386 education programs, and establishing the minimum requirements
387 and standards that applicants must achieve to maintain
388 certification. To obtain approval, the third-party credentialing
389 entity must demonstrate compliance with nationally recognized
390 standards for developing and administering professional
391 certification programs to certify peer specialists.

392 (4) An individual providing department-funded recovery
393 support services as a peer specialist shall be certified
394 pursuant to subsection (3). An individual who is not certified
395 may provide recovery support services as a peer specialist for
396 up to 1 year if he or she is working toward certification and is
397 supervised by a qualified professional or by a certified peer
398 specialist who has at least 3 years of full-time experience as a
399 peer specialist at a licensed behavioral health organization.

400 Section 8. Subsection (2) of section 435.07, Florida

401 Statutes, is amended to read:

402 435.07 Exemptions from disqualification.—Unless otherwise
403 provided by law, the provisions of this section apply to
404 exemptions from disqualification for disqualifying offenses
405 revealed pursuant to background screenings required under this
406 chapter, regardless of whether those disqualifying offenses are
407 listed in this chapter or other laws.

408 (2) Persons employed, or applicants for employment, by
409 treatment providers who treat adolescents 13 years of age and
410 older who are disqualified from employment solely because of
411 crimes under s. 796.07(2)(e), s. 810.02(4), s. 812.014(2)(c), s.
412 817.563, s. 831.01, s. 831.02, s. 893.13, or s. 893.147, or any
413 related criminal attempt, solicitation, or conspiracy under s.
414 777.04, may be exempted from disqualification from employment
415 pursuant to this chapter without application of the waiting
416 period in subparagraph (1)(a)1.

417 Section 9. Paragraph (e) of subsection (5) of section
418 212.055, Florida Statutes, is amended to read:

419 212.055 Discretionary sales surtaxes; legislative intent;
420 authorization and use of proceeds.—It is the legislative intent
421 that any authorization for imposition of a discretionary sales
422 surtax shall be published in the Florida Statutes as a
423 subsection of this section, irrespective of the duration of the
424 levy. Each enactment shall specify the types of counties
425 authorized to levy; the rate or rates which may be imposed; the

426 maximum length of time the surtax may be imposed, if any; the
427 procedure which must be followed to secure voter approval, if
428 required; the purpose for which the proceeds may be expended;
429 and such other requirements as the Legislature may provide.
430 Taxable transactions and administrative procedures shall be as
431 provided in s. 212.054.

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

443 (e) A governing board, agency, or authority shall be
444 chartered by the county commission upon this act becoming law.
445 The governing board, agency, or authority shall adopt and
446 implement a health care plan for indigent health care services.
447 The governing board, agency, or authority shall consist of no
448 more than seven and no fewer than five members appointed by the
449 county commission. The members of the governing board, agency,
450 or authority shall be at least 18 years of age and residents of

451 the county. A ~~No~~ member may not be employed by or affiliated
452 with a health care provider or the public health trust, agency,
453 or authority responsible for the county public general hospital.
454 The following community organizations shall each appoint a
455 representative to a nominating committee: the South Florida
456 Hospital and Healthcare Association, the Miami-Dade County
457 Public Health Trust, the Dade County Medical Association, the
458 Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade
459 County. This committee shall nominate between 10 and 14 county
460 citizens for the governing board, agency, or authority. The
461 slate shall be presented to the county commission and the county
462 commission shall confirm the top five to seven nominees,
463 depending on the size of the governing board. Until such time as
464 the governing board, agency, or authority is created, the funds
465 provided for in subparagraph (d)2. shall be placed in a
466 restricted account set aside from other county funds and not
467 disbursed by the county for any other purpose.

468 1. The plan shall divide the county into a minimum of four
469 and maximum of six service areas, with no more than one
470 participant hospital per service area. The county public general
471 hospital shall be designated as the provider for one of the
472 service areas. Services shall be provided through participants'
473 primary acute care facilities.

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

476 and the medically poor, including primary care, preventive care,
477 hospital emergency room care, and hospital care necessary to
478 stabilize the patient. For the purposes of this section,
479 "stabilization" means stabilization as defined in s. 397.311 ~~s.~~
480 ~~397.311(45)~~. Where consistent with these objectives, the plan
481 may include services rendered by physicians, clinics, community
482 hospitals, and alternative delivery sites, as well as at least
483 one regional referral hospital per service area. The plan shall
484 provide that agreements negotiated between the governing board,
485 agency, or authority and providers shall recognize hospitals
486 that render a disproportionate share of indigent care, provide
487 other incentives to promote the delivery of charity care to draw
488 down federal funds where appropriate, and require cost
489 containment, including, but not limited to, case management.
490 From the funds specified in subparagraphs (d)1. and 2. for
491 indigent health care services, service providers shall receive
492 reimbursement at a Medicaid rate to be determined by the
493 governing board, agency, or authority created pursuant to this
494 paragraph for the initial emergency room visit, and a per-member
495 per-month fee or capitation for those members enrolled in their
496 service area, as compensation for the services rendered
497 following the initial emergency visit. Except for provisions of
498 emergency services, upon determination of eligibility,
499 enrollment shall be deemed to have occurred at the time services
500 were rendered. The provisions for specific reimbursement of

501 emergency services shall be repealed on July 1, 2001, unless
502 otherwise reenacted by the Legislature. The capitation amount or
503 rate shall be determined before program implementation by an
504 independent actuarial consultant. In no event shall such
505 reimbursement rates exceed the Medicaid rate. The plan must also
506 provide that any hospitals owned and operated by government
507 entities on or after the effective date of this act must, as a
508 condition of receiving funds under this subsection, afford
509 public access equal to that provided under s. 286.011 as to any
510 meeting of the governing board, agency, or authority the subject
511 of which is budgeting resources for the retention of charity
512 care, as that term is defined in the rules of the Agency for
513 Health Care Administration. The plan shall also include
514 innovative health care programs that provide cost-effective
515 alternatives to traditional methods of service and delivery
516 funding.

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

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

525 5. At the end of each fiscal year, the governing board,

526 | agency, or authority shall prepare an audit that reviews the
 527 | budget of the plan, delivery of services, and quality of
 528 | services, and makes recommendations to increase the plan's
 529 | efficiency. The audit shall take into account participant
 530 | hospital satisfaction with the plan and assess the amount of
 531 | poststabilization patient transfers requested, and accepted or
 532 | denied, by the county public general hospital.

533 | Section 10. Subsection (3) of section 394.495, Florida
 534 | Statutes, is amended to read:

535 | 394.495 Child and adolescent mental health system of care;
 536 | programs and services.—

537 | (3) Assessments must be performed by:

538 | (a) A professional as defined in s. 394.455(5), (7), (34)
 539 | ~~(32)~~, (37) ~~(35)~~, or (38) ~~(36)~~;

540 | (b) A professional licensed under chapter 491; or

541 | (c) A person who is under the direct supervision of a
 542 | qualified professional as defined in s. 394.455(5), (7), (34)
 543 | ~~(32)~~, (37) ~~(35)~~, or (38) ~~(36)~~ or a professional licensed under
 544 | chapter 491.

545 | Section 11. Subsection (5) of section 394.496, Florida
 546 | Statutes, is amended to read:

547 | 394.496 Service planning.—

548 | (5) A professional as defined in s. 394.455(5), (7), (34)
 549 | ~~(32)~~, (37) ~~(35)~~, or (38) ~~(36)~~ or a professional licensed under
 550 | chapter 491 must be included among those persons developing the

551 services plan.

552 Section 12. Subsection (6) of section 394.9085, Florida
553 Statutes, is amended to read:

554 394.9085 Behavioral provider liability.—

555 (6) For purposes of this section, the term ~~terms~~
556 "detoxification services~~,"~~ has the same meaning as the term
557 "detoxification" as defined in s. 397.311(26) (a)4., "addictions
558 receiving facility~~,"~~ has the same meaning as provided in s.
559 397.311(26) (a)1., and "receiving facility" has ~~have~~ the same
560 meaning ~~meanings~~ as those provided in s. 394.455 ~~ss.~~
561 ~~397.311(26) (a)4., 397.311(26) (a)1., and 394.455(39),~~
562 ~~respectively.~~

563 Section 13. Section 397.416, Florida Statutes, is amended
564 to read:

565 397.416 Substance use disorder ~~abuse~~ treatment services;
566 qualified professional.—Notwithstanding any other provision of
567 law, a person who was certified through a certification process
568 recognized by the former Department of Health and Rehabilitative
569 Services before January 1, 1995, may perform the duties of a
570 qualified professional with respect to substance use disorder
571 ~~abuse~~ treatment services as defined in this chapter, and need
572 not meet the certification requirements contained in s.
573 397.311(35) ~~s. 397.311(34)~~.

574 Section 14. Paragraph (b) of subsection (1) of section
575 409.972, Florida Statutes, is amended to read:

576 | 409.972 Mandatory and voluntary enrollment.—

577 | (1) The following Medicaid-eligible persons are exempt
 578 | from mandatory managed care enrollment required by s. 409.965,
 579 | and may voluntarily choose to participate in the managed medical
 580 | assistance program:

581 | (b) Medicaid recipients residing in residential commitment
 582 | facilities operated through the Department of Juvenile Justice
 583 | or in a treatment facility as defined in s. 394.455 ~~s.~~
 584 | ~~394.455(47)~~.

585 | Section 15. Paragraphs (d) and (g) of subsection (1) of
 586 | section 440.102, Florida Statutes, are amended to read:

587 | 440.102 Drug-free workplace program requirements.—The
 588 | following provisions apply to a drug-free workplace program
 589 | implemented pursuant to law or to rules adopted by the Agency
 590 | for Health Care Administration:

591 | (1) DEFINITIONS.—Except where the context otherwise
 592 | requires, as used in this act:

593 | (d) "Drug rehabilitation program" means a service provider
 594 | as defined in s. 397.311 which, ~~established pursuant to s.~~
 595 | ~~397.311(43)~~, ~~that~~ provides confidential, timely, and expert
 596 | identification, assessment, and resolution of employee drug
 597 | abuse.

598 | (g) "Employee assistance program" means an established
 599 | program capable of providing expert assessment of employee
 600 | personal concerns; confidential and timely identification

601 services with regard to employee drug abuse; referrals of
602 employees for appropriate diagnosis, treatment, and assistance;
603 and followup services for employees who participate in the
604 program or require monitoring after returning to work. If, in
605 addition to the above activities, an employee assistance program
606 provides diagnostic and treatment services, these services shall
607 in all cases be provided by service providers as defined in s.
608 397.311 ~~pursuant to s. 397.311(43)~~.

609 Section 16. Paragraph (e) of subsection (4) of section
610 464.012, Florida Statutes, is amended to read:

611 464.012 Licensure of advanced practice registered nurses;
612 fees; controlled substance prescribing.—

613 (4) In addition to the general functions specified in
614 subsection (3), an advanced practice registered nurse may
615 perform the following acts within his or her specialty:

616 (e) A psychiatric nurse, who meets the requirements in s.
617 394.455(37) ~~s. 394.455(35)~~, within the framework of an
618 established protocol with a psychiatrist, may prescribe
619 psychotropic controlled substances for the treatment of mental
620 disorders.

621 Section 17. Subsection (7) of section 744.2007, Florida
622 Statutes, is amended to read:

623 744.2007 Powers and duties.—

624 (7) A public guardian may not commit a ward to a treatment
625 facility, as defined in s. 394.455 ~~s. 394.455(47)~~, without an

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626 | involuntary placement proceeding as provided by law.

627 | Section 18. This act shall take effect July 1, 2019.