



195908

576-03600-20

Proposed Committee Substitute by the Committee on Appropriations
(Appropriations Subcommittee on Health and Human Services)

A bill to be entitled

An act relating to mental health; amending s. 14.2019, F.S.; providing additional duties for the Statewide Office for Suicide Prevention; establishing the First Responders Suicide Deterrence Task Force adjunct to the office; specifying the task force's purpose; providing for the composition and the duties of the task force; requiring the task force to submit reports to the Governor and the Legislature on an annual basis; providing for future repeal; amending s. 14.20195, F.S.; providing additional duties for the Suicide Prevention Coordinating Council; revising the composition of the council; amending s. 334.044, F.S.; requiring the Department of Transportation to work with the office in developing a plan relating to evidence-based suicide deterrents in certain locations; amending s. 394.455, F.S.; defining the term "first episode psychosis program"; amending s. 394.4573, F.S.; revising the requirements for the annual state behavioral health services assessment; revising the essential elements of a coordinated system of care; amending s. 394.463, F.S.; requiring that certain information be provided to the guardian or representative of a minor patient released from involuntary examination; creating s. 456.0342, F.S.; providing applicability; requiring specified persons to complete certain suicide prevention education



195908

576-03600-20

28 courses by a specified date; requiring certain boards
29 to include the hours for such courses in the total
30 hours of continuing education required for the
31 profession; amending s. 627.6675, F.S.; conforming a
32 provision to changes made by the act; transferring,
33 renumbering, and amending s. 627.668, F.S.; requiring
34 certain entities issuing, delivering, or issuing for
35 delivery certain health insurance policies to comply
36 with specified federal provisions that prohibit the
37 imposition of less favorable benefit limitations on
38 mental health and substance use disorder benefits than
39 on medical and surgical benefits; deleting provisions
40 relating to optional coverage for mental and nervous
41 disorders by such entities; revising the standard for
42 defining substance use disorders; requiring such
43 entities to submit an annual affidavit attesting to
44 compliance with federal law; requiring the office to
45 implement and enforce certain federal laws in a
46 specified manner; authorizing the Financial Services
47 Commission to adopt rules; repealing s. 627.669, F.S.,
48 relating to optional coverage required for substance
49 abuse impaired persons; amending s. 627.6699, F.S.;
50 providing applicability; amending s. 641.26, F.S.;
51 requiring certain entities to submit an annual
52 affidavit to the Office of Insurance Regulation
53 attesting to compliance with certain requirements;
54 authorizing the office to adopt rules; amending s.
55 641.31, F.S.; requiring that certain health
56 maintenance contracts comply with certain



195908

576-03600-20

57 requirements; authorizing the commission to adopt
58 rules; creating s. 786.1516, F.S.; defining the terms
59 "emergency care" and "suicide emergency"; providing
60 that persons providing certain emergency care are not
61 liable for civil damages or penalties under certain
62 circumstances; amending ss. 1002.33 and 1012.583,
63 F.S.; requiring charter schools and public schools,
64 respectively, to incorporate certain training on
65 suicide prevention in continuing education and
66 inservice training requirements; providing that such
67 schools must require all instructional personnel to
68 participate in the training; requiring such schools to
69 have a specified minimum number of staff members who
70 are certified or deemed competent in the use of
71 suicide screening instruments; requiring such schools
72 to have a policy for such instruments; requiring such
73 schools to report certain compliance to the Department
74 of Education; conforming provisions to changes made by
75 the act; amending ss. 394.495, 394.496, 394.9085,
76 409.972, 464.012, and 744.2007, F.S.; conforming
77 cross-references; requiring the Office of Program
78 Policy Analysis and Government Accountability to
79 perform a review of certain programs and efforts
80 relating to suicide prevention programs in other
81 states and make certain recommendations; requiring the
82 office to submit a report to the Legislature by a
83 specified date; providing effective dates.

84
85 Be It Enacted by the Legislature of the State of Florida:



195908

576-03600-20

86
87
88
89
90
91
92
93
94
95
96
97
98
99
100
101
102
103
104
105
106
107
108
109
110
111
112
113
114

Section 1. Paragraphs (a) and (d) of subsection (2) of section 14.2019, Florida Statutes, are amended, paragraphs (e) and (f) are added to that subsection, and subsection (5) is added to that section, to read:

14.2019 Statewide Office for Suicide Prevention.—

(2) The statewide office shall, within available resources:

(a) Develop a network of community-based programs to improve suicide prevention initiatives. The network shall identify and work to eliminate barriers to providing suicide prevention services to individuals who are at risk of suicide. The network shall consist of stakeholders advocating suicide prevention, including, but not limited to, not-for-profit suicide prevention organizations, faith-based suicide prevention organizations, law enforcement agencies, first responders to emergency calls, veterans, servicemembers, suicide prevention community coalitions, schools and universities, mental health agencies, substance abuse treatment agencies, health care providers, and school personnel.

(d) Coordinate education and training curricula in suicide prevention efforts for law enforcement personnel, first responders to emergency calls, veterans, servicemembers, health care providers, school employees, and other persons who may have contact with persons at risk of suicide.

(e) Act as a clearinghouse for information and resources related to suicide prevention by:

1. Disseminating and sharing evidence-based best practices relating to suicide prevention;

2. Collecting and analyzing data on trends in suicide and



195908

576-03600-20

115 suicide attempts annually by county, age, gender, profession,
116 and other demographics as designated by the statewide office.

117 (f) Advise the Department of Transportation on the
118 implementation of evidence-based suicide deterrents in the
119 design elements and features of infrastructure projects
120 throughout the state.

121 (5) The First Responders Suicide Deterrence Task Force, a
122 task force as defined in s. 20.03(8), is created adjunct to the
123 Statewide Office for Suicide Prevention.

124 (a) The purpose of the task force is to make
125 recommendations on how to reduce the incidence of suicide and
126 attempted suicide among employed or retired first responders in
127 this state.

128 (b) The task force is composed of a representative of the
129 statewide office and a representative of each of the following
130 first responder organizations, nominated by the organization and
131 appointed by the Secretary of Children and Families:

- 132 1. The Florida Professional Firefighters.
- 133 2. The Florida Police Benevolent Association.
- 134 3. The Florida Fraternal Order of Police: State Lodge.
- 135 4. The Florida Sheriffs Association.
- 136 5. The Florida Police Chiefs Association.
- 137 6. The Florida Fire Chiefs' Association.

138 (c) The task force shall elect a chair from among its
139 membership. Except as otherwise provided, the task force shall
140 operate in a manner consistent with s. 20.052.

141 (d) The task force shall identify or make recommendations
142 on developing training programs and materials that would better
143 enable first responders to cope with personal life stressors and



195908

576-03600-20

144 stress related to their profession and foster an organizational
145 culture that:

146 1. Promotes mutual support and solidarity among active and
147 retired first responders;

148 2. Trains agency supervisors and managers to identify
149 suicidal risk among active and retired first responders;

150 3. Improves the use and awareness of existing resources
151 among active and retired first responders; and

152 4. Educates active and retired first responders on suicide
153 awareness and help-seeking.

154 (e) The task force shall identify state and federal public
155 resources, funding and grants, first responder association
156 resources, and private resources to implement identified
157 training programs and materials.

158 (f) The task force shall report on its findings and
159 recommendations for training programs and materials to deter
160 suicide among active and retired first responders to the
161 Governor, the President of the Senate, and the Speaker of the
162 House of Representatives by each July 1, beginning in 2021, and
163 through 2023.

164 (g) This subsection is repealed July 1, 2023.

165 Section 2. Paragraph (c) of subsection (1) and subsection
166 (2) of section 14.20195, Florida Statutes, are amended, and
167 paragraph (d) is added to subsection (1) of that section, to
168 read:

169 14.20195 Suicide Prevention Coordinating Council; creation;
170 membership; duties.—There is created within the Statewide Office
171 for Suicide Prevention a Suicide Prevention Coordinating
172 Council. The council shall develop strategies for preventing



195908

576-03600-20

173 suicide.

174 (1) SCOPE OF ACTIVITY.—The Suicide Prevention Coordinating
175 Council is a coordinating council as defined in s. 20.03 and
176 shall:

177 (c) Make findings and recommendations regarding suicide
178 prevention programs and activities, including, but not limited
179 to, the implementation of evidence-based mental health awareness
180 and assistance training programs and gatekeeper training in
181 municipalities throughout the state. The council shall prepare
182 an annual report and present it to the Governor, the President
183 of the Senate, and the Speaker of the House of Representatives
184 by January 1, each year. The annual report must describe the
185 status of existing and planned initiatives identified in the
186 statewide plan for suicide prevention and any recommendations
187 arising therefrom.

188 (d) In conjunction with the Department of Children and
189 Families, advise members of the public on the locations and
190 availability of local behavioral health providers.

191 (2) MEMBERSHIP.—The Suicide Prevention Coordinating Council
192 shall consist of 32 ~~27~~ voting members and one nonvoting member.

193 (a) Eighteen ~~Thirteen~~ members shall be appointed by the
194 director of the Statewide Office for Suicide Prevention and
195 shall represent the following organizations:

- 196 1. The Florida Association of School Psychologists.
- 197 2. The Florida Sheriffs Association.
- 198 3. The Suicide Prevention Action Network USA.
- 199 4. The Florida Initiative of Suicide Prevention.
- 200 5. The Florida Suicide Prevention Coalition.
- 201 6. The American Foundation of Suicide Prevention.



195908

576-03600-20

- 202 7. The Florida School Board Association.
203 8. The National Council for Suicide Prevention.
204 9. The state chapter of AARP.
205 10. The Florida Behavioral Health Association ~~The Florida~~
206 ~~Alcohol and Drug Abuse Association.~~
207 11. ~~The Florida Council for Community Mental Health.~~
208 ~~12.~~ The Florida Counseling Association.
209 12.~~13.~~ NAMI Florida.
210 13. The Florida Medical Association.
211 14. The Florida Osteopathic Medical Association.
212 15. The Florida Psychiatric Society.
213 16. The Florida Psychological Association.
214 17. Veterans Florida.
215 18. The Florida Association of Managing Entities.
216 (b) The following state officials or their designees shall
217 serve on the coordinating council:
218 1. The Secretary of Elderly Affairs.
219 2. The State Surgeon General.
220 3. The Commissioner of Education.
221 4. The Secretary of Health Care Administration.
222 5. The Secretary of Juvenile Justice.
223 6. The Secretary of Corrections.
224 7. The executive director of the Department of Law
225 Enforcement.
226 8. The executive director of the Department of Veterans'
227 Affairs.
228 9. The Secretary of Children and Families.
229 10. The executive director of the Department of Economic
230 Opportunity.



195908

576-03600-20

231 (c) The Governor shall appoint four additional members to
232 the coordinating council. The appointees must have expertise
233 that is critical to the prevention of suicide or represent an
234 organization that is not already represented on the coordinating
235 council.

236 (d) For the members appointed by the director of the
237 Statewide Office for Suicide Prevention, seven members shall be
238 appointed to initial terms of 3 years, and seven members shall
239 be appointed to initial terms of 4 years. For the members
240 appointed by the Governor, two members shall be appointed to
241 initial terms of 4 years, and two members shall be appointed to
242 initial terms of 3 years. Thereafter, such members shall be
243 appointed to terms of 4 years. Any vacancy on the coordinating
244 council shall be filled in the same manner as the original
245 appointment, and any member who is appointed to fill a vacancy
246 occurring because of death, resignation, or ineligibility for
247 membership shall serve only for the unexpired term of the
248 member's predecessor. A member is eligible for reappointment.

249 (e) The director of the Statewide Office for Suicide
250 Prevention shall be a nonvoting member of the coordinating
251 council and shall act as chair.

252 (f) Members of the coordinating council shall serve without
253 compensation. Any member of the coordinating council who is a
254 public employee is entitled to reimbursement for per diem and
255 travel expenses as provided in s. 112.061.

256 Section 3. Present paragraph (c) of subsection (10) of
257 section 334.044, Florida Statutes, is redesignated as paragraph
258 (d), and a new paragraph (c) is added to that subsection, to
259 read:



195908

576-03600-20

260 334.044 Powers and duties of the department.—The department
261 shall have the following general powers and duties:

262 (10)

263 (c) The department shall work with the Statewide Office for
264 Suicide Prevention in developing a plan to consider the
265 implementation of evidence-based suicide deterrents on all new
266 infrastructure projects.

267 Section 4. Present subsections (17) through (48) of section
268 394.455, Florida Statutes, are redesignated as subsections (18)
269 through (49), respectively, and a new subsection (17) is added
270 to that section, to read:

271 394.455 Definitions.—As used in this part, the term:

272 (17) “First episode psychosis program” means an evidence-
273 based program for individuals between 14 and 30 years of age who
274 are experiencing early indications of serious mental illness,
275 especially a first episode of psychotic symptoms. The program
276 includes, but is not limited to, intensive case management,
277 individual or group therapy, supported employment, family
278 education and supports, and appropriate psychotropic medication,
279 as indicated.

280 Section 5. Section 394.4573, Florida Statutes, is amended
281 to read:

282 394.4573 Coordinated system of care; annual assessment;
283 essential elements; measures of performance; system improvement
284 grants; reports.—On or before December 1 of each year, the
285 department shall submit to the Governor, the President of the
286 Senate, and the Speaker of the House of Representatives an
287 assessment of the behavioral health services in this state. The
288 assessment shall consider, at a minimum, the extent to which



195908

576-03600-20

289 designated receiving systems function as no-wrong-door models,
290 the availability of treatment and recovery services that use
291 recovery-oriented and peer-involved approaches, the availability
292 of less-restrictive services, and the use of evidence-informed
293 practices. The assessment must also describe the availability of
294 and access to first episode psychosis programs, and any gaps in
295 the availability and access of such programs, in all areas of
296 the state. The department's assessment shall consider, at a
297 minimum, the needs assessments conducted by the managing
298 entities pursuant to s. 394.9082(5). Beginning in 2017, the
299 department shall compile and include in the report all plans
300 submitted by managing entities pursuant to s. 394.9082(8) and
301 the department's evaluation of each plan.

302 (1) As used in this section:

303 (a) "Care coordination" means the implementation of
304 deliberate and planned organizational relationships and service
305 procedures that improve the effectiveness and efficiency of the
306 behavioral health system by engaging in purposeful interactions
307 with individuals who are not yet effectively connected with
308 services to ensure service linkage. Examples of care
309 coordination activities include development of referral
310 agreements, shared protocols, and information exchange
311 procedures. The purpose of care coordination is to enhance the
312 delivery of treatment services and recovery supports and to
313 improve outcomes among priority populations.

314 (b) "Case management" means those direct services provided
315 to a client in order to assess his or her needs, plan or arrange
316 services, coordinate service providers, link the service system
317 to a client, monitor service delivery, and evaluate patient



195908

576-03600-20

318 outcomes to ensure the client is receiving the appropriate
319 services.

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

325 (d) "No-wrong-door model" means a model for the delivery of
326 acute care services to persons who have mental health or
327 substance use disorders, or both, which optimizes access to
328 care, regardless of the entry point to the behavioral health
329 care system.

330 (2) The essential elements of a coordinated system of care
331 include:

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

335 (b) A designated receiving system that consists of one or
336 more facilities serving a defined geographic area and
337 responsible for assessment and evaluation, both voluntary and
338 involuntary, and treatment or triage of patients who have a
339 mental health or substance use disorder, or co-occurring
340 disorders.

341 1. A county or several counties shall plan the designated
342 receiving system using a process that includes the managing
343 entity and is open to participation by individuals with
344 behavioral health needs and their families, service providers,
345 law enforcement agencies, and other parties. The county or
346 counties, in collaboration with the managing entity, shall



195908

576-03600-20

347 document the designated receiving system through written
348 memoranda of agreement or other binding arrangements. The county
349 or counties and the managing entity shall complete the plan and
350 implement the designated receiving system by July 1, 2017, and
351 the county or counties and the managing entity shall review and
352 update, as necessary, the designated receiving system at least
353 once every 3 years.

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

360 a. A central receiving system that consists of a designated
361 central receiving facility that serves as a single entry point
362 for persons with mental health or substance use disorders, or
363 co-occurring disorders. The central receiving facility shall be
364 capable of assessment, evaluation, and triage or treatment or
365 stabilization of persons with mental health or substance use
366 disorders, or co-occurring disorders.

367 b. A coordinated receiving system that consists of multiple
368 entry points that are linked by shared data systems, formal
369 referral agreements, and cooperative arrangements for care
370 coordination and case management. Each entry point shall be a
371 designated receiving facility and shall, within existing
372 resources, provide or arrange for necessary services following
373 an initial assessment and evaluation.

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



195908

576-03600-20

376 services. Each service provider shall be classified according to
377 its capabilities as either a designated receiving facility or
378 another type of service provider, such as a triage center, a
379 licensed detoxification facility, or an access center. All
380 participating service providers shall, within existing
381 resources, be linked by methods to share data, formal referral
382 agreements, and cooperative arrangements for care coordination
383 and case management.

384
385 An accurate inventory of the participating service providers
386 which specifies the capabilities and limitations of each
387 provider and its ability to accept patients under the designated
388 receiving system agreements and the transportation plan
389 developed pursuant to this section shall be maintained and made
390 available at all times to all first responders in the service
391 area.

392 (c) Transportation in accordance with a plan developed
393 under s. 394.462.

394 (d) Crisis services, including mobile response teams,
395 crisis stabilization units, addiction receiving facilities, and
396 detoxification facilities.

397 (e) Case management. Each case manager or person directly
398 supervising a case manager who provides Medicaid-funded targeted
399 case management services shall hold a valid certification from a
400 department-approved credentialing entity as defined in s.
401 397.311(10) by July 1, 2017, and, thereafter, within 6 months
402 after hire.

403 (f) Care coordination that involves coordination with other
404 local systems and entities, public and private, which are



195908

576-03600-20

405 involved with the individual, such as primary care, child
406 welfare, behavioral health care, and criminal and juvenile
407 justice organizations.

408 (g) Outpatient services.

409 (h) Residential services.

410 (i) Hospital inpatient care.

411 (j) Aftercare and other postdischarge services.

412 (k) Medication-assisted treatment and medication
413 management.

414 (l) Recovery support, including, but not limited to,
415 support for competitive employment, educational attainment,
416 independent living skills development, family support and
417 education, wellness management and self-care, and assistance in
418 obtaining housing that meets the individual's needs. Such
419 housing may include mental health residential treatment
420 facilities, limited mental health assisted living facilities,
421 adult family care homes, and supportive housing. Housing
422 provided using state funds must provide a safe and decent
423 environment free from abuse and neglect.

424 (m) Care plans shall assign specific responsibility for
425 initial and ongoing evaluation of the supervision and support
426 needs of the individual and the identification of housing that
427 meets such needs. For purposes of this paragraph, the term
428 "supervision" means oversight of and assistance with compliance
429 with the clinical aspects of an individual's care plan.

430 (n) First episode psychosis programs.

431 (3) SYSTEM IMPROVEMENT GRANTS.—Subject to a specific
432 appropriation by the Legislature, the department may award
433 system improvement grants to managing entities based on a



195908

576-03600-20

434 detailed plan to enhance services in accordance with the no-
435 wrong-door model as defined in subsection (1) and to address
436 specific needs identified in the assessment prepared by the
437 department pursuant to this section. Such a grant must be
438 awarded through a performance-based contract that links payments
439 to the documented and measurable achievement of system
440 improvements.

441 Section 6. Subsection (3) of section 394.463, Florida
442 Statutes, is amended to read:

443 394.463 Involuntary examination.—

444 (3) NOTICE OF RELEASE.—Notice of the release shall be given
445 to the patient's guardian or representative, to any person who
446 executed a certificate admitting the patient to the receiving
447 facility, and to any court which ordered the patient's
448 evaluation. If the patient is a minor, information regarding the
449 availability of a local mobile response service, suicide
450 prevention resources, social supports, and local self-help
451 groups must also be provided to the patient's guardian or
452 representative along with the notice of the release.

453 Section 7. Section 456.0342, Florida Statutes, is created
454 to read:

455 456.0342 Required instruction on suicide prevention.—The
456 requirements of this section apply to each person licensed or
457 certified under chapter 458, chapter 459, or part I of chapter
458 464.

459 (1) By January 1, 2022, each licensed or certified
460 practitioner shall complete a board-approved 2-hour continuing
461 education course on suicide prevention. The course must address
462 suicide risk assessment, treatment, and management.



195908

576-03600-20

463 (2) Each licensing board that requires a licensee or
464 certificate holder to complete a course pursuant to this section
465 must include the hours required for completion in the total
466 hours of continuing education required by law for such
467 profession.

468 Section 8. Effective January 1, 2021, paragraph (b) of
469 subsection (8) of section 627.6675, Florida Statutes, is amended
470 to read:

471 627.6675 Conversion on termination of eligibility.—Subject
472 to all of the provisions of this section, a group policy
473 delivered or issued for delivery in this state by an insurer or
474 nonprofit health care services plan that provides, on an
475 expense-incurred basis, hospital, surgical, or major medical
476 expense insurance, or any combination of these coverages, shall
477 provide that an employee or member whose insurance under the
478 group policy has been terminated for any reason, including
479 discontinuance of the group policy in its entirety or with
480 respect to an insured class, and who has been continuously
481 insured under the group policy, and under any group policy
482 providing similar benefits that the terminated group policy
483 replaced, for at least 3 months immediately prior to
484 termination, shall be entitled to have issued to him or her by
485 the insurer a policy or certificate of health insurance,
486 referred to in this section as a "converted policy." A group
487 insurer may meet the requirements of this section by contracting
488 with another insurer, authorized in this state, to issue an
489 individual converted policy, which policy has been approved by
490 the office under s. 627.410. An employee or member shall not be
491 entitled to a converted policy if termination of his or her



195908

576-03600-20

492 insurance under the group policy occurred because he or she
493 failed to pay any required contribution, or because any
494 discontinued group coverage was replaced by similar group
495 coverage within 31 days after discontinuance.

496 (8) BENEFITS OFFERED.—

497 (b) An insurer shall offer the benefits specified in s.
498 627.4193 ~~s. 627.668~~ and the benefits specified in ~~s. 627.669~~ if
499 ~~those benefits were provided in the group plan.~~

500 Section 9. Effective January 1, 2021, section 627.668,
501 Florida Statutes, is transferred, renumbered as section
502 627.4193, Florida Statutes, and amended to read:

503 627.4193 ~~627.668~~ Requirements for mental health and
504 substance use disorder benefits; reporting requirements ~~Optional~~
505 ~~coverage for mental and nervous disorders required; exception.—~~

506 (1) Every insurer issuing, delivering, or issuing for
507 delivery comprehensive major medical individual or, health
508 ~~maintenance organization, and nonprofit hospital and medical~~
509 ~~service plan corporation transacting group health insurance~~
510 policies or providing prepaid health care in this state must
511 comply with the federal Paul Wellstone and Pete Domenici Mental
512 Health Parity and Addiction Equity Act of 2008 (MHPAEA) and any
513 regulations relating to MHPAEA, including, but not limited to,
514 45 C.F.R. s. 146.136, 45 C.F.R. s. 147.160, and 45 C.F.R. s.
515 156.115(a) (3); and must provide ~~shall make available to the~~
516 ~~policyholder as part of the application, for an appropriate~~
517 ~~additional premium under a group hospital and medical expense-~~
518 ~~incurred insurance policy, under a group prepaid health care~~
519 ~~contract, and under a group hospital and medical service plan~~
520 ~~contract,~~ the benefits or level of benefits specified in



195908

576-03600-20

521 subsection (2) for the medically necessary care and treatment of
522 mental and nervous disorders, including substance use disorders,
523 as described defined in the Diagnostic and Statistical Manual of
524 Mental Disorders, Fifth Edition, published by standard
525 ~~nomenclature of the American Psychiatric Association, subject to~~
526 ~~the right of the applicant for a group policy or contract to~~
527 ~~select any alternative benefits or level of benefits as may be~~
528 ~~offered by the insurer, health maintenance organization, or~~
529 ~~service plan corporation provided that, if alternate inpatient,~~
530 ~~outpatient, or partial hospitalization benefits are selected,~~
531 ~~such benefits shall not be less than the level of benefits~~
532 ~~required under paragraph (2) (a), paragraph (2) (b), or paragraph~~
533 ~~(2) (c), respectively.~~

534 (2) Under individual or group policies described in
535 subsection (1) or contracts, inpatient hospital benefits,
536 partial hospitalization benefits, and outpatient benefits
537 consisting of durational limits, dollar amounts, deductibles,
538 and coinsurance factors may not be provided in a manner that is
539 more restrictive than medical and surgical benefits, and limits
540 on the scope or duration of treatments which are not expressed
541 numerically, also known as nonquantitative treatment
542 limitations, must be provided in a manner that is comparable and
543 may not be applied more stringently than limits on medical and
544 surgical benefits, in accordance with 45 C.F.R. s.
545 146.136(c) (2), (3), and (4) shall not be less favorable than for
546 physical illness generally, except that:

547 (a) ~~Inpatient benefits may be limited to not less than 30~~
548 ~~days per benefit year as defined in the policy or contract. If~~
549 ~~inpatient hospital benefits are provided beyond 30 days per~~



195908

576-03600-20

550 ~~benefit year, the durational limits, dollar amounts, and~~
551 ~~coinsurance factors thereto need not be the same as applicable~~
552 ~~to physical illness generally.~~

553 ~~(b) Outpatient benefits may be limited to \$1,000 for~~
554 ~~consultations with a licensed physician, a psychologist licensed~~
555 ~~pursuant to chapter 490, a mental health counselor licensed~~
556 ~~pursuant to chapter 491, a marriage and family therapist~~
557 ~~licensed pursuant to chapter 491, and a clinical social worker~~
558 ~~licensed pursuant to chapter 491. If benefits are provided~~
559 ~~beyond the \$1,000 per benefit year, the durational limits,~~
560 ~~dollar amounts, and coinsurance factors thereof need not be the~~
561 ~~same as applicable to physical illness generally.~~

562 ~~(c) Partial hospitalization benefits shall be provided~~
563 ~~under the direction of a licensed physician. For purposes of~~
564 ~~this part, the term "partial hospitalization services" is~~
565 ~~defined as those services offered by a program that is~~
566 ~~accredited by an accrediting organization whose standards~~
567 ~~incorporate comparable regulations required by this state.~~
568 ~~Alcohol rehabilitation programs accredited by an accrediting~~
569 ~~organization whose standards incorporate comparable regulations~~
570 ~~required by this state or approved by the state and licensed~~
571 ~~drug abuse rehabilitation programs shall also be qualified~~
572 ~~providers under this section. In a given benefit year, if~~
573 ~~partial hospitalization services or a combination of inpatient~~
574 ~~and partial hospitalization are used, the total benefits paid~~
575 ~~for all such services may not exceed the cost of 30 days after~~
576 ~~inpatient hospitalization for psychiatric services, including~~
577 ~~physician fees, which prevail in the community in which the~~
578 ~~partial hospitalization services are rendered. If partial~~



195908

576-03600-20

579 ~~hospitalization services benefits are provided beyond the limits~~
580 ~~set forth in this paragraph, the durational limits, dollar~~
581 ~~amounts, and coinsurance factors thereof need not be the same as~~
582 ~~those applicable to physical illness generally.~~

583 (3) Insurers must maintain strict confidentiality regarding
584 psychiatric and psychotherapeutic records submitted to an
585 insurer for the purpose of reviewing a claim for benefits
586 payable under this section. These records submitted to an
587 insurer are subject to the limitations of s. 456.057, relating
588 to the furnishing of patient records.

589 (4) Every insurer shall submit an annual affidavit
590 attesting to compliance with the applicable provisions of the
591 MHPAEA.

592 (5) The office shall implement and enforce applicable
593 provisions of MHPAEA and federal guidance or regulations
594 relating to MHPAEA, including, but not limited to, 45 C.F.R. s.
595 146.136, 45 C.F.R. s. 147.160, and 45 C.F.R. s. 156.115(a) (3),
596 and this section.

597 (6) The Financial Services Commission may adopt rules to
598 implement this section.

599 Section 10. Subsection (4) is added to section 627.669,
600 Florida Statutes, to read:

601 627.669 Optional coverage required for substance abuse
602 impaired persons; exception.—

603 (4) This section is repealed January 1, 2021.

604 Section 11. Effective January 1, 2021, present subsection
605 (17) of section 627.6699, Florida Statutes, is redesignated as
606 subsection (18), and a new subsection (17) is added to that
607 section, to read:



195908

576-03600-20

608 627.6699 Employee Health Care Access Act.—

609 (17) MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS.—A health
610 benefit plan that provides coverage to employees of a small
611 employer is subject to s. 627.4193.

612 Section 12. Effective January 1, 2021, subsection (9) is
613 added to section 641.26, Florida Statutes, to read:

614 641.26 Annual and quarterly reports.—

615 (9) Every health maintenance organization issuing,
616 delivering, or issuing for delivery contracts providing
617 comprehensive major medical coverage shall annually submit an
618 affidavit to the office attesting to compliance with the
619 requirements of s. 627.4193. The office may adopt rules to
620 implement this subsection.

621 Section 13. Effective January 1, 2021, subsection (48) is
622 added to section 641.31, Florida Statutes, to read:

623 641.31 Health maintenance contracts.—

624 (48) All health maintenance contracts that provide
625 comprehensive medical coverage must comply with the coverage
626 provisions of s. 627.4193. The commission may adopt rules to
627 implement this subsection.

628 Section 14. Section 786.1516, Florida Statutes, is created
629 to read:

630 786.1516 Immunity for providing assistance in a suicide
631 emergency.—

632 (1) As used in this section, the term:

633 (a) "Emergency care" means assistance or advice offered to
634 avoid, mitigate, or attempt to mitigate the effects of a suicide
635 emergency.

636 (b) "Suicide emergency" means an occurrence that reasonably



195908

576-03600-20

637 indicates an individual is at risk of dying or attempting to die
638 by suicide.

639 (2) A person who provides emergency care at or near the
640 scene of a suicide emergency, gratuitously and in good faith, is
641 not liable for any civil damages or penalties as a result of any
642 act or omission by the person providing the emergency care
643 unless the person is grossly negligent or caused the suicide
644 emergency.

645 Section 15. Present subsection (28) of section 1002.33,
646 Florida Statutes, is redesignated as subsection (29), and a new
647 subsection (28) is added to that section, to read:

648 1002.33 Charter schools.—

649 (28) CONTINUING EDUCATION AND INSERVICE TRAINING FOR YOUTH
650 SUICIDE AWARENESS AND PREVENTION.—

651 (a) By October 1, 2020, every charter school must:

652 1. Incorporate 2 hours of training offered pursuant to s.
653 1012.583. The training must be included in the existing
654 continuing education or inservice training requirements for
655 instructional personnel and may not add to the total hours
656 currently required by the department. Every charter school must
657 require all instructional personnel to participate.

658 2. Have at least two school-based staff members certified
659 or otherwise deemed competent in the use of a suicide screening
660 instrument approved under s. 1012.583(1) and have a policy to
661 use such suicide risk screening instrument to evaluate a
662 student's suicide risk before requesting the initiation of, or
663 initiating, an involuntary examination due to concerns about
664 that student's suicide risk.

665 (b) Every charter school must report its compliance with



195908

576-03600-20

666 this subsection to the department.

667 Section 16. Subsections (2) and (3) of section 1012.583,
668 Florida Statutes, are amended to read:

669 1012.583 Continuing education and inservice training for
670 youth suicide awareness and prevention.—

671 (2) By October 1, 2020, every public school must ~~A school~~
672 ~~shall be considered a "Suicide Prevention Certified School" if~~
673 ~~it:~~

674 (a) Incorporate ~~Incorporates~~ 2 hours of training offered
675 pursuant to this section. The training must be included in the
676 existing continuing education or inservice training requirements
677 for instructional personnel and may not add to the total hours
678 currently required by the department. Every public school ~~A~~
679 ~~school that chooses to participate in the training~~ must require
680 all instructional personnel to participate.

681 (b) Have ~~Has~~ at least two school-based staff members
682 certified or otherwise deemed competent in the use of a suicide
683 screening instrument approved under subsection (1) and have ~~has~~
684 a policy to use such suicide risk screening instrument to
685 evaluate a student's suicide risk before requesting the
686 initiation of, or initiating, an involuntary examination due to
687 concerns about that student's suicide risk.

688 (3) Every public school ~~A school that meets the criteria in~~
689 ~~subsection (2)~~ must report its compliance with this section to
690 the department. ~~The department shall keep an updated record of~~
691 ~~all Suicide Prevention Certified Schools and shall post the list~~
692 ~~of these schools on the department's website. Each school shall~~
693 ~~also post on its own website whether it is a Suicide Prevention~~
694 ~~Certified School, and each school district shall post on its~~



195908

576-03600-20

695 ~~district website a list of the Suicide Prevention Certified~~
696 ~~Schools in that district.~~

697 Section 17. Paragraphs (a) and (c) of subsection (3) of
698 section 394.495, Florida Statutes, are amended to read:

699 394.495 Child and adolescent mental health system of care;
700 programs and services.-

701 (3) Assessments must be performed by:

702 (a) A professional as defined in s. 394.455(5), (7), (33)
703 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~;

704 (c) A person who is under the direct supervision of a
705 qualified professional as defined in s. 394.455(5), (7), (33)
706 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~ or a professional licensed under
707 chapter 491.

708 Section 18. Subsection (5) of section 394.496, Florida
709 Statutes, is amended to read:

710 394.496 Service planning.-

711 (5) A professional as defined in s. 394.455(5), (7), (33)
712 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~ or a professional licensed under
713 chapter 491 must be included among those persons developing the
714 services plan.

715 Section 19. Subsection (6) of section 394.9085, Florida
716 Statutes, is amended to read:

717 394.9085 Behavioral provider liability.-

718 (6) For purposes of this section, the terms "detoxification
719 services," "addictions receiving facility," and "receiving
720 facility" have the same meanings as those provided in ss.
721 397.311(26)(a)4., 397.311(26)(a)1., and 394.455(40) ~~394.455(39)~~,
722 respectively.

723 Section 20. Paragraph (b) of subsection (1) of section



195908

576-03600-20

724 409.972, Florida Statutes, is amended to read:

725 409.972 Mandatory and voluntary enrollment.—

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

730 (b) Medicaid recipients residing in residential commitment
731 facilities operated through the Department of Juvenile Justice
732 or a treatment facility as defined in s. 394.455(47).

733 Section 21. Paragraph (e) of subsection (4) of section
734 464.012, Florida Statutes, is amended to read:

735 464.012 Licensure of advanced practice registered nurses;
736 fees; controlled substance prescribing.—

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

740 (e) A psychiatric nurse, who meets the requirements in s.
741 394.455(36) ~~s. 394.455(35)~~, within the framework of an
742 established protocol with a psychiatrist, may prescribe
743 psychotropic controlled substances for the treatment of mental
744 disorders.

745 Section 22. Subsection (7) of section 744.2007, Florida
746 Statutes, is amended to read:

747 744.2007 Powers and duties.—

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

751 Section 23. The Office of Program Policy Analysis and
752 Government Accountability shall perform a review of suicide



195908

576-03600-20

753 prevention programs and efforts made by other states and make
754 recommendations on their applicability to this state. The office
755 shall submit a report containing the findings and
756 recommendations to the President of the Senate and the Speaker
757 of the House of Representatives by January 1, 2021.

758 Section 24. Except as otherwise expressly provided in this
759 act, this act shall take effect July 1, 2020.