

By the Committee on Children, Families, and Elder Affairs

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1 A bill to be entitled
2 An act relating to mental health; amending s. 14.2019,
3 F.S.; providing additional duties for the Statewide
4 Office for Suicide Prevention; amending s. 14.20195,
5 F.S.; providing additional duties for the Suicide
6 Prevention Coordinating Council; revising the
7 composition of the council; amending s. 334.044, F.S.;
8 requiring the Department of Transportation to work
9 with the office in developing a plan relating to
10 evidence-based suicide deterrents in certain
11 locations; amending s. 394.455, F.S.; defining the
12 term "first episode psychosis program"; amending s.
13 394.4573, F.S.; revising the requirements for the
14 annual state behavioral health services assessment;
15 revising the essential elements of a coordinated
16 system of care; amending s. 394.463, F.S.; requiring
17 that certain information be provided to the guardian
18 or representative of a minor patient released from
19 involuntary examination; creating s. 456.0342, F.S.;
20 providing applicability; requiring specified persons
21 to complete certain suicide prevention education
22 courses by a specified date; requiring certain boards
23 to include the hours for such courses in the total
24 hours of continuing education required for the
25 profession; amending s. 627.6675, F.S.; conforming a
26 provision to changes made by the act; transferring,
27 renumbering, and amending s. 627.668, F.S.; requiring
28 certain entities issuing, delivering, or issuing for
29 delivery certain health insurance policies to comply

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30 with specified federal provisions that prohibit the
31 imposition of less favorable benefit limitations on
32 mental health and substance use disorder benefits than
33 on medical and surgical benefits; deleting provisions
34 relating to optional coverage for mental and nervous
35 disorders by such entities; revising the standard for
36 defining substance use disorders; requiring such
37 entities to submit an annual affidavit attesting to
38 compliance with federal law; requiring the office to
39 implement and enforce certain federal laws in a
40 specified manner; authorizing the Financial Services
41 Commission to adopt rules; repealing s. 627.669, F.S.,
42 relating to optional coverage required for substance
43 abuse impaired persons; amending s. 627.6699, F.S.;
44 providing applicability; amending s. 641.26, F.S.;
45 requiring certain entities to submit an annual
46 affidavit to the Office of Insurance Regulation
47 attesting to compliance with certain requirements;
48 authorizing the office to adopt rules; amending s.
49 641.31, F.S.; requiring that certain health
50 maintenance contracts comply with certain
51 requirements; authorizing the commission to adopt
52 rules; creating s. 786.1516, F.S.; defining the terms
53 "emergency care" and "suicide emergency"; providing
54 that persons providing certain emergency care are not
55 liable for civil damages or penalties under certain
56 circumstances; amending ss. 1002.33 and 1012.583,
57 F.S.; requiring charter schools and public schools,
58 respectively, to incorporate certain training on

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59 suicide prevention in continuing education and
60 inservice training requirements; providing that such
61 schools must require all instructional personnel to
62 participate in the training; requiring such schools to
63 have a specified minimum number of staff members who
64 are certified or deemed competent in the use of
65 suicide screening instruments; requiring such schools
66 to have a policy for such instruments; requiring such
67 schools to report certain compliance to the Department
68 of Education; conforming provisions to changes made by
69 the act; amending ss. 394.495, 394.496, 394.9085,
70 409.972, 464.012, and 744.2007, F.S.; conforming
71 cross-references; requiring the Office of Program
72 Policy Analysis and Government Accountability to
73 perform a review of certain programs and efforts
74 relating to suicide prevention programs in other
75 states and make certain recommendations; requiring the
76 office to submit a report to the Legislature by a
77 specified date; providing effective dates.

78
79 Be It Enacted by the Legislature of the State of Florida:

80
81 Section 1. Paragraphs (a) and (d) of subsection (2) of
82 section 14.2019, Florida Statutes, are amended, and paragraphs
83 (e) and (f) are added to that subsection, to read:

84 14.2019 Statewide Office for Suicide Prevention.—

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

86 (a) Develop a network of community-based programs to
87 improve suicide prevention initiatives. The network shall

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88 identify and work to eliminate barriers to providing suicide
89 prevention services to individuals who are at risk of suicide.
90 The network shall consist of stakeholders advocating suicide
91 prevention, including, but not limited to, not-for-profit
92 suicide prevention organizations, faith-based suicide prevention
93 organizations, law enforcement agencies, first responders to
94 emergency calls, veterans, servicemembers, suicide prevention
95 community coalitions, schools and universities, mental health
96 agencies, substance abuse treatment agencies, health care
97 providers, and school personnel.

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

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

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

107 2. Collecting and analyzing data on trends in suicide and
108 suicide attempts annually by county, age, gender, profession,
109 and other demographics as designated by the statewide office.

110 (f) Advise the Department of Transportation on the
111 implementation of evidence-based suicide deterrents in the
112 design elements and features of infrastructure projects
113 throughout the state.

114 Section 2. Paragraph (c) of subsection (1) and subsection
115 (2) of section 14.20195, Florida Statutes, are amended, and
116 paragraph (d) is added to subsection (1) of that section, to

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117 read:

118 14.20195 Suicide Prevention Coordinating Council; creation;
119 membership; duties.—There is created within the Statewide Office
120 for Suicide Prevention a Suicide Prevention Coordinating
121 Council. The council shall develop strategies for preventing
122 suicide.

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

126 (c) Make findings and recommendations regarding suicide
127 prevention programs and activities, including, but not limited
128 to, the implementation of evidence-based mental health awareness
129 and assistance training programs and gatekeeper training in
130 municipalities throughout the state. The council shall prepare
131 an annual report and present it to the Governor, the President
132 of the Senate, and the Speaker of the House of Representatives
133 by January 1, each year. The annual report must describe the
134 status of existing and planned initiatives identified in the
135 statewide plan for suicide prevention and any recommendations
136 arising therefrom.

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

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

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

145 1. The Florida Association of School Psychologists.

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- 146 2. The Florida Sheriffs Association.
- 147 3. The Suicide Prevention Action Network USA.
- 148 4. The Florida Initiative of Suicide Prevention.
- 149 5. The Florida Suicide Prevention Coalition.
- 150 6. The American Foundation of Suicide Prevention.
- 151 7. The Florida School Board Association.
- 152 8. The National Council for Suicide Prevention.
- 153 9. The state chapter of AARP.
- 154 10. The Florida Behavioral Health Association ~~The Florida~~
- 155 ~~Alcohol and Drug Abuse Association.~~
- 156 11. ~~The Florida Council for Community Mental Health.~~
- 157 ~~12.~~ The Florida Counseling Association.
- 158 12.~~13.~~ NAMI Florida.
- 159 13. The Florida Medical Association.
- 160 14. The Florida Osteopathic Medical Association.
- 161 15. The Florida Psychiatric Society.
- 162 16. The Florida Psychological Association.
- 163 17. Veterans Florida.
- 164 18. The Florida Association of Managing Entities.
- 165 (b) The following state officials or their designees shall
- 166 serve on the coordinating council:
- 167 1. The Secretary of Elderly Affairs.
- 168 2. The State Surgeon General.
- 169 3. The Commissioner of Education.
- 170 4. The Secretary of Health Care Administration.
- 171 5. The Secretary of Juvenile Justice.
- 172 6. The Secretary of Corrections.
- 173 7. The executive director of the Department of Law
- 174 Enforcement.

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175 8. The executive director of the Department of Veterans'
176 Affairs.

177 9. The Secretary of Children and Families.

178 10. The executive director of the Department of Economic
179 Opportunity.

180 (c) The Governor shall appoint four additional members to
181 the coordinating council. The appointees must have expertise
182 that is critical to the prevention of suicide or represent an
183 organization that is not already represented on the coordinating
184 council.

185 (d) For the members appointed by the director of the
186 Statewide Office for Suicide Prevention, seven members shall be
187 appointed to initial terms of 3 years, and seven members shall
188 be appointed to initial terms of 4 years. For the members
189 appointed by the Governor, two members shall be appointed to
190 initial terms of 4 years, and two members shall be appointed to
191 initial terms of 3 years. Thereafter, such members shall be
192 appointed to terms of 4 years. Any vacancy on the coordinating
193 council shall be filled in the same manner as the original
194 appointment, and any member who is appointed to fill a vacancy
195 occurring because of death, resignation, or ineligibility for
196 membership shall serve only for the unexpired term of the
197 member's predecessor. A member is eligible for reappointment.

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

201 (f) Members of the coordinating council shall serve without
202 compensation. Any member of the coordinating council who is a
203 public employee is entitled to reimbursement for per diem and

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204 travel expenses as provided in s. 112.061.

205 Section 3. Present paragraph (c) of subsection (10) of
206 section 334.044, Florida Statutes, is redesignated as paragraph
207 (d), and a new paragraph (c) is added to that subsection, to
208 read:

209 334.044 Powers and duties of the department.—The department
210 shall have the following general powers and duties:

211 (10)

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

216 Section 4. Present subsections (17) through (48) of section
217 394.455, Florida Statutes, are redesignated as subsections (18)
218 through (49), respectively, and a new subsection (17) is added
219 to that section, to read:

220 394.455 Definitions.—As used in this part, the term:

221 (17) "First episode psychosis program" means an evidence-
222 based program for individuals between 14 and 30 years of age who
223 are experiencing early indications of serious mental illness,
224 especially a first episode of psychotic symptoms. The program
225 includes, but is not limited to, intensive case management,
226 individual or group therapy, supported employment, family
227 education and supports, and appropriate psychotropic medication,
228 as indicated.

229 Section 5. Section 394.4573, Florida Statutes, is amended
230 to read:

231 394.4573 Coordinated system of care; annual assessment;
232 essential elements; measures of performance; system improvement

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233 grants; reports.—On or before December 1 of each year, the
234 department shall submit to the Governor, the President of the
235 Senate, and the Speaker of the House of Representatives an
236 assessment of the behavioral health services in this state. The
237 assessment shall consider, at a minimum, the extent to which
238 designated receiving systems function as no-wrong-door models,
239 the availability of treatment and recovery services that use
240 recovery-oriented and peer-involved approaches, the availability
241 of less-restrictive services, and the use of evidence-informed
242 practices. The assessment must also describe the availability of
243 and access to first episode psychosis programs, and any gaps in
244 the availability and access of such programs, in all areas of
245 the state. The department's assessment shall consider, at a
246 minimum, the needs assessments conducted by the managing
247 entities pursuant to s. 394.9082(5). Beginning in 2017, the
248 department shall compile and include in the report all plans
249 submitted by managing entities pursuant to s. 394.9082(8) and
250 the department's evaluation of each plan.

251 (1) As used in this section:

252 (a) "Care coordination" means the implementation of
253 deliberate and planned organizational relationships and service
254 procedures that improve the effectiveness and efficiency of the
255 behavioral health system by engaging in purposeful interactions
256 with individuals who are not yet effectively connected with
257 services to ensure service linkage. Examples of care
258 coordination activities include development of referral
259 agreements, shared protocols, and information exchange
260 procedures. The purpose of care coordination is to enhance the
261 delivery of treatment services and recovery supports and to

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262 improve outcomes among priority populations.

263 (b) "Case management" means those direct services provided
264 to a client in order to assess his or her needs, plan or arrange
265 services, coordinate service providers, link the service system
266 to a client, monitor service delivery, and evaluate patient
267 outcomes to ensure the client is receiving the appropriate
268 services.

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

274 (d) "No-wrong-door model" means a model for the delivery of
275 acute care services to persons who have mental health or
276 substance use disorders, or both, which optimizes access to
277 care, regardless of the entry point to the behavioral health
278 care system.

279 (2) The essential elements of a coordinated system of care
280 include:

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

284 (b) A designated receiving system that consists of one or
285 more facilities serving a defined geographic area and
286 responsible for assessment and evaluation, both voluntary and
287 involuntary, and treatment or triage of patients who have a
288 mental health or substance use disorder, or co-occurring
289 disorders.

290 1. A county or several counties shall plan the designated

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291 receiving system using a process that includes the managing
292 entity and is open to participation by individuals with
293 behavioral health needs and their families, service providers,
294 law enforcement agencies, and other parties. The county or
295 counties, in collaboration with the managing entity, shall
296 document the designated receiving system through written
297 memoranda of agreement or other binding arrangements. The county
298 or counties and the managing entity shall complete the plan and
299 implement the designated receiving system by July 1, 2017, and
300 the county or counties and the managing entity shall review and
301 update, as necessary, the designated receiving system at least
302 once every 3 years.

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

309 a. A central receiving system that consists of a designated
310 central receiving facility that serves as a single entry point
311 for persons with mental health or substance use disorders, or
312 co-occurring disorders. The central receiving facility shall be
313 capable of assessment, evaluation, and triage or treatment or
314 stabilization of persons with mental health or substance use
315 disorders, or co-occurring disorders.

316 b. A coordinated receiving system that consists of multiple
317 entry points that are linked by shared data systems, formal
318 referral agreements, and cooperative arrangements for care
319 coordination and case management. Each entry point shall be a

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320 designated receiving facility and shall, within existing
321 resources, provide or arrange for necessary services following
322 an initial assessment and evaluation.

323 c. A tiered receiving system that consists of multiple
324 entry points, some of which offer only specialized or limited
325 services. Each service provider shall be classified according to
326 its capabilities as either a designated receiving facility or
327 another type of service provider, such as a triage center, a
328 licensed detoxification facility, or an access center. All
329 participating service providers shall, within existing
330 resources, be linked by methods to share data, formal referral
331 agreements, and cooperative arrangements for care coordination
332 and case management.

333

334 An accurate inventory of the participating service providers
335 which specifies the capabilities and limitations of each
336 provider and its ability to accept patients under the designated
337 receiving system agreements and the transportation plan
338 developed pursuant to this section shall be maintained and made
339 available at all times to all first responders in the service
340 area.

341 (c) Transportation in accordance with a plan developed
342 under s. 394.462.

343 (d) Crisis services, including mobile response teams,
344 crisis stabilization units, addiction receiving facilities, and
345 detoxification facilities.

346 (e) Case management. Each case manager or person directly
347 supervising a case manager who provides Medicaid-funded targeted
348 case management services shall hold a valid certification from a

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349 department-approved credentialing entity as defined in s.
350 397.311(10) by July 1, 2017, and, thereafter, within 6 months
351 after hire.

352 (f) Care coordination that involves coordination with other
353 local systems and entities, public and private, which are
354 involved with the individual, such as primary care, child
355 welfare, behavioral health care, and criminal and juvenile
356 justice organizations.

357 (g) Outpatient services.

358 (h) Residential services.

359 (i) Hospital inpatient care.

360 (j) Aftercare and other postdischarge services.

361 (k) Medication-assisted treatment and medication
362 management.

363 (l) Recovery support, including, but not limited to,
364 support for competitive employment, educational attainment,
365 independent living skills development, family support and
366 education, wellness management and self-care, and assistance in
367 obtaining housing that meets the individual's needs. Such
368 housing may include mental health residential treatment
369 facilities, limited mental health assisted living facilities,
370 adult family care homes, and supportive housing. Housing
371 provided using state funds must provide a safe and decent
372 environment free from abuse and neglect.

373 (m) Care plans shall assign specific responsibility for
374 initial and ongoing evaluation of the supervision and support
375 needs of the individual and the identification of housing that
376 meets such needs. For purposes of this paragraph, the term
377 "supervision" means oversight of and assistance with compliance

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378 with the clinical aspects of an individual's care plan.

379 (n) First episode psychosis programs.

380 (3) SYSTEM IMPROVEMENT GRANTS.—Subject to a specific
381 appropriation by the Legislature, the department may award
382 system improvement grants to managing entities based on a
383 detailed plan to enhance services in accordance with the no-
384 wrong-door model as defined in subsection (1) and to address
385 specific needs identified in the assessment prepared by the
386 department pursuant to this section. Such a grant must be
387 awarded through a performance-based contract that links payments
388 to the documented and measurable achievement of system
389 improvements.

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

392 394.463 Involuntary examination.—

393 (3) NOTICE OF RELEASE.—Notice of the release shall be given
394 to the patient's guardian or representative, to any person who
395 executed a certificate admitting the patient to the receiving
396 facility, and to any court which ordered the patient's
397 evaluation. If the patient is a minor, information regarding the
398 availability of a local mobile response service, suicide
399 prevention resources, social supports, and local self-help
400 groups must also be provided to the patient's guardian or
401 representative along with the notice of the release.

402 Section 7. Section 456.0342, Florida Statutes, is created
403 to read:

404 456.0342 Required instruction on suicide prevention.—The
405 requirements of this section apply to each person licensed or
406 certified under chapter 458, chapter 459, or part I of chapter

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407 464.

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

412 (2) Each licensing board that requires a licensee or
413 certificate holder to complete a course pursuant to this section
414 must include the hours required for completion in the total
415 hours of continuing education required by law for such
416 profession.

417 Section 8. Effective January 1, 2021, paragraph (b) of
418 subsection (8) of section 627.6675, Florida Statutes, is amended
419 to read:

420 627.6675 Conversion on termination of eligibility.—Subject
421 to all of the provisions of this section, a group policy
422 delivered or issued for delivery in this state by an insurer or
423 nonprofit health care services plan that provides, on an
424 expense-incurred basis, hospital, surgical, or major medical
425 expense insurance, or any combination of these coverages, shall
426 provide that an employee or member whose insurance under the
427 group policy has been terminated for any reason, including
428 discontinuance of the group policy in its entirety or with
429 respect to an insured class, and who has been continuously
430 insured under the group policy, and under any group policy
431 providing similar benefits that the terminated group policy
432 replaced, for at least 3 months immediately prior to
433 termination, shall be entitled to have issued to him or her by
434 the insurer a policy or certificate of health insurance,
435 referred to in this section as a “converted policy.” A group

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436 insurer may meet the requirements of this section by contracting
 437 with another insurer, authorized in this state, to issue an
 438 individual converted policy, which policy has been approved by
 439 the office under s. 627.410. An employee or member shall not be
 440 entitled to a converted policy if termination of his or her
 441 insurance under the group policy occurred because he or she
 442 failed to pay any required contribution, or because any
 443 discontinued group coverage was replaced by similar group
 444 coverage within 31 days after discontinuance.

445 (8) BENEFITS OFFERED.—

446 (b) An insurer shall offer the benefits specified in s.
 447 627.4193 ~~s. 627.668~~ and the benefits specified in ~~s. 627.669~~ if
 448 those benefits were provided in the group plan.

449 Section 9. Effective January 1, 2021, section 627.668,
 450 Florida Statutes, is transferred, renumbered as section
 451 627.4193, Florida Statutes, and amended to read:

452 627.4193 ~~627.668~~ Requirements for mental health and
 453 substance use disorder benefits; reporting requirements ~~Optional~~
 454 ~~coverage for mental and nervous disorders required; exception.—~~

455 (1) Every insurer issuing, delivering, or issuing for
 456 delivery comprehensive major medical individual or, health
 457 ~~maintenance organization, and nonprofit hospital and medical~~
 458 ~~service plan corporation transacting group health insurance~~
 459 policies or providing prepaid health care in this state must
 460 comply with the federal Paul Wellstone and Pete Domenici Mental
 461 Health Parity and Addiction Equity Act of 2008 (MHPAEA) and any
 462 regulations relating to MHPAEA, including, but not limited to,
 463 45 C.F.R. s. 146.136, 45 C.F.R. s. 147.160, and 45 C.F.R. s.
 464 156.115(a) (3); and must provide ~~shall make available to the~~

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465 ~~policyholder as part of the application, for an appropriate~~
466 ~~additional premium under a group hospital and medical expense-~~
467 ~~incurred insurance policy, under a group prepaid health care~~
468 ~~contract, and under a group hospital and medical service plan~~
469 ~~contract,~~ the benefits or level of benefits specified in
470 subsection (2) for the medically necessary care and treatment of
471 mental and nervous disorders, including substance use disorders,
472 as described defined in the Diagnostic and Statistical Manual of
473 Mental Disorders, Fifth Edition, published by standard
474 ~~nomenclature of the American Psychiatric Association, subject to~~
475 ~~the right of the applicant for a group policy or contract to~~
476 ~~select any alternative benefits or level of benefits as may be~~
477 ~~offered by the insurer, health maintenance organization, or~~
478 ~~service plan corporation provided that, if alternate inpatient,~~
479 ~~outpatient, or partial hospitalization benefits are selected,~~
480 ~~such benefits shall not be less than the level of benefits~~
481 ~~required under paragraph (2) (a), paragraph (2) (b), or paragraph~~
482 ~~(2) (c), respectively.~~

483 (2) Under individual or group policies described in
484 subsection (1) or contracts, inpatient hospital benefits,
485 partial hospitalization benefits, and outpatient benefits
486 consisting of durational limits, dollar amounts, deductibles,
487 and coinsurance factors may not be provided in a manner that is
488 more restrictive than medical and surgical benefits, and limits
489 on the scope or duration of treatments which are not expressed
490 numerically, also known as nonquantitative treatment
491 limitations, must be provided in a manner that is comparable and
492 may not be applied more stringently than limits on medical and
493 surgical benefits, in accordance with 45 C.F.R. s.

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494 ~~146.136(c)(2), (3), and (4) shall not be less favorable than for~~
495 ~~physical illness generally, except that:~~

496 ~~(a) Inpatient benefits may be limited to not less than 30~~
497 ~~days per benefit year as defined in the policy or contract. If~~
498 ~~inpatient hospital benefits are provided beyond 30 days per~~
499 ~~benefit year, the durational limits, dollar amounts, and~~
500 ~~coinsurance factors thereto need not be the same as applicable~~
501 ~~to physical illness generally.~~

502 ~~(b) Outpatient benefits may be limited to \$1,000 for~~
503 ~~consultations with a licensed physician, a psychologist licensed~~
504 ~~pursuant to chapter 490, a mental health counselor licensed~~
505 ~~pursuant to chapter 491, a marriage and family therapist~~
506 ~~licensed pursuant to chapter 491, and a clinical social worker~~
507 ~~licensed pursuant to chapter 491. If benefits are provided~~
508 ~~beyond the \$1,000 per benefit year, the durational limits,~~
509 ~~dollar amounts, and coinsurance factors thereof need not be the~~
510 ~~same as applicable to physical illness generally.~~

511 ~~(c) Partial hospitalization benefits shall be provided~~
512 ~~under the direction of a licensed physician. For purposes of~~
513 ~~this part, the term "partial hospitalization services" is~~
514 ~~defined as those services offered by a program that is~~
515 ~~accredited by an accrediting organization whose standards~~
516 ~~incorporate comparable regulations required by this state.~~
517 ~~Alcohol rehabilitation programs accredited by an accrediting~~
518 ~~organization whose standards incorporate comparable regulations~~
519 ~~required by this state or approved by the state and licensed~~
520 ~~drug abuse rehabilitation programs shall also be qualified~~
521 ~~providers under this section. In a given benefit year, if~~
522 ~~partial hospitalization services or a combination of inpatient~~

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523 ~~and partial hospitalization are used, the total benefits paid~~
524 ~~for all such services may not exceed the cost of 30 days after~~
525 ~~inpatient hospitalization for psychiatric services, including~~
526 ~~physician fees, which prevail in the community in which the~~
527 ~~partial hospitalization services are rendered. If partial~~
528 ~~hospitalization services benefits are provided beyond the limits~~
529 ~~set forth in this paragraph, the durational limits, dollar~~
530 ~~amounts, and coinsurance factors thereof need not be the same as~~
531 ~~those applicable to physical illness generally.~~

532 (3) Insurers must maintain strict confidentiality regarding
533 psychiatric and psychotherapeutic records submitted to an
534 insurer for the purpose of reviewing a claim for benefits
535 payable under this section. These records submitted to an
536 insurer are subject to the limitations of s. 456.057, relating
537 to the furnishing of patient records.

538 (4) Every insurer shall submit an annual affidavit
539 attesting to compliance with the applicable provisions of the
540 MHPAEA.

541 (5) The office shall implement and enforce applicable
542 provisions of MHPAEA and federal guidance or regulations
543 relating to MHPAEA, including, but not limited to, 45 C.F.R. s.
544 146.136, 45 C.F.R. s. 147.160, and 45 C.F.R. s. 156.115(a) (3),
545 and this section.

546 (6) The Financial Services Commission may adopt rules to
547 implement this section.

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

550 627.669 Optional coverage required for substance abuse
551 impaired persons; exception.-

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

553 Section 11. Effective January 1, 2021, present subsection
554 (17) of section 627.6699, Florida Statutes, is redesignated as
555 subsection (18), and a new subsection (17) is added to that
556 section, to read:

557 627.6699 Employee Health Care Access Act.—

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

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

563 641.26 Annual and quarterly reports.—

564 (9) Every health maintenance organization issuing,
565 delivering, or issuing for delivery contracts providing
566 comprehensive major medical coverage shall annually submit an
567 affidavit to the office attesting to compliance with the
568 requirements of s. 627.4193. The office may adopt rules to
569 implement this subsection.

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

572 641.31 Health maintenance contracts.—

573 (48) All health maintenance contracts that provide
574 comprehensive medical coverage must comply with the coverage
575 provisions of s. 627.4193. The commission may adopt rules to
576 implement this subsection.

577 Section 14. Section 786.1516, Florida Statutes, is created
578 to read:

579 786.1516 Immunity for providing assistance in a suicide
580 emergency.—

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

582 (a) "Emergency care" means assistance or advice offered to
583 avoid, mitigate, or attempt to mitigate the effects of a suicide
584 emergency.

585 (b) "Suicide emergency" means an occurrence that reasonably
586 indicates an individual is at risk of dying or attempting to die
587 by suicide.

588 (2) A person who provides emergency care at or near the
589 scene of a suicide emergency, gratuitously and in good faith, is
590 not liable for any civil damages or penalties as a result of any
591 act or omission by the person providing the emergency care
592 unless the person is grossly negligent or caused the suicide
593 emergency.

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

597 1002.33 Charter schools.—

598 (28) CONTINUING EDUCATION AND INSERVICE TRAINING FOR YOUTH
599 SUICIDE AWARENESS AND PREVENTION.—

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

601 1. Incorporate 2 hours of training offered pursuant to s.
602 1012.583. The training must be included in the existing
603 continuing education or inservice training requirements for
604 instructional personnel and may not add to the total hours
605 currently required by the department. Every charter school must
606 require all instructional personnel to participate.

607 2. Have at least two school-based staff members certified
608 or otherwise deemed competent in the use of a suicide screening
609 instrument approved under s. 1012.583(1) and have a policy to

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610 use such suicide risk screening instrument to evaluate a
611 student's suicide risk before requesting the initiation of, or
612 initiating, an involuntary examination due to concerns about
613 that student's suicide risk.

614 (b) Every charter school must report its compliance with
615 this subsection to the department.

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

618 1012.583 Continuing education and inservice training for
619 youth suicide awareness and prevention.—

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

623 (a) Incorporate ~~incorporates~~ 2 hours of training offered
624 pursuant to this section. The training must be included in the
625 existing continuing education or inservice training requirements
626 for instructional personnel and may not add to the total hours
627 currently required by the department. Every public school ~~A~~
628 ~~school that chooses to participate in the training~~ must require
629 all instructional personnel to participate.

630 (b) Have ~~Has~~ at least two school-based staff members
631 certified or otherwise deemed competent in the use of a suicide
632 screening instrument approved under subsection (1) and have ~~has~~
633 a policy to use such suicide risk screening instrument to
634 evaluate a student's suicide risk before requesting the
635 initiation of, or initiating, an involuntary examination due to
636 concerns about that student's suicide risk.

637 (3) Every public school ~~A school that meets the criteria in~~
638 ~~subsection (2)~~ must report its compliance with this section to

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639 the department. ~~The department shall keep an updated record of~~
640 ~~all Suicide Prevention Certified Schools and shall post the list~~
641 ~~of these schools on the department's website. Each school shall~~
642 ~~also post on its own website whether it is a Suicide Prevention~~
643 ~~Certified School, and each school district shall post on its~~
644 ~~district website a list of the Suicide Prevention Certified~~
645 ~~Schools in that district.~~

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

648 394.495 Child and adolescent mental health system of care;
649 programs and services.—

650 (3) Assessments must be performed by:

651 (a) A professional as defined in s. 394.455(5), (7), (33)
652 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~;

653 (c) A person who is under the direct supervision of a
654 qualified professional as defined in s. 394.455(5), (7), (33)
655 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~ or a professional licensed under
656 chapter 491.

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

659 394.496 Service planning.—

660 (5) A professional as defined in s. 394.455(5), (7), (33)
661 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~ or a professional licensed under
662 chapter 491 must be included among those persons developing the
663 services plan.

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

666 394.9085 Behavioral provider liability.—

667 (6) For purposes of this section, the terms "detoxification

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668 services," "addictions receiving facility," and "receiving
669 facility" have the same meanings as those provided in ss.
670 397.311(26)(a)4., 397.311(26)(a)1., and 394.455(40) ~~394.455(39)~~,
671 respectively.

672 Section 20. Paragraph (b) of subsection (1) of section
673 409.972, Florida Statutes, is amended to read:

674 409.972 Mandatory and voluntary enrollment.—

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

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

682 Section 21. Paragraph (e) of subsection (4) of section
683 464.012, Florida Statutes, is amended to read:

684 464.012 Licensure of advanced practice registered nurses;
685 fees; controlled substance prescribing.—

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

689 (e) A psychiatric nurse, who meets the requirements in s.
690 394.455(36) ~~s. 394.455(35)~~, within the framework of an
691 established protocol with a psychiatrist, may prescribe
692 psychotropic controlled substances for the treatment of mental
693 disorders.

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

696 744.2007 Powers and duties.—

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

700 Section 23. The Office of Program Policy Analysis and
701 Government Accountability shall perform a review of suicide
702 prevention programs and efforts made by other states and make
703 recommendations on their applicability to this state. The office
704 shall submit a report containing the findings and
705 recommendations to the President of the Senate and the Speaker
706 of the House of Representatives by January 1, 2021.

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