



624706

LEGISLATIVE ACTION

Senate

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House

Senator Rouson moved the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Present subsections (13) through (17) of section
112.0455, Florida Statutes, are redesignated as subsections (14)
through (18), respectively, a new subsection (13) is added to
that section, and paragraph (b) of subsection (6) and paragraph
(a) of present subsection (15) of that section are amended, to
read:

112.0455 Drug-Free Workplace Act.-



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12 (6) NOTICE TO EMPLOYEES.—

13 (b) Prior to testing, all employees and job applicants for
14 employment shall be given a written policy statement from the
15 employer which contains:

16 1. A general statement of the employer's policy on employee
17 drug use, which shall identify:

18 a. The types of testing an employee or job applicant may be
19 required to submit to, including reasonable suspicion or other
20 basis; and

21 b. The actions the employer may take against an employee or
22 job applicant on the basis of a positive confirmed drug test
23 result.

24 2. A statement advising the employee or job applicant of
25 the existence of this section.

26 3. A general statement concerning confidentiality.

27 4. Procedures for employees and job applicants to
28 confidentially report the use of prescription or nonprescription
29 medications both before and after being tested. Additionally,
30 employees and job applicants shall receive notice of the most
31 common medications by brand name or common name, as applicable,
32 as well as by chemical name, which may alter or affect a drug
33 test. A list of such medications shall be developed by the
34 Agency for Health Care Administration.

35 5. The consequences of refusing to submit to a drug test.

36 6. Names, addresses, and telephone numbers of employee
37 assistance programs and local alcohol and drug rehabilitation
38 programs.

39 7. A statement that an employee or job applicant who
40 receives a positive confirmed drug test result may contest or



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41 explain the result to the employer within 5 working days after
42 written notification of the positive test result. If an employee
43 or job applicant's explanation or challenge is unsatisfactory to
44 the employer, the person may contest the drug test result as
45 provided by subsections (15) and (16) ~~subsections (14) and (15)~~.

46 8. A statement informing the employee or job applicant of
47 his or her responsibility to notify the laboratory of any
48 administrative or civil actions brought pursuant to this
49 section.

50 9. A list of all drugs for which the employer will test,
51 described by brand names or common names, as applicable, as well
52 as by chemical names.

53 10. A statement regarding any applicable collective
54 bargaining agreement or contract and the right to appeal to the
55 Public Employees Relations Commission.

56 11. A statement notifying employees and job applicants of
57 their right to consult the testing laboratory for technical
58 information regarding prescription and nonprescription
59 medication.

60 (13) DRUG-TESTING STANDARDS; SAMPLE VALIDITY PRESCREENING.—
61 Before a drug testing facility licensed under part II of chapter
62 408 may perform any drug-screening test on a urine specimen
63 collected in this state, a prescreening test including a test
64 for synthetic urine must be performed to determine the validity
65 of the specimen.

66 (16) ~~(15)~~ NONDISCIPLINE REMEDIES.—

67 (a) Any person alleging a violation of the provisions of
68 this section, that is not remediable by the commission or an
69 arbitrator pursuant to subsection (15) ~~subsection (14)~~, must



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70 institute a civil action for injunctive relief or damages, or
71 both, in a court of competent jurisdiction within 180 days of
72 the alleged violation, or be barred from obtaining the following
73 relief. Relief is limited to:

74 1. An order restraining the continued violation of this
75 section.

76 2. An award of the costs of litigation, expert witness
77 fees, reasonable attorney's fees, and noneconomic damages
78 provided that damages shall be limited to the recovery of
79 damages directly resulting from injury or loss caused by each
80 violation of this section.

81 Section 2. Present subsections (17) through (31) and (32)
82 through (48) of section 394.455, Florida Statutes, are
83 redesignated as subsections (18) through (32) and (34) through
84 (50), respectively, and new subsections (17) and (33) are added
85 to that section, to read:

86 394.455 Definitions.—As used in this part, the term:

87 (17) "First episode psychosis program" means a program
88 grounded in evidence for individuals between 14 and 30 years of
89 age who are experiencing early indications of serious mental
90 illness, especially a first episode of psychotic symptoms, and
91 which includes, but is not limited to, intensive case
92 management, individual or group therapy, supported employment,
93 family education and supports, and appropriate psychotropic
94 medication as indicated.

95 (33) "Peer specialist" means a person who has been in
96 recovery from a substance use disorder or mental illness for at
97 least 2 years who uses his or her personal experience to provide
98 services in behavioral health settings to support others in



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99 their recovery, or a family member or caregiver of an individual
100 who has a substance use disorder or mental illness and who is
101 certified under s. 397.417. The term does not include a
102 qualified professional or a person otherwise certified under
103 chapter 397 or this chapter.

104 Section 3. Paragraph (a) of subsection (6) of section
105 394.457, Florida Statutes, is amended to read:

106 394.457 Operation and administration.—

107 (6) PERSONNEL.—

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

112 2. An individual providing department-funded recovery
113 support services as a peer specialist must be certified pursuant
114 to s. 397.417. An individual who is not certified may provide
115 recovery support services as a peer specialist for up to 1 year
116 if he or she is working toward certification and is supervised
117 by a qualified professional or by a certified peer specialist
118 who has at least 2 years of full-time experience as a peer
119 specialist at a licensed behavioral health organization.

120 Section 4. Section 394.4573, Florida Statutes, is amended
121 to read:

122 394.4573 Coordinated system of care; annual assessment;
123 essential elements; measures of performance; system improvement
124 grants; reports.—On or before December 1 of each year, the
125 department shall submit to the Governor, the President of the
126 Senate, and the Speaker of the House of Representatives an
127 assessment of the behavioral health services in this state. The



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128 assessment shall consider, at a minimum, the extent to which
129 designated receiving systems function as no-wrong-door models,
130 the availability of treatment and recovery services that use
131 recovery-oriented and peer-involved approaches, the availability
132 of less-restrictive services, and the use of evidence-informed
133 practices. The assessment must also describe the availability of
134 and access to first episode psychosis programs, and any gaps in
135 their availability and access, in all areas of the state. The
136 department's assessment shall consider, at a minimum, the needs
137 assessments conducted by the managing entities pursuant to s.
138 394.9082(5). Beginning in 2017, the department shall compile and
139 include in the report all plans submitted by managing entities
140 pursuant to s. 394.9082(8) and the department's evaluation of
141 each plan.

142 (1) As used in this section:

143 (a) "Care coordination" means the implementation of
144 deliberate and planned organizational relationships and service
145 procedures that improve the effectiveness and efficiency of the
146 behavioral health system by engaging in purposeful interactions
147 with individuals who are not yet effectively connected with
148 services to ensure service linkage. Examples of care
149 coordination activities include development of referral
150 agreements, shared protocols, and information exchange
151 procedures. The purpose of care coordination is to enhance the
152 delivery of treatment services and recovery supports and to
153 improve outcomes among priority populations.

154 (b) "Case management" means those direct services provided
155 to a client in order to assess his or her needs, plan or arrange
156 services, coordinate service providers, link the service system



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157 to a client, monitor service delivery, and evaluate patient
158 outcomes to ensure the client is receiving the appropriate
159 services.

160 (c) "Coordinated system of care" means the full array of
161 behavioral and related services in a region or community offered
162 by all service providers, whether participating under contract
163 with the managing entity or by another method of community
164 partnership or mutual agreement.

165 (d) "No-wrong-door model" means a model for the delivery of
166 acute care services to persons who have mental health or
167 substance use disorders, or both, which optimizes access to
168 care, regardless of the entry point to the behavioral health
169 care system.

170 (2) The essential elements of a coordinated system of care
171 include:

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

175 (b) A designated receiving system that consists of one or
176 more facilities serving a defined geographic area and
177 responsible for assessment and evaluation, both voluntary and
178 involuntary, and treatment or triage of patients who have a
179 mental health or substance use disorder, or co-occurring
180 disorders.

181 1. A county or several counties shall plan the designated
182 receiving system using a process that includes the managing
183 entity and is open to participation by individuals with
184 behavioral health needs and their families, service providers,
185 law enforcement agencies, and other parties. The county or



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186 counties, in collaboration with the managing entity, shall
187 document the designated receiving system through written
188 memoranda of agreement or other binding arrangements. The county
189 or counties and the managing entity shall complete the plan and
190 implement the designated receiving system by July 1, 2017, and
191 the county or counties and the managing entity shall review and
192 update, as necessary, the designated receiving system at least
193 once every 3 years.

194 2. To the extent permitted by available resources, the
195 designated receiving system shall function as a no-wrong-door
196 model. The designated receiving system may be organized in any
197 manner which functions as a no-wrong-door model that responds to
198 individual needs and integrates services among various
199 providers. Such models include, but are not limited to:

200 a. A central receiving system that consists of a designated
201 central receiving facility that serves as a single entry point
202 for persons with mental health or substance use disorders, or
203 co-occurring disorders. The central receiving facility shall be
204 capable of assessment, evaluation, and triage or treatment or
205 stabilization of persons with mental health or substance use
206 disorders, or co-occurring disorders.

207 b. A coordinated receiving system that consists of multiple
208 entry points that are linked by shared data systems, formal
209 referral agreements, and cooperative arrangements for care
210 coordination and case management. Each entry point shall be a
211 designated receiving facility and shall, within existing
212 resources, provide or arrange for necessary services following
213 an initial assessment and evaluation.

214 c. A tiered receiving system that consists of multiple



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215 entry points, some of which offer only specialized or limited
216 services. Each service provider shall be classified according to
217 its capabilities as either a designated receiving facility or
218 another type of service provider, such as a triage center, a
219 licensed detoxification facility, or an access center. All
220 participating service providers shall, within existing
221 resources, be linked by methods to share data, formal referral
222 agreements, and cooperative arrangements for care coordination
223 and case management.

224

225 An accurate inventory of the participating service providers
226 which specifies the capabilities and limitations of each
227 provider and its ability to accept patients under the designated
228 receiving system agreements and the transportation plan
229 developed pursuant to this section shall be maintained and made
230 available at all times to all first responders in the service
231 area.

232 (c) Transportation in accordance with a plan developed
233 under s. 394.462.

234 (d) Crisis services, including mobile response teams,
235 crisis stabilization units, addiction receiving facilities, and
236 detoxification facilities.

237 (e) Case management. Each case manager or person directly
238 supervising a case manager who provides Medicaid-funded targeted
239 case management services shall hold a valid certification from a
240 department-approved credentialing entity as defined in s.
241 397.311(10) by July 1, 2017, and, thereafter, within 6 months
242 after hire.

243 (f) Care coordination that involves coordination with other



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244 local systems and entities, public and private, which are
245 involved with the individual, such as primary care, child
246 welfare, behavioral health care, and criminal and juvenile
247 justice organizations.

248 (g) Outpatient services.

249 (h) Residential services.

250 (i) Hospital inpatient care.

251 (j) Aftercare and other postdischarge services.

252 (k) Medication-assisted treatment and medication
253 management.

254 (l) Recovery support, including, but not limited to, the
255 use of peer specialists to assist in the individual's recovery
256 from a substance use disorder or mental illness, support for
257 competitive employment, educational attainment, independent
258 living skills development, family support and education,
259 wellness management and self-care, and assistance in obtaining
260 housing that meets the individual's needs. Such housing may
261 include mental health residential treatment facilities, limited
262 mental health assisted living facilities, adult family care
263 homes, and supportive housing. Housing provided using state
264 funds must provide a safe and decent environment free from abuse
265 and neglect.

266 (m) Care plans shall assign specific responsibility for
267 initial and ongoing evaluation of the supervision and support
268 needs of the individual and the identification of housing that
269 meets such needs. For purposes of this paragraph, the term
270 "supervision" means oversight of and assistance with compliance
271 with the clinical aspects of an individual's care plan.

272 (n) First episode psychosis programs.



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273 (3) SYSTEM IMPROVEMENT GRANTS.—Subject to a specific
274 appropriation by the Legislature, the department may award
275 system improvement grants to managing entities based on a
276 detailed plan to enhance services in accordance with the no-
277 wrong-door model as defined in subsection (1) and to address
278 specific needs identified in the assessment prepared by the
279 department pursuant to this section. Such a grant must be
280 awarded through a performance-based contract that links payments
281 to the documented and measurable achievement of system
282 improvements.

283 Section 5. Present subsections (30) through (49) of section
284 397.311, Florida Statutes, are redesignated as subsections (31)
285 through (50), respectively, and a new subsection (30) is added
286 to that section, to read:

287 397.311 Definitions.—As used in this chapter, except part
288 VIII, the term:

289 (30) "Peer specialist" has the same meaning as in s.
290 394.455.

291 Section 6. Section 397.4012, Florida Statutes, is amended
292 to read:

293 397.4012 Exemptions from licensure.—The following are
294 exempt from the licensing provisions of this chapter:

295 (1) A hospital or hospital-based component licensed under
296 chapter 395.

297 (2) A nursing home facility as defined in s. 400.021.

298 (3) A substance abuse education program established
299 pursuant to s. 1003.42.

300 (4) A facility or institution operated by the Federal
301 Government.



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302 (5) A physician or physician assistant licensed under
303 chapter 458 or chapter 459.

304 (6) A psychologist licensed under chapter 490.

305 (7) A social worker, marriage and family therapist, or
306 mental health counselor licensed under chapter 491.

307 (8) A legally cognizable church or nonprofit religious
308 organization or denomination providing substance abuse services,
309 including prevention services, which are solely religious,
310 spiritual, or ecclesiastical in nature. A church or nonprofit
311 religious organization or denomination providing any of the
312 licensed service components itemized under s. 397.311(26) is not
313 exempt from substance abuse licensure but retains its exemption
314 with respect to all services which are solely religious,
315 spiritual, or ecclesiastical in nature.

316 (9) Facilities licensed under chapter 393 which, in
317 addition to providing services to persons with developmental
318 disabilities, also provide services to persons developmentally
319 at risk as a consequence of exposure to alcohol or other legal
320 or illegal drugs while in utero.

321 (10) DUI education and screening services provided pursuant
322 to ss. 316.192, 316.193, 322.095, 322.271, and 322.291. Persons
323 or entities providing treatment services must be licensed under
324 this chapter unless exempted from licensing as provided in this
325 section.

326 (11) A facility licensed under s. 394.875 as a crisis
327 stabilization unit.

328

329 The exemptions from licensure in subsections (3), (4), (8), (9),
330 and (10) ~~this section~~ do not apply to any service provider that



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331 receives an appropriation, grant, or contract from the state to
332 operate as a service provider as defined in this chapter or to
333 any substance abuse program regulated pursuant to s. 397.4014.
334 Furthermore, this chapter may not be construed to limit the
335 practice of a physician or physician assistant licensed under
336 chapter 458 or chapter 459, a psychologist licensed under
337 chapter 490, a psychotherapist licensed under chapter 491, or an
338 advanced practice registered nurse licensed under part I of
339 chapter 464, who provides substance abuse treatment, so long as
340 the physician, physician assistant, psychologist,
341 psychotherapist, or advanced practice registered nurse does not
342 represent to the public that he or she is a licensed service
343 provider and does not provide services to individuals pursuant
344 to part V of this chapter. Failure to comply with any
345 requirement necessary to maintain an exempt status under this
346 section is a misdemeanor of the first degree, punishable as
347 provided in s. 775.082 or s. 775.083.

348 Section 7. Subsection (3) of section 397.403, Florida
349 Statutes, is amended to read:

350 397.403 License application.—

351 (3) Applications for licensure renewal must include proof
352 of application for accreditation for each licensed service
353 component providing clinical treatment by an accrediting
354 organization that is acceptable to the department for the first
355 renewal, and proof of accreditation for any subsequent renewals.
356 This subsection does not apply to any inmate substance abuse
357 program operated by or under an exclusive contract with a jail
358 or the Department of Corrections.

359 Section 8. Paragraph (g) of subsection (1) of section



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360 397.4073, Florida Statutes, is redesignated as paragraph (h), a
361 new paragraph (g) is added to that subsection, and paragraphs
362 (a) and (f) of that subsection and paragraphs (b) and (c) of
363 subsection (4) are amended, to read:

364 397.4073 Background checks of service provider personnel.-

365 (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND
366 EXCEPTIONS.-

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

369 1. All owners, directors, chief financial officers, and
370 clinical supervisors of service providers are subject to level 2
371 background screening as provided under s. 408.809 and chapter
372 435. Inmate substance abuse programs operated directly or under
373 contract with the Department of Corrections are exempt from this
374 requirement.

375 2. All service provider personnel who have direct contact
376 with children receiving services or with adults who are
377 developmentally disabled receiving services are subject to level
378 2 background screening as provided under s. 408.809 and chapter
379 435.

380 3. All peer specialists who have direct contact with
381 individuals held for examination under s. 394.463 or receiving
382 mental health or substance abuse treatment or services are
383 subject to level 2 background screening as provided under s.
384 397.417.

385 (f) Service provider personnel who request an exemption
386 from disqualification must submit the request within 30 days
387 after being notified of the disqualification. The department
388 shall grant or deny the request within 60 days after receipt of



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389 a complete application.

390 (g) If 5 years or more, or 3 years or more in the case of a
391 certified peer specialist or an individual seeking certification
392 as a peer specialist pursuant to s. 397.417, have elapsed since
393 an applicant for an exemption from disqualification has
394 completed or has been lawfully released from confinement,
395 supervision, or a nonmonetary condition imposed by a court for
396 the applicant's most recent disqualifying offense, the applicant
397 may work with adults with substance use disorders or co-
398 occurring disorders under the supervision of persons who meet
399 all personnel requirements of this chapter for up to 90 days
400 after being notified of his or her disqualification or until the
401 department makes a final determination regarding his or her
402 request for an exemption from disqualification, whichever is
403 earlier the most recent disqualifying offense, service provider
404 personnel may work with adults with substance use disorders
405 under the supervision of a qualified professional licensed under
406 chapter 490 or chapter 491 or a master's-level-certified
407 addictions professional until the agency makes a final
408 determination regarding the request for an exemption from
409 disqualification.

410 (4) EXEMPTIONS FROM DISQUALIFICATION.-

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



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418 ~~(e)~~ The department may grant exemptions from
419 disqualification which would limit service provider personnel to
420 working with adults in substance use disorder ~~abuse~~ treatment
421 facilities.

422 Section 9. Section 397.417, Florida Statutes, is created to
423 read:

424 397.417 Behavioral health peer specialists.-

425 (1) LEGISLATIVE FINDINGS AND INTENT.-

426 (a) The Legislature finds that:

427 1. The ability to provide adequate behavioral health
428 services is limited by a shortage of professionals and
429 paraprofessionals.

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

432 3. Peer specialists provide effective support services
433 because they share common life experiences with the persons they
434 assist.

435 4. Peer specialists promote a sense of community among
436 those in recovery.

437 5. Research has shown that peer support facilitates
438 recovery and reduces health care costs.

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

441 (b) The Legislature intends to expand the use of peer
442 specialists as a cost-effective means of providing services by
443 ensuring that peer specialists meet specified qualifications,
444 meet modified background screening requirements, and are
445 adequately reimbursed for their services.

446 (2) QUALIFICATIONS.-



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447 (a) A person may seek certification as a peer specialist if
448 he or she has been in recovery from a substance use disorder or
449 mental illness for the past 2 years or if he or she is a family
450 member or caregiver of a person with a substance use disorder or
451 mental illness.

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

456 (3) DUTIES OF THE DEPARTMENT.—

457 (a) The department shall develop a training program for
458 persons seeking certification as peer specialists. The
459 department must give preference to trainers who are certified
460 peer specialists. The training program must coincide with a
461 competency exam and be based on current practice standards.

462 (b) The department shall certify peer specialists. The
463 department may certify peer specialists directly or may approve
464 one or more third-party credentialing entities for the purposes
465 of certifying peer specialists, approving training programs for
466 individuals seeking certification as peer specialists, approving
467 continuing education programs, and establishing the minimum
468 requirements and standards that applicants must achieve to
469 maintain certification.

470 (c) The department must require that a person providing
471 peer specialist services be certified or be supervised by a
472 licensed behavioral health care professional or a certified peer
473 specialist. An individual who is not certified may provide
474 recovery support services as a peer specialist for up to 1 year
475 if he or she is working toward certification and is supervised



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476 by a qualified professional or by a certified peer specialist.

477 (4) PAYMENT.—Peer specialist services may be reimbursed as
478 a recovery service through the department, a behavioral health
479 managing entity, or the Medicaid program. Medicaid managed care
480 plans are encouraged to use peer specialists in providing
481 recovery services.

482 (5) BACKGROUND SCREENING.—

483 (a) A peer specialist must have completed or have been
484 lawfully released from confinement, supervision, or any
485 nonmonetary condition imposed by the court for any felony and
486 must undergo a background screening as a condition of employment
487 and continued employment. The applicant must submit a full set
488 of fingerprints to the department or to a vendor, entity, or
489 agency authorized by s. 943.053(13). The department, vendor,
490 entity, or agency shall forward the fingerprints to the
491 Department of Law Enforcement for state processing and the
492 Department of Law Enforcement shall forward the fingerprints to
493 the Federal Bureau of Investigation for national processing.
494 Fees for state and federal fingerprint processing and retention
495 shall be borne by the applicant. The state cost for fingerprint
496 processing shall be as provided in s. 943.053(3)(e) for records
497 provided to persons or entities other than those specified as
498 exceptions therein. Fingerprints submitted to the Department of
499 Law Enforcement pursuant to this paragraph shall be retained as
500 provided by s. 435.12 and, when the Department of Law
501 Enforcement begins participation in the program, enrolled in the
502 Federal Bureau of Investigation's national retained fingerprint
503 arrest notification program, as provided in s. 943.05(4). Any
504 arrest record identified shall be reported to the department.



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505 (b) The department or the Agency for Health Care
506 Administration, as applicable, may contract with one or more
507 vendors to perform all or part of the electronic fingerprinting
508 pursuant to this section. Such contracts must ensure that the
509 owners and personnel of the vendor performing the electronic
510 fingerprinting are qualified and will ensure the integrity and
511 security of all personal identifying information.

512 (c) Vendors who submit fingerprints on behalf of employers
513 must:

- 514 1. Meet the requirements of s. 943.053; and
515 2. Have the ability to communicate electronically with the
516 department or the Agency for Health Care Administration, as
517 applicable, and to accept screening results from the Department
518 of Law Enforcement and provide the applicant's full first name,
519 middle initial, and last name; social security number or
520 individual taxpayer identification number; date of birth;
521 mailing address; sex; and race.

522 (d) The background screening under this section must ensure
523 that a peer specialist has not, during the previous 3 years,
524 been arrested for and is awaiting final disposition of, been
525 found guilty of, regardless of adjudication, or entered a plea
526 of nolo contendere or guilty to, or been adjudicated delinquent
527 and the record has not been sealed or expunged for, any felony.

528 (e) The background screening under this section must ensure
529 that a peer specialist has not been found guilty of, regardless
530 of adjudication, or entered a plea of nolo contendere or guilty
531 to, or been adjudicated delinquent and the record has not been
532 sealed or expunged for, any offense prohibited under any of the
533 following state laws or similar laws of another jurisdiction:



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534 1. Section 393.135, relating to sexual misconduct with
535 certain developmentally disabled clients and reporting of such
536 sexual misconduct.

537 2. Section 394.4593, relating to sexual misconduct with
538 certain mental health patients and reporting of such sexual
539 misconduct.

540 3. Section 409.920, relating to Medicaid fraud, if the
541 offense was a felony of the first or second degree.

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

544 5. Section 741.28, relating to domestic violence.

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

547 7. Section 782.04, relating to murder.

548 8. Section 782.07, relating to manslaughter, aggravated
549 manslaughter of an elderly person or disabled adult, aggravated
550 manslaughter of a child, or aggravated manslaughter of an
551 officer, a firefighter, an emergency medical technician, or a
552 paramedic.

553 9. Section 782.071, relating to vehicular homicide.

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

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

558 12. Section 787.01, relating to kidnapping.

559 13. Section 787.02, relating to false imprisonment.

560 14. Section 787.025, relating to luring or enticing a
561 child.

562 15. Section 787.04(2), relating to leading, taking,



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563 enticing, or removing a minor beyond the state limits, or
564 concealing the location of a minor, with criminal intent pending
565 custody proceedings.

566 16. Section 787.04(3), relating to leading, taking,
567 enticing, or removing a minor beyond the state limits, or
568 concealing the location of a minor, with criminal intent pending
569 dependency proceedings or proceedings concerning alleged abuse
570 or neglect of a minor.

571 17. Section 790.115(1), relating to exhibiting firearms or
572 weapons within 1,000 feet of a school.

573 18. Section 790.115(2)(b), relating to possessing an
574 electric weapon or device, destructive device, or other weapon
575 on school property.

576 19. Section 794.011, relating to sexual battery.

577 20. Former s. 794.041, relating to prohibited acts of
578 persons in familial or custodial authority.

579 21. Section 794.05, relating to unlawful sexual activity
580 with certain minors.

581 22. Section 794.08, relating to female genital mutilation.

582 23. Section 796.07, relating to procuring another to commit
583 prostitution, except for those offenses expunged pursuant to s.
584 943.0583.

585 24. Section 798.02, relating to lewd and lascivious
586 behavior.

587 25. Chapter 800, relating to lewdness and indecent
588 exposure.

589 26. Section 806.01, relating to arson.

590 27. Section 810.02, relating to burglary, if the offense
591 was a felony of the first degree.



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592 28. Section 810.14, relating to voyeurism, if the offense
593 was a felony.

594 29. Section 810.145, relating to video voyeurism, if the
595 offense was a felony.

596 30. Section 812.13, relating to robbery.

597 31. Section 812.131, relating to robbery by sudden
598 snatching.

599 32. Section 812.133, relating to carjacking.

600 33. Section 812.135, relating to home-invasion robbery.

601 34. Section 817.034, relating to communications fraud, if
602 the offense was a felony of the first degree.

603 35. Section 817.234, relating to false and fraudulent
604 insurance claims, if the offense was a felony of the first or
605 second degree.

606 36. Section 817.50, relating to fraudulently obtaining
607 goods or services from a health care provider and false reports
608 of a communicable disease.

609 37. Section 817.505, relating to patient brokering.

610 38. Section 817.568, relating to fraudulent use of personal
611 identification, if the offense was a felony of the first or
612 second degree.

613 39. Section 825.102, relating to abuse, aggravated abuse,
614 or neglect of an elderly person or disabled adult.

615 40. Section 825.1025, relating to lewd or lascivious
616 offenses committed upon or in the presence of an elderly person
617 or disabled person.

618 41. Section 825.103, relating to exploitation of an elderly
619 person or disabled adult, if the offense was a felony.

620 42. Section 826.04, relating to incest.



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- 621 43. Section 827.03, relating to child abuse, aggravated
622 child abuse, or neglect of a child.
- 623 44. Section 827.04, relating to contributing to the
624 delinquency or dependency of a child.
- 625 45. Former s. 827.05, relating to negligent treatment of
626 children.
- 627 46. Section 827.071, relating to sexual performance by a
628 child.
- 629 47. Section 831.30, relating to fraud in obtaining
630 medicinal drugs.
- 631 48. Section 831.31, relating to sale, manufacture,
632 delivery, possession with intent to sell, manufacture, or
633 deliver any counterfeit controlled substance if the offense was
634 a felony.
- 635 49. Section 843.01, relating to resisting arrest with
636 violence.
- 637 50. Section 843.025, relating to depriving a law
638 enforcement, correctional, or correctional probation officer of
639 the means of protection or communication.
- 640 51. Section 843.12, relating to aiding in an escape.
- 641 52. Section 843.13, relating to aiding in the escape of
642 juvenile inmates of correctional institutions.
- 643 53. Chapter 847, relating to obscene literature.
- 644 54. Section 874.05, relating to encouraging or recruiting
645 another to join a criminal gang.
- 646 55. Chapter 893, relating to drug abuse prevention and
647 control, if the offense was a felony of the second degree or
648 greater severity.
- 649 56. Section 895.03, relating to racketeering and collection



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650 of unlawful debts.

651 57. Section 896.101, relating to the Florida Money
652 Laundering Act.

653 58. Section 916.1075, relating to sexual misconduct with
654 certain forensic clients and reporting of such sexual
655 misconduct.

656 59. Section 944.35(3), relating to inflicting cruel or
657 inhuman treatment on an inmate resulting in great bodily harm.

658 60. Section 944.40, relating to escape.

659 61. Section 944.46, relating to harboring, concealing, or
660 aiding an escaped prisoner.

661 62. Section 944.47, relating to introduction of contraband
662 into a correctional facility.

663 63. Section 985.701, relating to sexual misconduct in
664 juvenile justice programs.

665 64. Section 985.711, relating to contraband introduced into
666 detention facilities.

667 (6) EXEMPTION REQUESTS.—A person who wishes to become a
668 peer specialist and is disqualified under subsection (5) may
669 request an exemption from disqualification pursuant to s. 435.07
670 from the department or the Agency for Health Care
671 Administration, as applicable.

672 (7) GRANDFATHER CLAUSE.—All peer specialists certified as
673 of the effective date of this act are recognized as having met
674 the requirements of this act.

675 Section 10. Paragraph (e) of subsection (5) of section
676 212.055, Florida Statutes, is amended to read:

677 212.055 Discretionary sales surtaxes; legislative intent;
678 authorization and use of proceeds.—It is the legislative intent



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679 that any authorization for imposition of a discretionary sales
680 surtax shall be published in the Florida Statutes as a
681 subsection of this section, irrespective of the duration of the
682 levy. Each enactment shall specify the types of counties
683 authorized to levy; the rate or rates which may be imposed; the
684 maximum length of time the surtax may be imposed, if any; the
685 procedure which must be followed to secure voter approval, if
686 required; the purpose for which the proceeds may be expended;
687 and such other requirements as the Legislature may provide.
688 Taxable transactions and administrative procedures shall be as
689 provided in s. 212.054.

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

700 (e) A governing board, agency, or authority shall be
701 chartered by the county commission upon this act becoming law.
702 The governing board, agency, or authority shall adopt and
703 implement a health care plan for indigent health care services.
704 The governing board, agency, or authority shall consist of no
705 more than seven and no fewer than five members appointed by the
706 county commission. The members of the governing board, agency,
707 or authority shall be at least 18 years of age and residents of



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708 the county. ~~A No~~ member may not be employed by or affiliated
709 with a health care provider or the public health trust, agency,
710 or authority responsible for the county public general hospital.
711 The following community organizations shall each appoint a
712 representative to a nominating committee: the South Florida
713 Hospital and Healthcare Association, the Miami-Dade County
714 Public Health Trust, the Dade County Medical Association, the
715 Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade
716 County. This committee shall nominate between 10 and 14 county
717 citizens for the governing board, agency, or authority. The
718 slate shall be presented to the county commission and the county
719 commission shall confirm the top five to seven nominees,
720 depending on the size of the governing board. Until such time as
721 the governing board, agency, or authority is created, the funds
722 provided for in subparagraph (d)2. shall be placed in a
723 restricted account set aside from other county funds and not
724 disbursed by the county for any other purpose.

725 1. The plan shall divide the county into a minimum of four
726 and maximum of six service areas, with no more than one
727 participant hospital per service area. The county public general
728 hospital shall be designated as the provider for one of the
729 service areas. Services shall be provided through participants'
730 primary acute care facilities.

731 2. The plan and subsequent amendments to it shall fund a
732 defined range of health care services for both indigent persons
733 and the medically poor, including primary care, preventive care,
734 hospital emergency room care, and hospital care necessary to
735 stabilize the patient. For the purposes of this section,
736 "stabilization" means stabilization as defined in s. 397.311 ~~s.~~



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737 ~~397.311(45)~~. Where consistent with these objectives, the plan
738 may include services rendered by physicians, clinics, community
739 hospitals, and alternative delivery sites, as well as at least
740 one regional referral hospital per service area. The plan shall
741 provide that agreements negotiated between the governing board,
742 agency, or authority and providers shall recognize hospitals
743 that render a disproportionate share of indigent care, provide
744 other incentives to promote the delivery of charity care to draw
745 down federal funds where appropriate, and require cost
746 containment, including, but not limited to, case management.
747 From the funds specified in subparagraphs (d)1. and 2. for
748 indigent health care services, service providers shall receive
749 reimbursement at a Medicaid rate to be determined by the
750 governing board, agency, or authority created pursuant to this
751 paragraph for the initial emergency room visit, and a per-member
752 per-month fee or capitation for those members enrolled in their
753 service area, as compensation for the services rendered
754 following the initial emergency visit. Except for provisions of
755 emergency services, upon determination of eligibility,
756 enrollment shall be deemed to have occurred at the time services
757 were rendered. The provisions for specific reimbursement of
758 emergency services shall be repealed on July 1, 2001, unless
759 otherwise reenacted by the Legislature. The capitation amount or
760 rate shall be determined before program implementation by an
761 independent actuarial consultant. In no event shall such
762 reimbursement rates exceed the Medicaid rate. The plan must also
763 provide that any hospitals owned and operated by government
764 entities on or after the effective date of this act must, as a
765 condition of receiving funds under this subsection, afford



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766 public access equal to that provided under s. 286.011 as to any
767 meeting of the governing board, agency, or authority the subject
768 of which is budgeting resources for the retention of charity
769 care, as that term is defined in the rules of the Agency for
770 Health Care Administration. The plan shall also include
771 innovative health care programs that provide cost-effective
772 alternatives to traditional methods of service and delivery
773 funding.

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

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

782 5. At the end of each fiscal year, the governing board,
783 agency, or authority shall prepare an audit that reviews the
784 budget of the plan, delivery of services, and quality of
785 services, and makes recommendations to increase the plan's
786 efficiency. The audit shall take into account participant
787 hospital satisfaction with the plan and assess the amount of
788 poststabilization patient transfers requested, and accepted or
789 denied, by the county public general hospital.

790 Section 11. Subsection (3) of section 394.495, Florida
791 Statutes, is amended to read:

792 394.495 Child and adolescent mental health system of care;
793 programs and services.-

794 (3) Assessments must be performed by:



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795 (a) A professional as defined in s. 394.455(5), (7), (33)
796 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~;

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

798 (c) A person who is under the direct supervision of a
799 qualified professional as defined in s. 394.455(5), (7), (33)
800 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~ or a professional licensed under
801 chapter 491.

802 Section 12. Subsection (5) of section 394.496, Florida
803 Statutes, is amended to read:

804 394.496 Service planning.—

805 (5) A professional as defined in s. 394.455(5), (7), (34)
806 ~~(32)~~, (37) ~~(35)~~, or (38) ~~(36)~~ or a professional licensed under
807 chapter 491 must be included among those persons developing the
808 services plan.

809 Section 13. Subsection (6) of section 394.9085, Florida
810 Statutes, is amended to read:

811 394.9085 Behavioral provider liability.—

812 (6) For purposes of this section, the term ~~terms~~
813 “detoxification services” ~~has~~ has the same meaning as
814 detoxification in s. 397.311(26) (a), “addictions receiving
815 facility” ~~has~~ has the same meaning as provided in s.
816 397.311(26) (a), and “receiving facility” ~~has~~ have the same
817 meaning ~~meanings~~ ~~as those~~ provided in s. 394.455 ~~ss.~~
818 ~~397.311(26) (a) 4., 397.311(26) (a) 1., and 394.455 (39),~~
819 ~~respectively.~~

820 Section 14. Section 397.416, Florida Statutes, is amended
821 to read:

822 397.416 Substance use disorder ~~abuse~~ treatment services;
823 qualified professional.—Notwithstanding any other provision of



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824 law, a person who was certified through a certification process
825 recognized by the former Department of Health and Rehabilitative
826 Services before January 1, 1995, may perform the duties of a
827 qualified professional with respect to substance use ~~abuse~~
828 treatment services as defined in this chapter, and need not meet
829 the certification requirements contained in s. 397.311(35) ~~s.~~
830 ~~397.311(34)~~.

831 Section 15. Paragraph (b) of subsection (1) of section
832 409.972, Florida Statutes, is amended to read:

833 409.972 Mandatory and voluntary enrollment.—

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

838 (b) Medicaid recipients residing in residential commitment
839 facilities operated through the Department of Juvenile Justice
840 or in a treatment facility as defined in s. 394.455 ~~s.~~
841 ~~394.455(47)~~.

842 Section 16. Paragraphs (d) and (g) of subsection (1) of
843 section 440.102, Florida Statutes, are amended to read:

844 440.102 Drug-free workplace program requirements.—The
845 following provisions apply to a drug-free workplace program
846 implemented pursuant to law or to rules adopted by the Agency
847 for Health Care Administration:

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

850 (d) "Drug rehabilitation program" means a service provider
851 as defined in s. 397.311 which, established pursuant to s.
852 ~~397.311(43), that~~ provides confidential, timely, and expert



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853 identification, assessment, and resolution of employee drug
854 abuse.

855 (g) "Employee assistance program" means an established
856 program capable of providing expert assessment of employee
857 personal concerns; confidential and timely identification
858 services with regard to employee drug abuse; referrals of
859 employees for appropriate diagnosis, treatment, and assistance;
860 and followup services for employees who participate in the
861 program or require monitoring after returning to work. If, in
862 addition to the above activities, an employee assistance program
863 provides diagnostic and treatment services, these services shall
864 in all cases be provided by service providers as defined in s.
865 397.311 ~~pursuant to s. 397.311(43).~~

866 (9) DRUG-TESTING STANDARDS FOR LABORATORIES.—

867 (b) A laboratory may analyze initial or confirmation test
868 specimens only if:

869 1. The laboratory obtains a license under part II of
870 chapter 408 and s. 112.0455(18) ~~s. 112.0455(17)~~. Each applicant
871 for licensure and each licensee must comply with all
872 requirements of this section, part II of chapter 408, and
873 applicable rules.

874 2. The laboratory has written procedures to ensure the
875 chain of custody.

876 3. The laboratory follows proper quality control
877 procedures, including, but not limited to:

878 a. The use of internal quality controls, including the use
879 of samples of known concentrations which are used to check the
880 performance and calibration of testing equipment, and periodic
881 use of blind samples for overall accuracy.



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882 b. An internal review and certification process for drug
883 test results, conducted by a person qualified to perform that
884 function in the testing laboratory.

885 c. Security measures implemented by the testing laboratory
886 to preclude adulteration of specimens and drug test results.

887 d. Other necessary and proper actions taken to ensure
888 reliable and accurate drug test results.

889 Section 17. Paragraph (e) of subsection (4) of section
890 464.012, Florida Statutes, is amended to read:

891 464.012 Licensure of advanced practice registered nurses;
892 fees; controlled substance prescribing.—

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

896 (e) A psychiatric nurse, who meets the requirements in s.
897 394.455(37) ~~s. 394.455(35)~~, within the framework of an
898 established protocol with a psychiatrist, may prescribe
899 psychotropic controlled substances for the treatment of mental
900 disorders.

901 Section 18. Subsection (7) of section 744.2007, Florida
902 Statutes, is amended to read:

903 744.2007 Powers and duties.—

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

907 Section 19. This act shall take effect July 1, 2019.

908

909 ===== T I T L E A M E N D M E N T =====

910 And the title is amended as follows:



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911 Delete everything before the enacting clause
912 and insert:

913 A bill to be entitled
914 An act relating to mental health and substance use
915 disorders; amending s. 112.0455, F.S.; requiring that
916 certain prescreening tests be performed before certain
917 drug-testing facilities may perform drug-screening
918 tests on urine specimens collected in this state;
919 amending s. 394.455, F.S.; defining the terms "first
920 episode psychosis program" and "peer specialist";
921 amending s. 394.457, F.S.; requiring that individuals
922 performing certain services as a peer specialist be
923 certified; providing exemptions; amending s. 394.4573,
924 F.S.; revising requirements for the annual state
925 behavioral health assessment; revising the essential
926 elements of a coordinated system of behavioral health
927 care; amending s. 397.311, F.S.; defining the term
928 "peer specialist"; amending s. 397.4012, F.S.;
929 revising the applicability of exemptions from
930 licensure for certain entities; amending s. 397.403,
931 F.S.; providing an exemption from certain
932 accreditation requirements relating to licensure
933 renewal for certain inmate substance abuse programs;
934 amending s. 397.4073, F.S.; requiring individuals
935 screened on or after a specified date to undergo a
936 specified background screening; requiring the
937 Department of Children and Families to grant or deny a
938 request for an exemption from disqualification within
939 a certain timeframe; authorizing certain applicants



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940 for an exemption to work under the supervision of
941 certain persons for a specified period of time while
942 his or her application for an exemption from
943 disqualification is pending; deleting a provision
944 exempting certain persons from disqualification from
945 employment; creating s. 397.417, F.S.; providing
946 legislative findings and intent; authorizing a person
947 to seek certification as a peer specialist if he or
948 she meets specified qualifications; requiring a
949 background screening, completion of a training
950 program, and a passing score on a competency exam for
951 a qualified person to obtain certification as a peer
952 specialist; requiring the department to develop a
953 training program for peer specialists and to give
954 preference to trainers who are certified peer
955 specialists; requiring the training program to
956 coincide with a competency exam and to be based on
957 current practice standards; requiring the department
958 to certify peer specialists directly or by designating
959 a third-party credentialing entity; requiring that a
960 person providing peer specialist services be certified
961 or supervised by a licensed behavioral health care
962 professional or a certified peer specialist; providing
963 an exception; authorizing the department, a behavioral
964 health managing entity, or the Medicaid program to
965 reimburse a peer specialist service as a recovery
966 service; encouraging Medicaid managed care plans to
967 use peer specialists in providing recovery services;
968 requiring peer specialists to meet the requirements of



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969 a background screening as a condition of employment
970 and continued employment; requiring the department to
971 forward fingerprints to the Department of Law
972 Enforcement; requiring that fees for state and federal
973 fingerprint processing be borne by the peer specialist
974 applying for employment; providing that any arrest
975 record identified through background screening be
976 forwarded to the department; authorizing the
977 Department of Children and Families or the agency to
978 contract with certain vendors for fingerprinting;
979 specifying requirements for vendors; specifying
980 offenses to be considered in the background screening
981 of a peer specialist; authorizing a person who does
982 not meet background screening requirements to request
983 an exemption from disqualification from the department
984 or the agency; providing that all peer specialists
985 certified as of the effective date of this act are
986 recognized as having met the requirements of this act;
987 amending ss. 212.055, 394.495, 394.496, 394.9085,
988 397.416, 409.972, 440.102, 464.012, and 744.2007,
989 F.S.; conforming cross-references; making technical
990 changes; providing an effective date. An act relating
991 to mental health and substance use disorders; amending
992 s. 112.0455, F.S.; requiring that certain prescreening
993 tests be performed before certain drug-testing
994 facilities may perform drug-screening tests on urine
995 specimens collected in this state; amending s.
996 394.455, F.S.; defining the terms "first episode
997 psychosis program" and "peer specialist"; amending s.



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998 394.457, F.S.; requiring that individuals performing
999 certain services as a peer specialist be certified;
1000 providing exemptions; amending s. 394.4573, F.S.;
1001 revising requirements for the annual state behavioral
1002 health assessment; revising the essential elements of
1003 a coordinated system of behavioral health care;
1004 amending s. 397.311, F.S.; defining the term "peer
1005 specialist"; amending s. 397.4012, F.S.; revising the
1006 applicability of exemptions from licensure for certain
1007 entities; amending s. 397.403, F.S.; providing an
1008 exemption from certain accreditation requirements
1009 relating to licensure renewal for certain inmate
1010 substance abuse programs; amending s. 397.4073, F.S.;
1011 requiring individuals screened on or after a specified
1012 date to undergo a specified background screening;
1013 requiring the Department of Children and Families to
1014 grant or deny a request for an exemption from
1015 disqualification within a certain timeframe;
1016 authorizing certain applicants for an exemption to
1017 work under the supervision of certain persons for a
1018 specified period of time while his or her application
1019 for an exemption from disqualification is pending;
1020 deleting a provision exempting certain persons from
1021 disqualification from employment; creating s. 397.417,
1022 F.S.; providing legislative findings and intent;
1023 authorizing a person to seek certification as a peer
1024 specialist if he or she meets specified
1025 qualifications; requiring a background screening,
1026 completion of a training program, and a passing score



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1027 on a competency exam for a qualified person to obtain
1028 certification as a peer specialist; requiring the
1029 department to develop a training program for peer
1030 specialists and to give preference to trainers who are
1031 certified peer specialists; requiring the training
1032 program to coincide with a competency exam and to be
1033 based on current practice standards; requiring the
1034 department to certify peer specialists directly or by
1035 designating a third-party credentialing entity;
1036 requiring that a person providing peer specialist
1037 services be certified or supervised by a licensed
1038 behavioral health care professional or a certified
1039 peer specialist; providing an exception; authorizing
1040 the department, a behavioral health managing entity,
1041 or the Medicaid program to reimburse a peer specialist
1042 service as a recovery service; encouraging Medicaid
1043 managed care plans to use peer specialists in
1044 providing recovery services; requiring peer
1045 specialists to meet the requirements of a background
1046 screening as a condition of employment and continued
1047 employment; requiring the department to forward
1048 fingerprints to the Department of Law Enforcement;
1049 requiring that fees for state and federal fingerprint
1050 processing be borne by the peer specialist applying
1051 for employment; providing that any arrest record
1052 identified through background screening be forwarded
1053 to the department; authorizing the Department of
1054 Children and Families or the agency to contract with
1055 certain vendors for fingerprinting; specifying



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1056 requirements for vendors; specifying offenses to be
1057 considered in the background screening of a peer
1058 specialist; authorizing a person who does not meet
1059 background screening requirements to request an
1060 exemption from disqualification from the department or
1061 the agency; providing that all peer specialists
1062 certified as of the effective date of this act are
1063 recognized as having met the requirements of this act;
1064 amending ss. 212.055, 394.495, 394.496, 394.9085,
1065 397.416, 409.972, 440.102, 464.012, and 744.2007,
1066 F.S.; conforming cross-references; making technical
1067 changes; providing an effective date.