



635172

LEGISLATIVE ACTION

Senate

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House

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The Committee on Appropriations (Rouson) recommended 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:



635172

11 112.0455 Drug-Free Workplace Act.—

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



635172

40 receives a positive confirmed drug test result may contest or  
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



635172

69 arbitrator pursuant to subsection (15) ~~subsection (14)~~, must  
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



635172

98 services in behavioral health settings to support others in  
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



635172

127 assessment of the behavioral health services in this state. The  
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



635172

156 services, coordinate service providers, link the service system  
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,



635172

185 law enforcement agencies, and other parties. The county or  
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.





635172

214 c. A tiered receiving system that consists of multiple  
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.



635172

243 (f) Care coordination that involves coordination with other  
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.



635172

272           (n) First episode psychosis programs.

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



635172

301 Government.

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),



635172

330 and (10) ~~this section~~ do not apply to any service provider that  
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.



635172

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



635172

388 shall grant or deny the request within 60 days after receipt of  
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~~



635172

417 ~~disqualification from employment pursuant to this paragraph.~~

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.





635172

446 (2) QUALIFICATIONS.—

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



635172

475 if he or she is working toward certification and is supervised  
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.

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



635172

533 following state laws or similar laws of another jurisdiction:  
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.



635172

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



635172

591 was a felony of the first degree.  
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.



635172

- 620       42. Section 826.04, relating to incest.
- 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.



635172

649           56. Section 895.03, relating to racketeering and collection  
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;





635172

678 authorization and use of proceeds.—It is the legislative intent  
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  
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,



635172

736 "stabilization" means stabilization as defined in s. 397.311 ~~s.~~  
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



635172

765 condition of receiving funds under this subsection, afford  
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.-



635172

794 (3) Assessments must be performed by:  
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 the same meaning as  
814 detoxification in s. 397.311(26) (a), “addictions receiving  
815 facility” 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;



635172

823 qualified professional.—Notwithstanding any other provision of  
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.~~



635172

852 ~~397.311(43)~~, that provides confidential, timely, and expert  
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



635172

881 use of blind samples for overall accuracy.

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 =====





635172

910 And the title is amended as follows:

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



635172

939 a certain timeframe; authorizing certain applicants  
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;



635172

968 requiring peer specialists to meet the requirements of  
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.