

FOR CONSIDERATION 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 an effective date.

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 30 ~~27~~ voting members and one nonvoting member.

142 (a) Sixteen ~~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 Alcohol and Drug Abuse Association.
155 11. The Florida Council for Community Mental Health.
156 12. The Florida Counseling Association.
157 13. NAMI Florida.
158 14. The Florida Medical Association.
159 15. The Florida Osteopathic Medical Association.
160 15. Veterans Florida.

161 (b) The following state officials or their designees shall
162 serve on the coordinating council:

- 163 1. The Secretary of Elderly Affairs.
164 2. The State Surgeon General.
165 3. The Commissioner of Education.
166 4. The Secretary of Health Care Administration.
167 5. The Secretary of Juvenile Justice.
168 6. The Secretary of Corrections.
169 7. The executive director of the Department of Law
170 Enforcement.
171 8. The executive director of the Department of Veterans'
172 Affairs.
173 9. The Secretary of Children and Families.
174 10. The executive director of the Department of Economic

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175 Opportunity.

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

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

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

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

201 Section 3. Present paragraph (c) of subsection (10) of
202 section 334.044, Florida Statutes, is redesignated as paragraph
203 (d), and a new paragraph (c) is added to that subsection, to

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204 read:

205 334.044 Powers and duties of the department.—The department
206 shall have the following general powers and duties:

207 (10)

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

212 Section 4. Present subsections (17) through (48) of section
213 394.455, Florida Statutes, are redesignated as subsections (18)
214 through (49), respectively, and a new subsection (17) is added
215 to that section, to read:

216 394.455 Definitions.—As used in this part, the term:

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

225 Section 5. Section 394.4573, Florida Statutes, is amended
226 to read:

227 394.4573 Coordinated system of care; annual assessment;
228 essential elements; measures of performance; system improvement
229 grants; reports.—On or before December 1 of each year, the
230 department shall submit to the Governor, the President of the
231 Senate, and the Speaker of the House of Representatives an
232 assessment of the behavioral health services in this state. The

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233 assessment shall consider, at a minimum, the extent to which
234 designated receiving systems function as no-wrong-door models,
235 the availability of treatment and recovery services that use
236 recovery-oriented and peer-involved approaches, the availability
237 of less-restrictive services, and the use of evidence-informed
238 practices. The assessment must also describe the availability of
239 and access to first episode psychosis programs, and any gaps in
240 the availability and access of such programs, in all areas of
241 the state. The department's assessment shall consider, at a
242 minimum, the needs assessments conducted by the managing
243 entities pursuant to s. 394.9082(5). Beginning in 2017, the
244 department shall compile and include in the report all plans
245 submitted by managing entities pursuant to s. 394.9082(8) and
246 the department's evaluation of each plan.

247 (1) As used in this section:

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

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

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262 to a client, monitor service delivery, and evaluate patient
263 outcomes to ensure the client is receiving the appropriate
264 services.

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

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

275 (2) The essential elements of a coordinated system of care
276 include:

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

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

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

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291 counties, in collaboration with the managing entity, shall
292 document the designated receiving system through written
293 memoranda of agreement or other binding arrangements. The county
294 or counties and the managing entity shall complete the plan and
295 implement the designated receiving system by July 1, 2017, and
296 the county or counties and the managing entity shall review and
297 update, as necessary, the designated receiving system at least
298 once every 3 years.

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

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

312 b. A coordinated receiving system that consists of multiple
313 entry points that are linked by shared data systems, formal
314 referral agreements, and cooperative arrangements for care
315 coordination and case management. Each entry point shall be a
316 designated receiving facility and shall, within existing
317 resources, provide or arrange for necessary services following
318 an initial assessment and evaluation.

319 c. A tiered receiving system that consists of multiple

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

329

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

337 (c) Transportation in accordance with a plan developed
338 under s. 394.462.

339 (d) Crisis services, including mobile response teams,
340 crisis stabilization units, addiction receiving facilities, and
341 detoxification facilities.

342 (e) Case management. Each case manager or person directly
343 supervising a case manager who provides Medicaid-funded targeted
344 case management services shall hold a valid certification from a
345 department-approved credentialing entity as defined in s.
346 397.311(10) by July 1, 2017, and, thereafter, within 6 months
347 after hire.

348 (f) Care coordination that involves coordination with other

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349 local systems and entities, public and private, which are
350 involved with the individual, such as primary care, child
351 welfare, behavioral health care, and criminal and juvenile
352 justice organizations.

353 (g) Outpatient services.

354 (h) Residential services.

355 (i) Hospital inpatient care.

356 (j) Aftercare and other postdischarge services.

357 (k) Medication-assisted treatment and medication
358 management.

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

369 (m) Care plans shall assign specific responsibility for
370 initial and ongoing evaluation of the supervision and support
371 needs of the individual and the identification of housing that
372 meets such needs. For purposes of this paragraph, the term
373 "supervision" means oversight of and assistance with compliance
374 with the clinical aspects of an individual's care plan.

375 (n) First episode psychosis programs.

376 (3) SYSTEM IMPROVEMENT GRANTS.—Subject to a specific
377 appropriation by the Legislature, the department may award

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378 system improvement grants to managing entities based on a
379 detailed plan to enhance services in accordance with the no-
380 wrong-door model as defined in subsection (1) and to address
381 specific needs identified in the assessment prepared by the
382 department pursuant to this section. Such a grant must be
383 awarded through a performance-based contract that links payments
384 to the documented and measurable achievement of system
385 improvements.

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

388 394.463 Involuntary examination.—

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

398 Section 7. Section 456.0342, Florida Statutes, is created
399 to read:

400 456.0342 Required instruction on suicide prevention.—The
401 requirements of this section apply to each person licensed or
402 certified under chapter 458, chapter 459, or part I of chapter
403 464.

404 (1) By January 1, 2022, each licensed or certified
405 practitioner shall complete a board-approved 2-hour continuing
406 education course on suicide prevention. The course must address

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407 suicide risk assessment, treatment, and management.

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

413 Section 8. Paragraph (b) of subsection (8) of section
414 627.6675, Florida Statutes, is amended to read:

415 627.6675 Conversion on termination of eligibility.—Subject
416 to all of the provisions of this section, a group policy
417 delivered or issued for delivery in this state by an insurer or
418 nonprofit health care services plan that provides, on an
419 expense-incurred basis, hospital, surgical, or major medical
420 expense insurance, or any combination of these coverages, shall
421 provide that an employee or member whose insurance under the
422 group policy has been terminated for any reason, including
423 discontinuance of the group policy in its entirety or with
424 respect to an insured class, and who has been continuously
425 insured under the group policy, and under any group policy
426 providing similar benefits that the terminated group policy
427 replaced, for at least 3 months immediately prior to
428 termination, shall be entitled to have issued to him or her by
429 the insurer a policy or certificate of health insurance,
430 referred to in this section as a "converted policy." A group
431 insurer may meet the requirements of this section by contracting
432 with another insurer, authorized in this state, to issue an
433 individual converted policy, which policy has been approved by
434 the office under s. 627.410. An employee or member shall not be
435 entitled to a converted policy if termination of his or her

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436 insurance under the group policy occurred because he or she
437 failed to pay any required contribution, or because any
438 discontinued group coverage was replaced by similar group
439 coverage within 31 days after discontinuance.

440 (8) BENEFITS OFFERED.—

441 (b) An insurer shall offer the benefits specified in s.
442 627.4193 ~~s. 627.668~~ and the benefits specified in ~~s. 627.669~~ if
443 those benefits were provided in the group plan.

444 Section 9. Section 627.668, Florida Statutes, is
445 transferred, renumbered as section 627.4193, Florida Statutes,
446 and amended to read:

447 627.4193 ~~627.668~~ Requirements for mental health and
448 substance use disorder benefits; reporting requirements ~~Optional~~
449 ~~coverage for mental and nervous disorders required; exception.—~~

450 (1) Every insurer issuing, delivering, or issuing for
451 delivery comprehensive major medical individual or, health
452 maintenance organization, and nonprofit hospital and medical
453 service plan corporation transacting group health insurance
454 policies or providing prepaid health care in this state must
455 comply with the federal Paul Wellstone and Pete Domenici Mental
456 Health Parity and Addiction Equity Act of 2008 (MHPAEA) and any
457 regulations relating to MHPAEA, including, but not limited to,
458 45 C.F.R. s. 146.136, 45 C.F.R. s. 147.160, and 45 C.F.R. s.
459 156.115(a) (3); and must provide ~~shall make available to the~~
460 ~~policyholder as part of the application, for an appropriate~~
461 ~~additional premium under a group hospital and medical expense-~~
462 ~~incurred insurance policy, under a group prepaid health care~~
463 ~~contract, and under a group hospital and medical service plan~~
464 ~~contract,~~ the benefits or level of benefits specified in

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

478 (2) Under individual or group policies described in
479 subsection (1) or contracts, inpatient hospital benefits,
480 partial hospitalization benefits, and outpatient benefits
481 consisting of durational limits, dollar amounts, deductibles,
482 and coinsurance factors may not be provided in a manner that is
483 more restrictive than medical and surgical benefits, and limits
484 on the scope or duration of treatments which are not expressed
485 numerically, also known as nonquantitative treatment
486 limitations, must be provided in a manner that is comparable and
487 may not be applied more stringently than limits on medical and
488 surgical benefits, in accordance with 45 C.F.R. s.
489 146.136(c) (2), (3), and (4) shall not be less favorable than for
490 physical illness generally, except that:

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

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

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

506 ~~(c) Partial hospitalization benefits shall be provided~~
507 ~~under the direction of a licensed physician. For purposes of~~
508 ~~this part, the term "partial hospitalization services" is~~
509 ~~defined as those services offered by a program that is~~
510 ~~accredited by an accrediting organization whose standards~~
511 ~~incorporate comparable regulations required by this state.~~
512 ~~Alcohol rehabilitation programs accredited by an accrediting~~
513 ~~organization whose standards incorporate comparable regulations~~
514 ~~required by this state or approved by the state and licensed~~
515 ~~drug abuse rehabilitation programs shall also be qualified~~
516 ~~providers under this section. In a given benefit year, if~~
517 ~~partial hospitalization services or a combination of inpatient~~
518 ~~and partial hospitalization are used, the total benefits paid~~
519 ~~for all such services may not exceed the cost of 30 days after~~
520 ~~inpatient hospitalization for psychiatric services, including~~
521 ~~physician fees, which prevail in the community in which the~~
522 ~~partial hospitalization services are rendered. If partial~~

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

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

533 (4) Every insurer shall submit an annual affidavit
534 attesting to compliance with the applicable provisions of the
535 MHPAEA.

536 (5) The office shall implement and enforce applicable
537 provisions of MHPAEA and federal guidance or regulations
538 relating to MHPAEA, including, but not limited to, 45 C.F.R. s.
539 146.136, 45 C.F.R. s. 147.160, and 45 C.F.R. s. 156.115(a) (3),
540 and this section.

541 (6) The Financial Services Commission may adopt rules to
542 implement this section.

543 Section 10. Section 627.669, Florida Statutes, is repealed.

544 Section 11. Present subsection (17) of section 627.6699,
545 Florida Statutes, is redesignated as subsection (18), and a new
546 subsection (17) is added to that section, to read:

547 627.6699 Employee Health Care Access Act.—

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

551 Section 12. Subsection (9) is added to section 641.26,

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552 Florida Statutes, to read:

553 641.26 Annual and quarterly reports.—

554 (9) Every health maintenance organization issuing,
555 delivering, or issuing for delivery contracts providing
556 comprehensive major medical coverage shall annually submit an
557 affidavit to the office attesting to compliance with the
558 requirements of s. 627.4193. The office may adopt rules to
559 implement this subsection.

560 Section 13. Subsection (48) is added to section 641.31,
561 Florida Statutes, to read:

562 641.31 Health maintenance contracts.—

563 (48) All health maintenance contracts that provide
564 comprehensive medical coverage must comply with the coverage
565 provisions of s. 627.4193. The commission may adopt rules to
566 implement this subsection.

567 Section 14. Section 786.1516, Florida Statutes, is created
568 to read:

569 786.1516 Immunity for providing assistance in a suicide
570 emergency.—

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

572 (a) "Emergency care" means assistance or advice offered to
573 avoid, mitigate, or attempt to mitigate the effects of a suicide
574 emergency.

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

578 (2) A person who provides emergency care at or near the
579 scene of a suicide emergency, gratuitously and in good faith, is
580 not liable for any civil damages or penalties as a result of any

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581 act or omission by the person providing the emergency care
582 unless the person is grossly negligent or caused the suicide
583 emergency.

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

587 1002.33 Charter schools.—

588 (28) CONTINUING EDUCATION AND INSERVICE TRAINING FOR YOUTH
589 SUICIDE AWARENESS AND PREVENTION.—

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

591 1. Incorporate 2 hours of training offered pursuant to s.
592 1012.583. The training must be included in the existing
593 continuing education or inservice training requirements for
594 instructional personnel and may not add to the total hours
595 currently required by the department. Every charter school must
596 require all instructional personnel to participate.

597 2. Have at least two school-based staff members certified
598 or otherwise deemed competent in the use of a suicide screening
599 instrument approved under s. 1012.583(1) and have a policy to
600 use such suicide risk screening instrument to evaluate a
601 student's suicide risk before requesting the initiation of, or
602 initiating, an involuntary examination due to concerns about
603 that student's suicide risk.

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

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

608 1012.583 Continuing education and inservice training for
609 youth suicide awareness and prevention.—

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

613 (a) Incorporate ~~incorporates~~ 2 hours of training offered
614 pursuant to this section. The training must be included in the
615 existing continuing education or inservice training requirements
616 for instructional personnel and may not add to the total hours
617 currently required by the department. Every public school ~~A~~
618 ~~school that chooses to participate in the training~~ must require
619 all instructional personnel to participate.

620 (b) Have ~~Has~~ at least two school-based staff members
621 certified or otherwise deemed competent in the use of a suicide
622 screening instrument approved under subsection (1) and have ~~has~~
623 a policy to use such suicide risk screening instrument to
624 evaluate a student's suicide risk before requesting the
625 initiation of, or initiating, an involuntary examination due to
626 concerns about that student's suicide risk.

627 (3) Every public school ~~A school that meets the criteria in~~
628 ~~subsection (2)~~ must report its compliance with this section to
629 the department. ~~The department shall keep an updated record of~~
630 ~~all Suicide Prevention Certified Schools and shall post the list~~
631 ~~of these schools on the department's website. Each school shall~~
632 ~~also post on its own website whether it is a Suicide Prevention~~
633 ~~Certified School, and each school district shall post on its~~
634 ~~district website a list of the Suicide Prevention Certified~~
635 ~~Schools in that district.~~

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

638 394.495 Child and adolescent mental health system of care;

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639 programs and services.—

640 (3) Assessments must be performed by:

641 (a) A professional as defined in s. 394.455(5), (7), (33)
642 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~;

643 (c) A person who is under the direct supervision of a
644 qualified professional as defined in s. 394.455(5), (7), (33)
645 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~ or a professional licensed under
646 chapter 491.

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

649 394.496 Service planning.—

650 (5) A professional as defined in s. 394.455(5), (7), (33)
651 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~ or a professional licensed under
652 chapter 491 must be included among those persons developing the
653 services plan.

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

656 394.9085 Behavioral provider liability.—

657 (6) For purposes of this section, the terms "detoxification
658 services," "addictions receiving facility," and "receiving
659 facility" have the same meanings as those provided in ss.
660 397.311(26)(a)4., 397.311(26)(a)1., and 394.455(40) ~~394.455(39)~~,
661 respectively.

662 Section 20. Paragraph (b) of subsection (1) of section
663 409.972, Florida Statutes, is amended to read:

664 409.972 Mandatory and voluntary enrollment.—

665 (1) The following Medicaid-eligible persons are exempt from
666 mandatory managed care enrollment required by s. 409.965, and
667 may voluntarily choose to participate in the managed medical

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668 assistance program:

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

672 Section 21. Paragraph (e) of subsection (4) of section
673 464.012, Florida Statutes, is amended to read:

674 464.012 Licensure of advanced practice registered nurses;
675 fees; controlled substance prescribing.—

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

679 (e) A psychiatric nurse, who meets the requirements in s.
680 394.455(36) ~~s. 394.455(35)~~, within the framework of an
681 established protocol with a psychiatrist, may prescribe
682 psychotropic controlled substances for the treatment of mental
683 disorders.

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

686 744.2007 Powers and duties.—

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

690 Section 23. The Office of Program Policy Analysis and
691 Government Accountability shall perform a review of suicide
692 prevention programs and efforts made by other states and make
693 recommendations on their applicability to this state. The office
694 shall submit a report containing the findings and
695 recommendations to the President of the Senate and the Speaker
696 of the House of Representatives by January 1, 2021.

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Section 24. This act shall take effect July 1, 2020.