

1                   A bill to be entitled  
2           An act relating to mental health and substance abuse;  
3           amending s. 394.455, F.S.; conforming a cross-  
4           reference; defining the terms "neglect or refuse to  
5           care for himself or herself" and "real and present  
6           threat of substantial harm"; amending s. 394.459,  
7           F.S.; requiring facilities to inform respondents with  
8           a serious mental illness of the essential elements of  
9           recovery and provide them assistance in accessing a  
10          continuum of care regimen; authorizing the Department  
11          of Children and Families to adopt certain rules;  
12          amending s. 394.4598, F.S.; conforming a cross-  
13          reference; amending s. 394.4599, F.S.; conforming  
14          provisions to changes made by the act; amending s.  
15          394.461, F.S.; authorizing the state to establish that  
16          a transfer evaluation was performed by providing the  
17          court with a copy of the evaluation before the close  
18          of the state's case in chief; prohibiting the court  
19          from considering substantive information in the  
20          transfer evaluation unless the evaluator testifies at  
21          the hearing; amending s. 394.4615, F.S.; conforming  
22          provisions to changes made by the act; amending s.  
23          394.462, F.S.; conforming provisions to changes made  
24          by the act; amending s. 394.4625, F.S.; providing  
25          requirements relating to the voluntariness of

26 admissions to a facility for examination and  
27 treatment; providing requirements for verifying the  
28 assent of a minor admitted to a facility; requiring  
29 the appointment of a public defender to review the  
30 voluntariness of a minor's admission to a facility;  
31 requiring the filing of a petition for involuntary  
32 placement or release of a minor to his or her parent  
33 or legal guardian under certain circumstances;  
34 requiring minor patients' assent to voluntary care to  
35 be verified in a specified manner before a transfer to  
36 voluntary status can occur; conforming provisions to  
37 changes made by the act; amending s. 394.463, F.S.;  
38 revising the requirements for when a person may be  
39 taken to a receiving facility for involuntary  
40 examination; requiring a facility to inform the  
41 department of certain persons who have been examined  
42 or committed under certain circumstances; conforming  
43 provisions to changes made by the act; providing  
44 criminal and civil penalties; amending s. 394.4655,  
45 F.S.; revising the requirements for involuntary  
46 outpatient treatment; amending s. 394.467, F.S.;  
47 revising the requirements for when a person may be  
48 ordered for involuntary inpatient placement; revising  
49 requirements for continuances of hearings; revising  
50 the conditions under which a court may waive the

51 requirement for a patient to be present at an  
52 involuntary inpatient placement hearing; authorizing  
53 the court to permit all witnesses to attend and  
54 testify remotely at the hearing through certain means;  
55 requiring facilities to make certain clinical records  
56 available to a state attorney within a specified  
57 timeframe; specifying that such records remain  
58 confidential and may not be used for certain purposes;  
59 revising when the court may appoint a magistrate;  
60 requiring the court to allow certain testimony from  
61 individuals; revising the amount of time a court may  
62 require a patient to receive services; requiring  
63 facilities to discharge patients after the patient no  
64 longer meets the criteria for involuntary treatment;  
65 prohibiting courts from ordering that individuals with  
66 developmental disabilities be involuntarily placed in a  
67 state treatment facility; requiring such individuals  
68 to be referred to certain agencies for evaluation and  
69 services; authorizing facilities to hold such  
70 individuals under certain circumstances; conforming  
71 provisions to changes made by the act; amending ss.  
72 394.495 and 394.496, F.S.; conforming provisions to  
73 changes made by the act; amending s. 394.499, F.S.;  
74 making technical and conforming changes; amending s.  
75 394.9085, F.S.; conforming cross-references; amending

76 | s. 397.305, F.S.; revising the purposes of ch. 397,  
77 | F.S.; amending s. 397.311, F.S.; revising the  
78 | definition of the terms "impaired" and "substance  
79 | abuse impaired"; defining the terms "involuntary  
80 | treatment services," "neglect or refuse to care for  
81 | himself or herself," and "real and present threat of  
82 | substantial harm"; amending s. 397.416, F.S.;  
83 | conforming a cross-reference; amending s. 397.501,  
84 | F.S.; requiring that respondents with serious  
85 | substance use disorders be informed of the essential  
86 | elements of recovery and be provided assistance with  
87 | accessing a continuum of care regimen; authorizing the  
88 | department to adopt certain rules; amending s.  
89 | 397.675, F.S.; revising the criteria for involuntary  
90 | admissions; amending s. 397.6751, F.S.; revising the  
91 | responsibilities of a service provider; amending s.  
92 | 397.681, F.S.; revising where involuntary treatment  
93 | petitions for substance abuse impaired persons may be  
94 | filed; revising what part of such proceedings a  
95 | general or special magistrate may preside over;  
96 | requiring that the state attorney represent the state  
97 | as the real party of interest in an involuntary  
98 | proceeding, subject to legislative appropriation;  
99 | providing that the petitioner has the right to be  
100 | heard; specifying that certain records obtained by a

101 state attorney must remain confidential and may not be  
102 used for certain purposes; conforming provisions to  
103 changes made by the act; repealing s. 397.6811, F.S.,  
104 relating to involuntary assessment and stabilization;  
105 repealing s. 397.6814, F.S., relating to petitions for  
106 involuntary assessment and stabilization; repealing s.  
107 397.6815, F.S., relating to involuntary assessment and  
108 stabilization procedures; repealing s. 397.6818, F.S.,  
109 relating to court determinations for petitions for  
110 involuntary assessment and stabilization; repealing s.  
111 397.6819, F.S., relating to the responsibilities of  
112 licensed service providers with regard to involuntary  
113 assessment and stabilization; repealing s. 397.6821,  
114 F.S., relating to extensions of time for completion of  
115 involuntary assessment and stabilization; repealing s.  
116 397.6822, F.S., relating to the disposition of  
117 individuals after involuntary assessments; amending s.  
118 397.693, F.S.; revising the circumstances under which  
119 a person is eligible for court-ordered involuntary  
120 treatment; amending s. 397.695, F.S.; authorizing the  
121 court or clerk of the court to waive or prohibit any  
122 service of process fees for an indigent petitioner;  
123 amending s. 397.6951, F.S.; revising the requirements  
124 for the contents of a petition for involuntary  
125 treatment services; authorizing a petitioner to

126 include with the petition a certificate or report of a  
127 qualified professional; requiring the certificate or  
128 report to contain certain information; requiring that  
129 certain additional information be included if an  
130 emergency exists; amending s. 397.6955, F.S.;  
131 requiring the clerk of the court to notify the state  
132 attorney's office upon the receipt of a petition filed  
133 for involuntary treatment services; revising when the  
134 office of criminal conflict and civil regional counsel  
135 represents a person; revising when a hearing must be  
136 held on the petition; requiring law enforcement  
137 agencies to effect service for initial treatment  
138 hearings unless certain requirements are met;  
139 providing requirements for when a petitioner asserts  
140 that emergency circumstances exist or the court  
141 determines that an emergency exists; conforming  
142 provisions to changes made by the act; amending s.  
143 397.6957, F.S.; expanding the exemption from the  
144 requirement that a respondent be present at a hearing  
145 on a petition for involuntary treatment services;  
146 authorizing the court to order drug tests and permit  
147 all witnesses to remotely attend and testify at the  
148 hearing through certain means; deleting a provision  
149 requiring the court to appoint a guardian advocate  
150 under certain circumstances; prohibiting a respondent

151 from being involuntarily ordered into treatment unless  
152 certain requirements are met; providing requirements  
153 relating to involuntary assessment and stabilization  
154 orders; providing requirements relating to involuntary  
155 treatment hearings; requiring that the assessment of a  
156 respondent occur before a specified time unless  
157 certain requirements are met; requiring the service  
158 provider to discharge the respondent after a specified  
159 time unless certain requirements are met; requiring a  
160 qualified professional to provide copies of his or her  
161 report to the court and all relevant parties and  
162 counsel; providing requirements for the report;  
163 authorizing a court to order certain persons to take a  
164 respondent into custody and transport him or her to or  
165 from certain service providers and the court; revising  
166 the petitioner's burden of proof in the hearing;  
167 authorizing the court to initiate involuntary  
168 proceedings under certain circumstances; requiring  
169 that, if a treatment order is issued, it must include  
170 certain findings; amending s. 397.697, F.S.; requiring  
171 that an individual meet certain requirements to  
172 qualify for involuntary outpatient treatment;  
173 specifying that certain hearings may be set by the  
174 motion of a party or under the court's own authority;  
175 specifying that a service provider's authority is

176 separate and distinct from the court's jurisdiction;  
 177 amending s. 397.6971, F.S.; revising when an  
 178 individual receiving involuntary treatment services  
 179 may be determined eligible for discharge; conforming  
 180 provisions to changes made by the act; amending s.  
 181 397.6975, F.S.; authorizing certain entities to file a  
 182 petition for renewal of involuntary treatment;  
 183 revising the timeframe during which the court is  
 184 required to schedule a hearing; conforming provisions  
 185 to changes made by the act; amending s. 397.6977,  
 186 F.S.; conforming provisions to changes made by the  
 187 act; repealing s. 397.6978, F.S., relating to the  
 188 appointment of guardian advocates; amending ss.  
 189 409.972, 464.012, 744.2007, and 790.065, F.S.;  
 190 conforming cross-references; providing an effective  
 191 date.

192  
 193 Be It Enacted by the Legislature of the State of Florida:

194  
 195 Section 1. Present subsections (32) through (39) and (40)  
 196 through (49) of section 394.455, Florida Statutes, are  
 197 redesignated as subsections (33) through (40) and (42) through  
 198 (51), respectively, new subsections (32) and (41) are added to  
 199 that section, and subsection (23) of that section is amended, to  
 200 read:



201 394.455 Definitions.—As used in this part, the term:

202 (23) "Involuntary examination" means an examination  
 203 performed under s. 394.463, s. 397.6772, s. 397.679, s.  
 204 397.6798, or s. 397.6957 ~~s. 397.6811~~ to determine whether a  
 205 person qualifies for involuntary services.

206 (32) "Neglect or refuse to care for himself or herself"  
 207 includes, but is not limited to, evidence that a person:

208 (a) Is unable to satisfy basic needs for nourishment,  
 209 clothing, medical care, shelter, or safety in a manner that  
 210 creates a substantial probability of imminent death, serious  
 211 physical debilitation, or disease; or

212 (b) Is substantially unable to make an informed treatment  
 213 choice and needs care or treatment to prevent deterioration.

214 (41) "Real and present threat of substantial harm"  
 215 includes, but is not limited to, evidence of a substantial  
 216 probability that the untreated person will:

217 (a) Lack, refuse, or not receive services for health and  
 218 safety which are actually available in the community; or

219 (b) Suffer severe mental, emotional, or physical harm that  
 220 will result in the loss of his or her ability to function in the  
 221 community or the loss of cognitive or volitional control over  
 222 thoughts or actions.

223 Section 2. Subsection (13) is added to section 394.459,  
 224 Florida Statutes, to read:

225 394.459 Rights of patients.—

226        (13) POST-DISCHARGE CONTINUUM OF CARE.—Upon discharge, the  
 227 facility must inform a respondent with a serious mental illness  
 228 of the essential elements of recovery and provide assistance  
 229 with accessing a continuum of care regimen. The department may  
 230 adopt rules specifying the services that may be provided to such  
 231 respondents.

232        Section 3. Subsection (1) of section 394.4598, Florida  
 233 Statutes, is amended to read:

234        394.4598 Guardian advocate.—

235        (1) The administrator may petition the court for the  
 236 appointment of a guardian advocate based upon the opinion of a  
 237 psychiatrist that the patient is incompetent to consent to  
 238 treatment. If the court finds that a patient is incompetent to  
 239 consent to treatment and has not been adjudicated incapacitated  
 240 and a guardian with the authority to consent to mental health  
 241 treatment appointed, it shall appoint a guardian advocate. The  
 242 patient has the right to have an attorney represent him or her  
 243 at the hearing. If the person is indigent, the court shall  
 244 appoint the office of the public defender to represent him or  
 245 her at the hearing. The patient has the right to testify, cross-  
 246 examine witnesses, and present witnesses. The proceeding shall  
 247 be recorded either electronically or stenographically, and  
 248 testimony shall be provided under oath. One of the professionals  
 249 authorized to give an opinion in support of a petition for  
 250 involuntary placement, as described in ~~s. 394.4655~~ or s.

251 394.467, must testify. A guardian advocate must meet the  
252 qualifications of a guardian contained in part IV of chapter  
253 744, except that a professional referred to in this part, an  
254 employee of the facility providing direct services to the  
255 patient under this part, a departmental employee, a facility  
256 administrator, or member of the Florida local advocacy council  
257 shall not be appointed. A person who is appointed as a guardian  
258 advocate must agree to the appointment.

259 Section 4. Paragraph (d) of subsection (2) of section  
260 394.4599, Florida Statutes, is amended to read:

261 394.4599 Notice.—

262 (2) INVOLUNTARY ADMISSION.—

263 (d) The written notice of the filing of the petition for  
264 involuntary services for an individual being held must contain  
265 the following:

266 1. Notice that the petition for:

267 a. Involuntary inpatient treatment pursuant to s. 394.467  
268 has been filed with the circuit court in the county in which the  
269 individual is hospitalized and the address of such court; or

270 b. Involuntary outpatient services pursuant to s. 394.4655  
271 has been filed with the criminal county court, ~~as defined in s.~~  
272 ~~394.4655(1),~~ or the circuit court, as applicable, in the county  
273 in which the individual is hospitalized and the address of such  
274 court.

275 2. Notice that the office of the public defender has been

276 appointed to represent the individual in the proceeding, if the  
277 individual is not otherwise represented by counsel.

278 3. The date, time, and place of the hearing and the name  
279 of each examining expert and every other person expected to  
280 testify in support of continued detention.

281 4. Notice that the individual, the individual's guardian,  
282 guardian advocate, health care surrogate or proxy, or  
283 representative, or the administrator may apply for a change of  
284 venue for the convenience of the parties or witnesses or because  
285 of the condition of the individual.

286 5. Notice that the individual is entitled to an  
287 independent expert examination and, if the individual cannot  
288 afford such an examination, that the court will provide for one.

289 Section 5. Subsection (2) of section 394.461, Florida  
290 Statutes, is amended to read:

291 394.461 Designation of receiving and treatment facilities  
292 and receiving systems.—The department is authorized to designate  
293 and monitor receiving facilities, treatment facilities, and  
294 receiving systems and may suspend or withdraw such designation  
295 for failure to comply with this part and rules adopted under  
296 this part. Unless designated by the department, facilities are  
297 not permitted to hold or treat involuntary patients under this  
298 part.

299 (2) TREATMENT FACILITY.—The department may designate any  
300 state-owned, state-operated, or state-supported facility as a

301 state treatment facility. A civil patient shall not be admitted  
302 to a state treatment facility without previously undergoing a  
303 transfer evaluation. Before the close of the state's case in  
304 chief in a court hearing for involuntary placement ~~in a state~~  
305 ~~treatment facility~~, the state may establish that the transfer  
306 evaluation was performed and the document properly executed by  
307 providing the court with a copy of the transfer evaluation. The  
308 court may not ~~shall receive and~~ consider the substantive  
309 information documented in the transfer evaluation unless the  
310 evaluator testifies at the hearing. Any other facility,  
311 including a private facility or a federal facility, may be  
312 designated as a treatment facility by the department, provided  
313 that such designation is agreed to by the appropriate governing  
314 body or authority of the facility.

315 Section 6. Subsection (3) of section 394.4615, Florida  
316 Statutes, is amended to read:

317 394.4615 Clinical records; confidentiality.—

318 (3) Information from the clinical record may be released  
319 in the following circumstances:

320 (a) When a patient has communicated to a service provider  
321 a specific threat to cause serious bodily injury or death to an  
322 identified or a readily available person, if the service  
323 provider reasonably believes, or should reasonably believe  
324 according to the standards of his or her profession, that the  
325 patient has the apparent intent and ability to imminently or

326 immediately carry out such threat. When such communication has  
327 been made, the administrator may authorize the release of  
328 sufficient information to provide adequate warning to the person  
329 threatened with harm by the patient.

330 (b) When the administrator of the facility or secretary of  
331 the department deems release to a qualified researcher as  
332 defined in administrative rule, an aftercare treatment provider,  
333 or an employee or agent of the department is necessary for  
334 treatment of the patient, maintenance of adequate records,  
335 compilation of treatment data, aftercare planning, or evaluation  
336 of programs.

337  
338 For the purpose of determining whether a person meets the  
339 criteria for involuntary outpatient placement ~~or for preparing~~  
340 ~~the proposed treatment plan~~ pursuant to s. 394.4655, the  
341 clinical record may be released to the state attorney, the  
342 public defender or the patient's private legal counsel, the  
343 court, and to the appropriate mental health professionals,  
344 ~~including the service provider identified in s.~~  
345 ~~394.4655(7)(b)2.,~~ in accordance with state and federal law.

346 Section 7. Section 394.462, Florida Statutes, is amended  
347 to read:

348 394.462 Transportation.—A transportation plan shall be  
349 developed and implemented by each county in collaboration with  
350 the managing entity in accordance with this section. A county

351 may enter into a memorandum of understanding with the governing  
352 boards of nearby counties to establish a shared transportation  
353 plan. When multiple counties enter into a memorandum of  
354 understanding for this purpose, the counties shall notify the  
355 managing entity and provide it with a copy of the agreement. The  
356 transportation plan shall describe methods of transport to a  
357 facility within the designated receiving system for individuals  
358 subject to involuntary examination under s. 394.463 or  
359 involuntary admission under s. 397.6772, s. 397.679, s.  
360 397.6798, or s. 397.6957 ~~s. 397.6811~~, and may identify  
361 responsibility for other transportation to a participating  
362 facility when necessary and agreed to by the facility. The plan  
363 may rely on emergency medical transport services or private  
364 transport companies, as appropriate. The plan shall comply with  
365 the transportation provisions of this section and ss. 397.6772,  
366 397.6795, ~~397.6822~~, and 397.697.

367 (1) TRANSPORTATION TO A RECEIVING FACILITY.—

368 (a) Each county shall designate a single law enforcement  
369 agency within the county, or portions thereof, to take a person  
370 into custody upon the entry of an ex parte order or the  
371 execution of a certificate for involuntary examination by an  
372 authorized professional and to transport that person to the  
373 appropriate facility within the designated receiving system  
374 pursuant to a transportation plan.

375 (b)1. The designated law enforcement agency may decline to

376 transport the person to a receiving facility only if:

377       a. The jurisdiction designated by the county has  
378 contracted on an annual basis with an emergency medical  
379 transport service or private transport company for  
380 transportation of persons to receiving facilities pursuant to  
381 this section at the sole cost of the county; and

382       b. The law enforcement agency and the emergency medical  
383 transport service or private transport company agree that the  
384 continued presence of law enforcement personnel is not necessary  
385 for the safety of the person or others.

386       2. The entity providing transportation may seek  
387 reimbursement for transportation expenses. The party responsible  
388 for payment for such transportation is the person receiving the  
389 transportation. The county shall seek reimbursement from the  
390 following sources in the following order:

391       a. From a private or public third-party payor, if the  
392 person receiving the transportation has applicable coverage.

393       b. From the person receiving the transportation.

394       c. From a financial settlement for medical care,  
395 treatment, hospitalization, or transportation payable or  
396 accruing to the injured party.

397       (c) A company that transports a patient pursuant to this  
398 subsection is considered an independent contractor and is solely  
399 liable for the safe and dignified transport of the patient. Such  
400 company must be insured and provide no less than \$100,000 in



401 liability insurance with respect to the transport of patients.

402 (d) Any company that contracts with a governing board of a  
403 county to transport patients shall comply with the applicable  
404 rules of the department to ensure the safety and dignity of  
405 patients.

406 (e) When a law enforcement officer takes custody of a  
407 person pursuant to this part, the officer may request assistance  
408 from emergency medical personnel if such assistance is needed  
409 for the safety of the officer or the person in custody.

410 (f) When a member of a mental health overlay program or a  
411 mobile crisis response service is a professional authorized to  
412 initiate an involuntary examination pursuant to s. 394.463 or s.  
413 397.675 and that professional evaluates a person and determines  
414 that transportation to a receiving facility is needed, the  
415 service, at its discretion, may transport the person to the  
416 facility or may call on the law enforcement agency or other  
417 transportation arrangement best suited to the needs of the  
418 patient.

419 (g) When any law enforcement officer has custody of a  
420 person based on either noncriminal or minor criminal behavior  
421 that meets the statutory guidelines for involuntary examination  
422 pursuant to s. 394.463, the law enforcement officer shall  
423 transport the person to the appropriate facility within the  
424 designated receiving system pursuant to a transportation plan.  
425 Persons who meet the statutory guidelines for involuntary

426 admission pursuant to s. 397.675 may also be transported by law  
427 enforcement officers to the extent resources are available and  
428 as otherwise provided by law. Such persons shall be transported  
429 to an appropriate facility within the designated receiving  
430 system pursuant to a transportation plan.

431 (h) When any law enforcement officer has arrested a person  
432 for a felony and it appears that the person meets the statutory  
433 guidelines for involuntary examination or placement under this  
434 part, such person must first be processed in the same manner as  
435 any other criminal suspect. The law enforcement agency shall  
436 thereafter immediately notify the appropriate facility within  
437 the designated receiving system pursuant to a transportation  
438 plan. The receiving facility shall be responsible for promptly  
439 arranging for the examination and treatment of the person. A  
440 receiving facility is not required to admit a person charged  
441 with a crime for whom the facility determines and documents that  
442 it is unable to provide adequate security, but shall provide  
443 examination and treatment to the person where he or she is held.

444 (i) If the appropriate law enforcement officer believes  
445 that a person has an emergency medical condition as defined in  
446 s. 395.002, the person may be first transported to a hospital  
447 for emergency medical treatment, regardless of whether the  
448 hospital is a designated receiving facility.

449 (j) The costs of transportation, evaluation,  
450 hospitalization, and treatment incurred under this subsection by

451 persons who have been arrested for violations of any state law  
452 or county or municipal ordinance may be recovered as provided in  
453 s. 901.35.

454 (k) The appropriate facility within the designated  
455 receiving system pursuant to a transportation plan must accept  
456 persons brought by law enforcement officers, or an emergency  
457 medical transport service or a private transport company  
458 authorized by the county, for involuntary examination pursuant  
459 to s. 394.463.

460 (l) The appropriate facility within the designated  
461 receiving system pursuant to a transportation plan must provide  
462 persons brought by law enforcement officers, or an emergency  
463 medical transport service or a private transport company  
464 authorized by the county, pursuant to s. 397.675, a basic  
465 screening or triage sufficient to refer the person to the  
466 appropriate services.

467 (m) Each law enforcement agency designated pursuant to  
468 paragraph (a) shall establish a policy that reflects a single  
469 set of protocols for the safe and secure transportation and  
470 transfer of custody of the person. Each law enforcement agency  
471 shall provide a copy of the protocols to the managing entity.

472 (n) When a jurisdiction has entered into a contract with  
473 an emergency medical transport service or a private transport  
474 company for transportation of persons to facilities within the  
475 designated receiving system, such service or company shall be

476 given preference for transportation of persons from nursing  
477 homes, assisted living facilities, adult day care centers, or  
478 adult family-care homes, unless the behavior of the person being  
479 transported is such that transportation by a law enforcement  
480 officer is necessary.

481 (o) This section may not be construed to limit emergency  
482 examination and treatment of incapacitated persons provided in  
483 accordance with s. 401.445.

484 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

485 (a) If neither the patient nor any person legally  
486 obligated or responsible for the patient is able to pay for the  
487 expense of transporting a voluntary or involuntary patient to a  
488 treatment facility, the transportation plan established by the  
489 governing board of the county or counties must specify how the  
490 hospitalized patient will be transported to, from, and between  
491 facilities in a safe and dignified manner.

492 (b) A company that transports a patient pursuant to this  
493 subsection is considered an independent contractor and is solely  
494 liable for the safe and dignified transportation of the patient.  
495 Such company must be insured and provide no less than \$100,000  
496 in liability insurance with respect to the transport of  
497 patients.

498 (c) A company that contracts with one or more counties to  
499 transport patients in accordance with this section shall comply  
500 with the applicable rules of the department to ensure the safety

501 and dignity of patients.

502 (d) County or municipal law enforcement and correctional  
503 personnel and equipment may not be used to transport patients  
504 adjudicated incapacitated or found by the court to meet the  
505 criteria for involuntary placement pursuant to s. 394.467,  
506 except in small rural counties where there are no cost-efficient  
507 alternatives.

508 (3) TRANSFER OF CUSTODY.—Custody of a person who is  
509 transported pursuant to this part, along with related  
510 documentation, shall be relinquished to a responsible individual  
511 at the appropriate receiving or treatment facility.

512 Section 8. Subsections (1) and (4) of section 394.4625,  
513 Florida Statutes, are amended to read:

514 394.4625 Voluntary admissions.—

515 (1) EXAMINATION AND TREATMENT ~~AUTHORITY TO RECEIVE~~  
516 ~~PATIENTS.~~—

517 (a) In order to be admitted to a facility on a voluntary  
518 basis, a person must show evidence of a mental illness and be  
519 suitable for treatment by the facility.

520 1. If the person is an adult, he or she must be competent  
521 to provide his or her express and informed consent in writing to  
522 the facility.

523 2. A minor may only be admitted to a facility on the basis  
524 of the express and informed consent of the minor's parent or  
525 legal guardian in conjunction with the minor's assent.

526        a. The minor's assent is an affirmative agreement by the  
527 minor to remain at the facility for examination and treatment.  
528 The minor's failure to object is not assent for purposes of this  
529 subparagraph.

530        b. The minor's assent must be verified through a clinical  
531 assessment that is documented in the minor's clinical record and  
532 conducted within 12 hours after arrival at the facility by a  
533 licensed professional authorized to initiate an involuntary  
534 examination under s. 394.463.

535        c. In verifying the minor's assent, the examining  
536 professional must first provide the minor with an explanation as  
537 to why the minor will be examined and treated, what the minor  
538 can expect while in the facility, and when the minor may expect  
539 to be released, using language that is appropriate to the  
540 minor's age, experience, maturity, and condition. The examining  
541 professional must determine and document that the minor is able  
542 to understand this information.

543        d. The facility must advise the minor of his or her right  
544 to request and have access to legal counsel.

545        e. The facility administrator must file with the court a  
546 notice of a minor's voluntary placement within 1 court working  
547 day after the minor's admission to the facility.

548        f. The court shall appoint a public defender who may  
549 review the voluntariness of the minor's admission to the  
550 facility and further verify his or her assent. The public

551 defender may interview and represent the minor and shall have  
552 access to all relevant witnesses and records. If the public  
553 defender does not review the voluntariness of the admission, the  
554 clinical assessment of the minor's assent shall serve as  
555 verification of assent.

556 g. Unless the minor's assent is verified pursuant to this  
557 subparagraph, a petition for involuntary placement must be filed  
558 with the court or the minor must be released to his or her  
559 parent or legal guardian within 24 hours after arriving at the  
560 facility ~~A facility may receive for observation, diagnosis, or~~  
561 ~~treatment any person 18 years of age or older making application~~  
562 ~~by express and informed consent for admission or any person age~~  
563 ~~17 or under for whom such application is made by his or her~~  
564 ~~guardian. If found to show evidence of mental illness, to be~~  
565 ~~competent to provide express and informed consent, and to be~~  
566 ~~suitable for treatment, such person 18 years of age or older may~~  
567 ~~be admitted to the facility. A person age 17 or under may be~~  
568 ~~admitted only after a hearing to verify the voluntariness of the~~  
569 ~~consent.~~

570 (b) A mental health overlay program or a mobile crisis  
571 response service or a licensed professional who is authorized to  
572 initiate an involuntary examination pursuant to s. 394.463 and  
573 is employed by a community mental health center or clinic must,  
574 pursuant to district procedure approved by the respective  
575 district administrator, conduct an initial assessment of the

576 ability of the following persons to give express and informed  
577 consent to treatment before such persons may be admitted  
578 voluntarily:

579 1. A person 60 years of age or older for whom transfer is  
580 being sought from a nursing home, assisted living facility,  
581 adult day care center, or adult family-care home, when such  
582 person has been diagnosed as suffering from dementia.

583 2. A person 60 years of age or older for whom transfer is  
584 being sought from a nursing home pursuant to s. 400.0255(12).

585 3. A person for whom all decisions concerning medical  
586 treatment are currently being lawfully made by the health care  
587 surrogate or proxy designated under chapter 765.

588 (c) When an initial assessment of the ability of a person  
589 to give express and informed consent to treatment is required  
590 under this section, and a mobile crisis response service does  
591 not respond to the request for an assessment within 2 hours  
592 after the request is made or informs the requesting facility  
593 that it will not be able to respond within 2 hours after the  
594 request is made, the requesting facility may arrange for  
595 assessment by any licensed professional authorized to initiate  
596 an involuntary examination pursuant to s. 394.463 who is not  
597 employed by or under contract with, and does not have a  
598 financial interest in, either the facility initiating the  
599 transfer or the receiving facility to which the transfer may be  
600 made.



601 (d) A facility may not admit as a voluntary patient a  
602 person who has been adjudicated incapacitated, unless the  
603 condition of incapacity has been judicially removed. If a  
604 facility admits as a voluntary patient a person who is later  
605 determined to have been adjudicated incapacitated, and the  
606 condition of incapacity had not been removed by the time of the  
607 admission, the facility must either discharge the patient or  
608 transfer the patient to involuntary status.

609 (e) The health care surrogate or proxy of a voluntary  
610 patient may not consent to the provision of mental health  
611 treatment for the patient. A voluntary patient who is unwilling  
612 or unable to provide express and informed consent to mental  
613 health treatment must either be discharged or transferred to  
614 involuntary status.

615 (f) Within 24 hours after admission of a voluntary  
616 patient, the admitting physician shall document in the patient's  
617 clinical record that the patient is able to give express and  
618 informed consent for admission. If the patient is not able to  
619 give express and informed consent for admission, the facility  
620 shall either discharge the patient or transfer the patient to  
621 involuntary status pursuant to subsection (5).

622 (4) TRANSFER TO VOLUNTARY STATUS.—An involuntary patient  
623 who applies to be transferred to voluntary status shall be  
624 transferred to voluntary status immediately, unless the patient  
625 has been charged with a crime, or has been involuntarily placed

626 for treatment by a court pursuant to s. 394.467 and continues to  
627 meet the criteria for involuntary placement. When transfer to  
628 voluntary status occurs, notice shall be given as provided in s.  
629 394.4599, and if the patient is a minor, the minor's assent to  
630 voluntary care must be verified through the procedures under  
631 subparagraph (1)(a)2. before the transfer to voluntary status  
632 can occur.

633 Section 9. Subsection (1) and paragraphs (a), (g), and (h)  
634 of subsection (2) of section 394.463, Florida Statutes, are  
635 amended, and subsection (5) is added to that section, to read:

636 394.463 Involuntary examination.—

637 (1) CRITERIA.—A person may be taken to a receiving  
638 facility for involuntary examination if there is reason to  
639 believe that the person has a mental illness and because of his  
640 or her mental illness:

641 (a)1. The person has refused voluntary examination after  
642 conscientious explanation and disclosure of the purpose of the  
643 examination; or

644 2. The person is unable to determine for himself or  
645 herself whether examination is necessary; and

646 (b)1. Without care or treatment, the person is likely to  
647 suffer from neglect or refuse to care for himself or herself;  
648 such neglect or refusal poses a real and present threat of  
649 substantial harm to his or her well-being; and it is not  
650 apparent that such harm may be avoided through the help of

651 willing, able, and responsible family members or friends or the  
652 provision of other services; or

653 2. There is a substantial likelihood that in the near  
654 future and without care or treatment, the person will inflict  
655 serious ~~cause serious bodily~~ harm to self ~~himself or herself~~ or  
656 others ~~in the near future,~~ as evidenced by recent acts,  
657 omissions, or behavior causing, attempting, or threatening such  
658 harm, which includes, but is not limited to, significant  
659 property damage.

660 (2) INVOLUNTARY EXAMINATION.—

661 (a) An involuntary examination may be initiated by any one  
662 of the following means:

663 1. A circuit or county court may enter an ex parte order  
664 stating that a person appears to meet the criteria for  
665 involuntary examination and specifying the findings on which  
666 that conclusion is based. The ex parte order for involuntary  
667 examination must be based on written or oral sworn testimony  
668 that includes specific facts that support the findings. If other  
669 less restrictive means are not available, such as voluntary  
670 appearance for outpatient evaluation, a law enforcement officer,  
671 or other designated agent of the court, shall take the person  
672 into custody and deliver him or her to an appropriate, or the  
673 nearest, facility within the designated receiving system  
674 pursuant to s. 394.462 for involuntary examination. The order of  
675 the court shall be made a part of the patient's clinical record.

676 A fee may not be charged for the filing of an order under this  
677 subsection. A facility accepting the patient based on this order  
678 must send a copy of the order to the department within 5 working  
679 days. The order may be submitted electronically through existing  
680 data systems, if available. The order shall be valid only until  
681 the person is delivered to the facility or for the period  
682 specified in the order itself, whichever comes first. If a time  
683 limit is not specified in the order, the order is valid for 7  
684 days after the date that the order was signed.

685 2. A law enforcement officer may ~~shall~~ take a person who  
686 appears to meet the criteria for involuntary examination into  
687 custody and deliver the person or have him or her delivered to  
688 an appropriate, or the nearest, facility within the designated  
689 receiving system pursuant to s. 394.462 for examination. The  
690 officer shall execute a written report detailing the  
691 circumstances under which the person was taken into custody,  
692 which must be made a part of the patient's clinical record. Any  
693 facility accepting the patient based on this report must send a  
694 copy of the report to the department within 5 working days.

695 3. A physician, a clinical psychologist, a psychiatric  
696 nurse, an advanced practice registered nurse registered under s.  
697 464.0123, a mental health counselor, a marriage and family  
698 therapist, or a clinical social worker may execute a certificate  
699 stating that he or she has examined a person within the  
700 preceding 48 hours and finds that the person appears to meet the

701 criteria for involuntary examination and stating the  
702 observations upon which that conclusion is based. If other less  
703 restrictive means, such as voluntary appearance for outpatient  
704 evaluation, are not available, a law enforcement officer shall  
705 take into custody the person named in the certificate and  
706 deliver him or her to the appropriate, or nearest, facility  
707 within the designated receiving system pursuant to s. 394.462  
708 for involuntary examination. The law enforcement officer shall  
709 execute a written report detailing the circumstances under which  
710 the person was taken into custody. The report and certificate  
711 shall be made a part of the patient's clinical record. Any  
712 facility accepting the patient based on this certificate must  
713 send a copy of the certificate to the department within 5  
714 working days. The document may be submitted electronically  
715 through existing data systems, if applicable.

716  
717 When sending the order, report, or certificate to the  
718 department, a facility shall, at a minimum, provide information  
719 about which action was taken regarding the patient under  
720 paragraph (g), which information shall also be made a part of  
721 the patient's clinical record.

722 (g) The examination period must be for up to 72 hours. For  
723 a minor, the examination shall be initiated within 12 hours  
724 after the patient's arrival at the facility. The facility must  
725 inform the department of any person who has been examined or

726 committed three or more times under this chapter within a 12-  
727 month period. Within the examination period or, if the  
728 examination period ends on a weekend or holiday, no later than  
729 the next working day thereafter, one of the following actions  
730 must be taken, based on the individual needs of the patient:

731 1. The patient shall be released, unless he or she is  
732 charged with a crime, in which case the patient shall be  
733 returned to the custody of a law enforcement officer;

734 2. The patient shall be released, subject to subparagraph  
735 1., for voluntary outpatient treatment;

736 3. The patient, unless he or she is charged with a crime,  
737 shall be asked to give express and informed consent to placement  
738 as a voluntary patient and, if such consent is given, the  
739 patient shall be admitted as a voluntary patient; or

740 4. A petition for involuntary services shall be filed in  
741 the circuit court ~~if inpatient treatment is deemed necessary~~ or  
742 with the criminal county court, as described in s. 394.4655  
743 ~~defined in s. 394.4655(1)~~, as applicable. When inpatient  
744 treatment is deemed necessary, the least restrictive treatment  
745 consistent with the optimum improvement of the patient's  
746 condition shall be made available. The petition ~~When a petition~~  
747 ~~is to be filed for involuntary outpatient placement, it shall be~~  
748 ~~filed by one of the petitioners specified in s. 394.4655(4)(a).~~  
749 ~~A petition for involuntary inpatient placement shall be filed by~~  
750 the facility administrator.

751 (h) A person for whom an involuntary examination has been  
752 initiated who is being evaluated or treated at a hospital for an  
753 emergency medical condition specified in s. 395.002 must be  
754 examined by a facility within the examination period specified  
755 in paragraph (g). The examination period begins when the patient  
756 arrives at the hospital and ceases when the attending physician  
757 documents that the patient has an emergency medical condition.  
758 If the patient is examined at a hospital providing emergency  
759 medical services by a professional qualified to perform an  
760 involuntary examination and is found as a result of that  
761 examination not to meet the criteria for involuntary outpatient  
762 services pursuant to s. 394.4655 ~~s. 394.4655(2)~~ or involuntary  
763 inpatient placement pursuant to s. 394.467(1), the patient may  
764 be offered voluntary services or placement, if appropriate, or  
765 released directly from the hospital providing emergency medical  
766 services. The finding by the professional that the patient has  
767 been examined and does not meet the criteria for involuntary  
768 inpatient services or involuntary outpatient placement must be  
769 entered into the patient's clinical record. This paragraph is  
770 not intended to prevent a hospital providing emergency medical  
771 services from appropriately transferring a patient to another  
772 hospital before stabilization if the requirements of s.  
773 395.1041(3)(c) have been met.

774 (5) UNLAWFUL ACTIVITIES RELATING TO EXAMINATION AND  
775 TREATMENT; PENALTIES.-

776 (a) Knowingly furnishing false information for the purpose  
777 of obtaining emergency or other involuntary admission for any  
778 person is a misdemeanor of the first degree, punishable as  
779 provided in s. 775.082 and by a fine not exceeding \$5,000.

780 (b) Causing or otherwise securing, or conspiring with or  
781 assisting another to cause or secure, without reason for  
782 believing a person to be impaired, any emergency or other  
783 involuntary procedure for the person is a misdemeanor of the  
784 first degree, punishable as provided in s. 775.082 and by a fine  
785 not exceeding \$5,000.

786 (c) Causing, or conspiring with or assisting another to  
787 cause, the denial to any person of any right accorded pursuant  
788 to this chapter is a misdemeanor of the first degree, punishable  
789 as provided in s. 775.082 and by a fine not exceeding \$5,000.

790 Section 10. Section 394.4655, Florida Statutes, is amended  
791 to read:

792 (Substantial rewording of section. See  
793 s. 394.4655, F.S., for present text.)

794 394.4655 Involuntary outpatient services.-

795 (1) (a) The court may order a respondent into outpatient  
796 treatment for up to 6 months if, during a hearing under s.  
797 394.467, it is established that the respondent meets involuntary  
798 placement criteria and:

799 1. Has been jailed or incarcerated, has been involuntarily  
800 admitted to a receiving or treatment facility as defined in s.



801 394.455, or has received mental health services in a forensic or  
802 correctional facility at least twice during the last 36 months;

803 2. The outpatient treatment is provided in the county in  
804 which the respondent resides or, if being placed from a state  
805 treatment facility, will reside; and

806 3. The respondent's treating physician certifies, within a  
807 reasonable degree of medical probability, that the respondent:

808 a. Can be appropriately treated on an outpatient basis;

809 and

810 b. Can follow a prescribed treatment plan.

811 (b) For the duration of his or her treatment, the  
812 respondent must be supported by a social worker or case manager  
813 of the outpatient provider, or a willing, able, and responsible  
814 individual appointed by the court who must inform the court,  
815 state attorney, and public defender of any failure by the  
816 respondent to comply with his or her outpatient program.

817 (2) The court shall retain jurisdiction over the case and  
818 parties for the entry of such further orders after a hearing as  
819 the circumstances may require. Such jurisdiction includes, but  
820 is not limited to, ordering inpatient treatment to stabilize a  
821 respondent who decompensates during his or her up to 6-month  
822 period of court-ordered treatment and meets the commitment  
823 criteria of s. 394.467.

824 (3) A criminal county court exercising its original  
825 jurisdiction in a misdemeanor case under s. 34.01 may order a

826 | person who meets the commitment criteria into involuntary  
 827 | outpatient services.

828 | Section 11. Subsections (1) and (5) and paragraphs (a),  
 829 | (b), and (c) of subsection (6) of section 394.467, Florida  
 830 | Statutes, are amended to read:

831 | 394.467 Involuntary inpatient placement.—

832 | (1) CRITERIA.—A person may be ordered for involuntary  
 833 | inpatient placement for treatment upon a finding of the court by  
 834 | clear and convincing evidence that:

835 | (a) He or she has a mental illness and because of his or  
 836 | her mental illness:

837 | 1.a. He or she has refused voluntary inpatient placement  
 838 | for treatment after sufficient and conscientious explanation and  
 839 | disclosure of the purpose of inpatient placement for treatment;  
 840 | or

841 | b. He or she is unable to determine for himself or herself  
 842 | whether inpatient placement is necessary; and

843 | 2.a. He or she is incapable of surviving alone or with the  
 844 | help of willing, able, and responsible family or friends,  
 845 | including available alternative services, and, without  
 846 | treatment, is likely to suffer from neglect or refuse to care  
 847 | for himself or herself, and such neglect or refusal poses a real  
 848 | and present threat of substantial harm to his or her well-being;  
 849 | or

850 | b. There is substantial likelihood that in the near future

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851 and without services he or she will inflict serious ~~bodily~~ harm  
852 to ~~on~~ self or others, as evidenced by recent acts, omissions, or  
853 behavior causing, attempting, or threatening such harm, which  
854 includes, but is not limited to, significant property damage;

855 and

856 (b) All available less restrictive treatment alternatives  
857 that would offer an opportunity for improvement of his or her  
858 condition have been judged to be inappropriate.

859 (5) CONTINUANCE OF HEARING.—The patient and the state are  
860 independently entitled ~~is entitled, with the concurrence of the~~  
861 ~~patient's counsel,~~ to at least one continuance of the hearing.  
862 The patient's continuance may be for a period of ~~for~~ up to 4  
863 weeks and requires the concurrence of his or her counsel. The  
864 state's continuance may be for a period of up to 5 court working  
865 days and requires a showing of good cause and due diligence by  
866 the state before requesting the continuance. The state's failure  
867 to timely review any readily available document or failure to  
868 attempt to contact a known witness does not warrant a  
869 continuance.

870 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

871 (a)1. The court shall hold the hearing on involuntary  
872 inpatient placement within 5 court working days, unless a  
873 continuance is granted.

874 2. Except for good cause documented in the court file, the  
875 hearing must be held in the county or the facility, as

876 appropriate, where the patient is located, must be as convenient  
877 to the patient as is consistent with orderly procedure, and  
878 shall be conducted in physical settings not likely to be  
879 injurious to the patient's condition. If the court finds that  
880 the patient's attendance at the hearing is not consistent with  
881 the best interests of, or is likely to be injurious to, the  
882 patient, or the patient knowingly, intelligently, and  
883 voluntarily waives his or her right to be present, and the  
884 patient's counsel does not object, the court may waive the  
885 presence of the patient from all or any portion of the hearing.  
886 Absent a showing of good cause, such as specific symptoms of the  
887 respondent's condition, the court may permit all witnesses,  
888 including, but not limited to, any medical professionals or  
889 personnel who are or have been involved with the patient's  
890 treatment, to remotely attend and testify at the hearing under  
891 oath via the most appropriate and convenient technological  
892 method of communication available to the court, including, but  
893 not limited to, teleconference. Any witness intending to  
894 remotely attend and testify at the hearing must provide the  
895 parties with all relevant documents by the close of business on  
896 the day before the hearing. The state attorney for the circuit  
897 in which the patient is located shall represent the state,  
898 rather than the petitioning facility administrator, as the real  
899 party in interest in the proceeding. The facility shall make the  
900 respondent's clinical records available to the state attorney

901 within 24 hours of the involuntary placement petition's filing  
902 so that the state can evaluate and prepare its case before the  
903 hearing. However, these records shall remain confidential, and  
904 the state attorney may not use any records obtained under this  
905 part for criminal investigation or prosecution purposes, or for  
906 any purpose other than the patient's civil commitment under this  
907 chapter.

908 3. The court may appoint a magistrate to preside at the  
909 hearing on the petition and any ancillary proceedings thereto,  
910 which include, but are not limited to, writs of habeas corpus  
911 issued pursuant to s. 394.459(8). One of the professionals who  
912 executed the petition for involuntary inpatient placement  
913 certificate shall be a witness. The court shall allow testimony  
914 deemed relevant by the court under state law from individuals,  
915 including family members, regarding the person's prior history  
916 and how that history relates to the person's current condition.  
917 The patient and the patient's guardian or representative shall  
918 be informed by the court of the right to an independent expert  
919 examination. If the patient cannot afford such an examination,  
920 the court shall ensure that one is provided, as otherwise  
921 provided for by law. The independent expert's report is  
922 confidential and not discoverable, unless the expert is to be  
923 called as a witness for the patient at the hearing. The  
924 testimony in the hearing must be given under oath, and the  
925 proceedings must be recorded. The patient may refuse to testify

926 at the hearing.

927 (b) If the court concludes that the patient meets the  
928 criteria for involuntary inpatient placement, it may order that  
929 the patient be transferred to a treatment facility or, if the  
930 patient is at a treatment facility, that the patient be retained  
931 there or be treated at any other appropriate facility, or that  
932 the patient receive services, on an involuntary basis, for up to  
933 ~~90 days. However, any order for involuntary mental health~~  
934 ~~services in a treatment facility may be for up to 6 months.~~ The  
935 order shall specify the nature and extent of the patient's  
936 mental illness and, unless the patient has transferred to a  
937 voluntary status, the facility must discharge the patient at any  
938 time he or she no longer meets the criteria for involuntary  
939 inpatient treatment. The court may not order an individual with  
940 a developmental disability as defined in s. 393.063, traumatic  
941 brain injury, or dementia who lacks a co-occurring mental  
942 illness to be involuntarily placed in a state treatment  
943 facility. These individuals must be referred to the Agency for  
944 Persons with Disabilities or the Department of Elderly Affairs  
945 for further evaluation and the provision of appropriate services  
946 for their individual needs. In addition, if it reasonably  
947 appears that the individual with developmental disabilities,  
948 traumatic brain injury, or dementia would be found incapacitated  
949 under chapter 744 and the individual does not already have a  
950 legal guardian, the facility must inform the department and any

951 known next of kin and initiate guardianship proceedings.  
952 Provided that the facility is attempting to locate appropriate  
953 placement while the guardianship hearing is pending, the  
954 facility may hold the individual until the petition to appoint a  
955 guardian is adjudicated by the court and placement is secured.  
956 ~~The facility shall discharge a patient any time the patient no~~  
957 ~~longer meets the criteria for involuntary inpatient placement,~~  
958 ~~unless the patient has transferred to voluntary status.~~

959 (c) If at any time before the conclusion of the  
960 involuntary placement hearing ~~on involuntary inpatient placement~~  
961 it appears to the court that the person does not meet the  
962 criteria of ~~for involuntary inpatient placement~~ under this  
963 section, but instead meets the criteria for involuntary  
964 ~~outpatient services, the court may order the person evaluated~~  
965 ~~for involuntary outpatient services pursuant to s. 394.4655. The~~  
966 ~~petition and hearing procedures set forth in s. 394.4655 shall~~  
967 ~~apply. If the person instead meets the criteria for involuntary~~  
968 ~~assessment, protective custody, or involuntary admission~~ or  
969 treatment pursuant to s. 397.675, ~~then~~ the court may order the  
970 person to be admitted for involuntary assessment ~~for a period of~~  
971 ~~5 days~~ pursuant to s. 397.6957 ~~s. 397.6811~~. Thereafter, all  
972 proceedings are governed by chapter 397.

973 Section 12. Subsection (3) of section 394.495, Florida  
974 Statutes, is amended to read:

975 394.495 Child and adolescent mental health system of care;

976 programs and services.—

977 (3) Assessments must be performed by:

978 (a) A clinical psychologist, clinical social worker,  
979 physician, psychiatric nurse, or psychiatrist as those terms are  
980 defined in s. 394.455 ~~professional as defined in s. 394.455(5),~~  
981 ~~(7), (33), (36), or (37);~~

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

983 (c) A person who is under the direct supervision of a  
984 clinical psychologist, clinical social worker, physician,  
985 psychiatric nurse, or psychiatrist as those terms are defined in  
986 s. 394.455 ~~qualified professional as defined in s. 394.455(5),~~  
987 ~~(7), (33), (36), or (37)~~ or a professional licensed under  
988 chapter 491.

989 Section 13. Subsection (5) of section 394.496, Florida  
990 Statutes, is amended to read:

991 394.496 Service planning.—

992 (5) A clinical psychologist, clinical social worker,  
993 physician, psychiatric nurse, or psychiatrist as those terms are  
994 defined in s. 394.455 ~~professional as defined in s. 394.455(5),~~  
995 ~~(7), (33), (36), or (37)~~ or a professional licensed under  
996 chapter 491 must be included among those persons developing the  
997 services plan.

998 Section 14. Paragraph (a) of subsection (2) of section  
999 394.499, Florida Statutes, is amended to read:

1000 394.499 Integrated children's crisis stabilization



1001 unit/juvenile addictions receiving facility services.—

1002 (2) Children eligible to receive integrated children's  
 1003 crisis stabilization unit/juvenile addictions receiving facility  
 1004 services include:

1005 (a) A person under 18 years of age for whom voluntary  
 1006 application is made by his or her parent or legal guardian, if  
 1007 such person is found to show evidence of mental illness and to  
 1008 be suitable for treatment pursuant to s. 394.4625. A person  
 1009 under 18 years of age may be admitted for integrated facility  
 1010 services only after a hearing to verify that the consent to  
 1011 admission is voluntary is conducted pursuant to s. 394.4625.

1012 Section 15. Subsection (6) of section 394.9085, Florida  
 1013 Statutes, is amended to read:

1014 394.9085 Behavioral provider liability.—

1015 (6) For purposes of this section, the terms  
 1016 "detoxification services," "addictions receiving facility," and  
 1017 "receiving facility" have the same meanings as those provided in  
 1018 ss. 397.311(26)(a)4. ~~397.311(26)(a)3.~~, 397.311(26)(a)1., and  
 1019 394.455 ~~394.455(40)~~, respectively.

1020 Section 16. Subsection (3) of section 397.305, Florida  
 1021 Statutes, is amended to read:

1022 397.305 Legislative findings, intent, and purpose.—

1023 (3) It is the purpose of this chapter to provide for a  
 1024 comprehensive continuum of accessible and quality substance  
 1025 abuse prevention, intervention, clinical treatment, and recovery

1026 support services in the most appropriate and least restrictive  
 1027 environment which promotes long-term recovery while protecting  
 1028 and respecting the rights of individuals, primarily through  
 1029 community-based private not-for-profit providers working with  
 1030 local governmental programs involving a wide range of agencies  
 1031 from both the public and private sectors.

1032 Section 17. Present subsections (29) through (36) and (37)  
 1033 through (50) of section 397.311, Florida Statutes, are  
 1034 redesignated as subsections (30) through (37) and (39) through  
 1035 (52), respectively, new subsections (29) and (38) are added to  
 1036 that section, and subsections (19) and (23) are amended, to  
 1037 read:

1038 397.311 Definitions.—As used in this chapter, except part  
 1039 VIII, the term:

1040 (19) "Impaired" or "substance abuse impaired" means having  
 1041 a substance use disorder or a condition involving the use of  
 1042 alcoholic beverages, illicit or prescription drugs, or any  
 1043 psychoactive or mood-altering substance in such a manner as to  
 1044 induce mental, emotional, or physical problems or ~~and~~ cause  
 1045 socially dysfunctional behavior.

1046 (23) "Involuntary treatment services" means an array of  
 1047 behavioral health services that may be ordered by the court for  
 1048 persons with substance abuse impairment or co-occurring  
 1049 substance abuse impairment and mental health disorders.

1050 (29) "Neglect or refuse to care for himself or herself"

1051 includes, but is not limited to, evidence that a person:  
 1052 (a) Is unable to satisfy basic needs for nourishment,  
 1053 clothing, medical care, shelter, or safety, in a manner that  
 1054 creates a substantial probability of imminent death, serious  
 1055 physical debilitation, or disease; or  
 1056 (b) Is substantially unable to make an informed treatment  
 1057 choice and needs care or treatment to prevent deterioration.  
 1058 (38) "Real and present threat of substantial harm"  
 1059 includes, but is not limited to, evidence of a substantial  
 1060 probability that the untreated person will:  
 1061 (a) Lack, refuse, or not receive services for health and  
 1062 safety which are actually available in the community; or  
 1063 (b) Suffer severe mental, emotional, or physical harm that  
 1064 will result in the loss of ability to function in the community  
 1065 or the loss of cognitive or volitional control over thoughts or  
 1066 actions.  
 1067 Section 18. Section 397.416, Florida Statutes, is amended  
 1068 to read:  
 1069 397.416 Substance abuse treatment services; qualified  
 1070 professional.—Notwithstanding any other provision of law, a  
 1071 person who was certified through a certification process  
 1072 recognized by the former Department of Health and Rehabilitative  
 1073 Services before January 1, 1995, may perform the duties of a  
 1074 qualified professional with respect to substance abuse treatment  
 1075 services as defined in this chapter, and need not meet the

1076 certification requirements contained in s. 397.311(36) ~~s.~~  
 1077 ~~397.311(35)~~.

1078 Section 19. Subsection (11) is added to section 397.501,  
 1079 Florida Statutes, to read:

1080 397.501 Rights of individuals.—Individuals receiving  
 1081 substance abuse services from any service provider are  
 1082 guaranteed protection of the rights specified in this section,  
 1083 unless otherwise expressly provided, and service providers must  
 1084 ensure the protection of such rights.

1085 (11) POST-DISCHARGE CONTINUUM OF CARE.—Upon discharge, the  
 1086 facility must inform a respondent with a serious substance use  
 1087 disorder of the essential elements of recovery and be provided  
 1088 assistance with accessing a continuum of care regimen. The  
 1089 department may adopt rules specifying the services that may be  
 1090 provided to such respondents.

1091 Section 20. Section 397.675, Florida Statutes, is amended  
 1092 to read:

1093 397.675 Criteria for involuntary admissions, including  
 1094 protective custody, emergency admission, and other involuntary  
 1095 assessment, involuntary treatment, and alternative involuntary  
 1096 assessment for minors, for purposes of assessment and  
 1097 stabilization, and for involuntary treatment.—A person meets the  
 1098 criteria for involuntary admission if there is good faith reason  
 1099 to believe that the person is substance abuse impaired or has a  
 1100 substance use disorder and a co-occurring mental health disorder

1101 and, because of such impairment or disorder:

1102 (1) Has lost the power of self-control with respect to  
1103 substance abuse, or has a history of noncompliance with  
1104 substance abuse treatment with continued substance use; and

1105 (2) ~~(a)~~ Is in need of substance abuse services and, by  
1106 reason of substance abuse impairment, his or her judgment has  
1107 been so impaired that he or she is refusing voluntary care after  
1108 a sufficient and conscientious explanation and disclosure of the  
1109 purpose for such services, or is incapable of appreciating his  
1110 or her need for such services and of making a rational decision  
1111 in that regard, although mere refusal to receive such services  
1112 does not constitute evidence of lack of judgment with respect to  
1113 his or her need for such services; and ~~or~~

1114 (3) ~~(a)~~ ~~(b)~~ Without care or treatment, is likely to suffer  
1115 from neglect or refuse to care for himself or herself; that such  
1116 neglect or refusal poses a real and present threat of  
1117 substantial harm to his or her well-being; and that it is not  
1118 apparent that such harm may be avoided through the help of  
1119 willing, able, and responsible family members or friends or the  
1120 provision of other services; or

1121 (b) There is substantial likelihood that in the near  
1122 future and without services, the person will inflict serious  
1123 harm to self or others, as evidenced by recent acts, omissions,  
1124 or behavior causing, attempting, or threatening such harm, which  
1125 includes, but is not limited to, significant property damage ~~has~~

1126 ~~inflicted, or threatened to or attempted to inflict, or, unless~~  
 1127 ~~admitted, is likely to inflict, physical harm on himself,~~  
 1128 ~~herself, or another.~~

1129 Section 21. Subsection (1) of section 397.6751, Florida  
 1130 Statutes, is amended to read:

1131 397.6751 Service provider responsibilities regarding  
 1132 involuntary admissions.—

1133 (1) It is the responsibility of the service provider to:

1134 (a) Ensure that a person who is admitted to a licensed  
 1135 service component meets the admission criteria specified in s.  
 1136 397.675;

1137 (b) Ascertain whether the medical and behavioral  
 1138 conditions of the person, as presented, are beyond the safe  
 1139 management capabilities of the service provider;

1140 (c) Provide for the admission of the person to the service  
 1141 component that represents the most appropriate and least  
 1142 restrictive available setting that is responsive to the person's  
 1143 treatment needs;

1144 (d) Verify that the admission of the person to the service  
 1145 component does not result in a census in excess of its licensed  
 1146 service capacity;

1147 (e) Determine whether the cost of services is within the  
 1148 financial means of the person or those who are financially  
 1149 responsible for the person's care; and

1150 (f) Take all necessary measures to ensure that each

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1151 individual in treatment is provided with a safe environment, and  
1152 to ensure that each individual whose medical condition or  
1153 behavioral problem becomes such that he or she cannot be safely  
1154 managed by the service component is discharged and referred to a  
1155 more appropriate setting for care.

1156 Section 22. Section 397.681, Florida Statutes, is amended  
1157 to read:

1158 397.681 Involuntary petitions; general provisions; court  
1159 jurisdiction and right to counsel.—

1160 (1) JURISDICTION.—The courts have jurisdiction of  
1161 ~~involuntary assessment and stabilization petitions and~~  
1162 involuntary treatment petitions for substance abuse impaired  
1163 persons, and such petitions must be filed with the clerk of the  
1164 court in the county where the person is located or resides. The  
1165 clerk of the court may not charge a fee for the filing of a  
1166 petition under this section. The chief judge may appoint a  
1167 general or special magistrate to preside over all or part of the  
1168 proceedings related to the petition or any ancillary matters  
1169 thereto, which include, but are not limited to, writs of habeas  
1170 corpus issued pursuant to s. 397.501(9). The alleged impaired  
1171 person is named as the respondent.

1172 (2) RIGHT TO COUNSEL.—A respondent has the right to  
1173 counsel at every stage of a proceeding relating to a petition  
1174 for his or her ~~involuntary assessment and a petition for his or~~  
1175 ~~her~~ involuntary treatment for substance abuse impairment. A

1176 respondent who desires counsel and is unable to afford private  
1177 counsel has the right to court-appointed counsel and to the  
1178 benefits of s. 57.081. If the court believes that the respondent  
1179 needs the assistance of counsel, the court shall appoint such  
1180 counsel for the respondent without regard to the respondent's  
1181 wishes. If the respondent is a minor not otherwise represented  
1182 in the proceeding, the court shall immediately appoint a  
1183 guardian ad litem to act on the minor's behalf.

1184 (3) STATE REPRESENTATIVE.—Subject to legislative  
1185 appropriation, for all court-involved involuntary proceedings  
1186 under this chapter in which the petitioner has not retained  
1187 private counsel, the state attorney for the circuit in which the  
1188 respondent is located shall represent the state rather than the  
1189 petitioner as the real party of interest in the proceeding, but  
1190 the petitioner has the right to be heard. Furthermore, the state  
1191 attorney may not use any records obtained under this part for  
1192 criminal investigation or prosecution purposes, or for any  
1193 purpose other than the respondent's civil commitment under this  
1194 chapter. Any records obtained under this subsection must remain  
1195 confidential.

1196 Section 23. Section 397.6811, Florida Statutes, is  
1197 repealed.

1198 Section 24. Section 397.6814, Florida Statutes, is  
1199 repealed.

1200 Section 25. Section 397.6815, Florida Statutes, is



1201 repealed.

1202       Section 26. Section 397.6818, Florida Statutes, is

1203 repealed.

1204       Section 27. Section 397.6819, Florida Statutes, is

1205 repealed.

1206       Section 28. Section 397.6821, Florida Statutes, is

1207 repealed.

1208       Section 29. Section 397.6822, Florida Statutes, is

1209 repealed.

1210       Section 30. Section 397.693, Florida Statutes, is amended

1211 to read:

1212       397.693 Involuntary treatment.—A person may be the subject

1213 of a petition for court-ordered involuntary treatment pursuant

1214 to this part, if that person:

1215       (1) Reasonably appears to meet ~~meets~~ the criteria for

1216 involuntary admission provided in s. 397.675; ~~and:~~

1217       (2) ~~(1)~~ Has been placed under protective custody pursuant

1218 to s. 397.677 within the previous 10 days;

1219       (3) ~~(2)~~ Has been subject to an emergency admission pursuant

1220 to s. 397.679 within the previous 10 days; or

1221       (4) ~~(3)~~ Has been assessed by a qualified professional

1222 within 30 ~~5~~ days;

1223       ~~(4) Has been subject to involuntary assessment and~~

1224 ~~stabilization pursuant to s. 397.6818 within the previous 12~~

1225 ~~days; or~~

1226 ~~(5) Has been subject to alternative involuntary admission~~  
 1227 ~~pursuant to s. 397.6822 within the previous 12 days.~~

1228 Section 31. Section 397.695, Florida Statutes, is amended  
 1229 to read:

1230 397.695 Involuntary treatment services; persons who may  
 1231 petition.—

1232 (1) If the respondent is an adult, a petition for  
 1233 involuntary treatment services may be filed by the respondent's  
 1234 spouse or legal guardian, any relative, a service provider, or  
 1235 an adult who has direct personal knowledge of the respondent's  
 1236 substance abuse impairment and his or her prior course of  
 1237 assessment and treatment.

1238 (2) If the respondent is a minor, a petition for  
 1239 involuntary treatment may be filed by a parent, legal guardian,  
 1240 or service provider.

1241 (3) The court or the clerk of the court may waive or  
 1242 prohibit any service of process fees if a petitioner is  
 1243 determined to be indigent under s. 57.082.

1244 Section 32. Section 397.6951, Florida Statutes, is amended  
 1245 to read:

1246 397.6951 Contents of petition for involuntary treatment  
 1247 services.—

1248 (1) A petition for involuntary treatment services must  
 1249 contain the name of the respondent; the name of the petitioner  
 1250 ~~or petitioners~~; the relationship between the respondent and the

1251 petitioner; the name of the respondent's attorney, if known; ~~the~~  
1252 ~~findings and recommendations of the assessment performed by the~~  
1253 ~~qualified professional;~~ and the factual allegations presented by  
1254 the petitioner establishing the need for involuntary ~~outpatient~~  
1255 services for substance abuse impairment. The factual allegations  
1256 must demonstrate the reason for the petitioner's belief that the  
1257 respondent:

1258 ~~(1) The reason for the petitioner's belief that the~~  
1259 ~~respondent is substance abuse impaired;~~

1260 ~~(a) (2) The reason for the petitioner's belief that because~~  
1261 ~~of such impairment the respondent~~ Has lost the power of self-  
1262 control with respect to substance abuse, or has a history of  
1263 noncompliance with substance abuse treatment with continued  
1264 substance use; and

1265 (b) Needs substance abuse services, but his or her  
1266 judgment is so impaired by substance abuse that he or she either  
1267 is refusing voluntary care after a sufficient and conscientious  
1268 explanation and disclosure of the purpose of such services, or  
1269 is incapable of appreciating his or her need for such services  
1270 and of making a rational decision in that regard; and

1271 (c)1. Without services, is likely to suffer from neglect  
1272 or refuse to care for himself or herself; that the neglect or  
1273 refusal poses a real and present threat of substantial harm to  
1274 his or her well-being; and that it is not apparent that the harm  
1275 may be avoided through the help of willing, able, and

1276 responsible family members or friends or the provision of other  
 1277 services; or

1278 2. There is a substantial likelihood that in the near  
 1279 future and without services, the respondent will inflict serious  
 1280 harm to self or others, as evidenced by recent acts, omissions,  
 1281 or behavior causing, attempting, or threatening such harm, which  
 1282 includes, but is not limited to, significant property damage

1283 ~~(3) (a) The reason the petitioner believes that the~~  
 1284 ~~respondent has inflicted or is likely to inflict physical harm~~  
 1285 ~~on himself or herself or others unless the court orders the~~  
 1286 ~~involuntary services; or~~

1287 ~~(b) The reason the petitioner believes that the~~  
 1288 ~~respondent's refusal to voluntarily receive care is based on~~  
 1289 ~~judgment so impaired by reason of substance abuse that the~~  
 1290 ~~respondent is incapable of appreciating his or her need for care~~  
 1291 ~~and of making a rational decision regarding that need for care.~~

1292 (2) The petition may be accompanied by a certificate or  
 1293 report of a qualified professional or a licensed physician who  
 1294 examined the respondent within 30 days before the petition was  
 1295 filed. This certificate or report must include the qualified  
 1296 professional or physician's findings relating to his or her  
 1297 assessment of the patient and his or her treatment  
 1298 recommendations. If the respondent was not assessed before the  
 1299 filing of a treatment petition or refused to submit to an  
 1300 evaluation, the lack of assessment or refusal must be noted in

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1301 the petition.

1302 (3) If there is an emergency, the petition must also  
1303 describe the respondent's exigent circumstances and include a  
1304 request for an ex parte assessment and stabilization order that  
1305 must be executed pursuant to s. 397.6955(4).

1306 Section 33. Section 397.6955, Florida Statutes, is amended  
1307 to read:

1308 397.6955 Duties of court upon filing of petition for  
1309 involuntary treatment services.-

1310 (1) Upon the filing of a petition for involuntary  
1311 treatment services for a substance abuse impaired person with  
1312 the clerk of the court that does not indicate that the  
1313 petitioner has retained private counsel, the clerk must notify  
1314 the state attorney's office. In addition, the court shall  
1315 immediately determine whether the respondent is represented by  
1316 an attorney or whether the appointment of counsel for the  
1317 respondent is appropriate. If, based on the contents of the  
1318 petition, the court appoints counsel for the person, the clerk  
1319 of the court shall immediately notify the office of criminal  
1320 conflict and civil regional counsel, created pursuant to s.  
1321 27.511, of the appointment. The office of criminal conflict and  
1322 civil regional counsel shall represent the person until the  
1323 petition is dismissed, the court order expires, ~~or~~ the person is  
1324 discharged from involuntary treatment services, or the office is  
1325 otherwise discharged by the court. An attorney that represents

1326 | the person named in the petition shall have access to the  
 1327 | person, witnesses, and records relevant to the presentation of  
 1328 | the person's case and shall represent the interests of the  
 1329 | person, regardless of the source of payment to the attorney.

1330 |         (2) The court shall schedule a hearing to be held on the  
 1331 | petition within 10 court working ~~5~~ days unless a continuance is  
 1332 | granted. ~~The court may appoint a magistrate to preside at the~~  
 1333 | ~~hearing.~~

1334 |         (3) A copy of the petition and notice of the hearing must  
 1335 | be provided to the respondent; the respondent's parent,  
 1336 | guardian, or legal custodian, in the case of a minor; the  
 1337 | respondent's attorney, if known; the petitioner; the  
 1338 | respondent's spouse or guardian, if applicable; and such other  
 1339 | persons as the court may direct. If the respondent is a minor, a  
 1340 | copy of the petition and notice of the hearing must be  
 1341 | personally delivered to the respondent. The clerk ~~court~~ shall  
 1342 | also issue a summons to the person whose admission is sought,  
 1343 | and unless a circuit court's chief judge authorizes  
 1344 | disinterested private process servers to serve parties under  
 1345 | this chapter, a law enforcement agency must effect service for  
 1346 | the initial treatment hearing.

1347 |         (4) (a) When the petitioner asserts that emergency  
 1348 | circumstances exist, or when upon review of the petition the  
 1349 | court determines that an emergency exists, the court may rely  
 1350 | solely on the contents of the petition and, without the

1351 appointment of an attorney, enter an ex parte order for the  
1352 respondent's involuntary assessment and stabilization which must  
1353 be executed during the period when the hearing on the petition  
1354 for treatment is pending. The court may further order a law  
1355 enforcement officer or other designated agent of the court to:

1356 1. Take the respondent into custody and deliver him or her  
1357 to either the nearest appropriate licensed service provider or a  
1358 licensed service provider designated by the court to be  
1359 evaluated; and

1360 2. Serve the respondent with the notice of hearing and a  
1361 copy of the petition.

1362 (b) The service provider must promptly inform the court  
1363 and parties of the respondent's arrival and may not hold the  
1364 respondent for longer than 72 hours of observation thereafter,  
1365 unless:

1366 1. The service provider seeks additional time under s.  
1367 397.6957(1)(c) and the court, after a hearing, grants that  
1368 motion;

1369 2. The respondent shows signs of withdrawal, or a need to  
1370 be either detoxified or treated for a medical condition, which  
1371 shall extend the amount of time the respondent may be held for  
1372 observation until the issue is resolved; or

1373 3. The original or extended observation period ends on a  
1374 weekend or holiday, in which case the provider may hold the  
1375 respondent until the next court working day.

1376 (c) If the ex parte order was not executed by the initial  
1377 hearing date, it shall be deemed void. However, should the  
1378 respondent not appear at the hearing for any reason, including  
1379 lack of service, and upon reviewing the petition, testimony, and  
1380 evidence presented, the court reasonably believes the respondent  
1381 meets this chapter's commitment criteria and that a substance  
1382 abuse emergency exists, the court may issue or reissue an ex  
1383 parte assessment and stabilization order that is valid for 90  
1384 days. If the respondent's location is known at the time of the  
1385 hearing, the court:

1386 1. Shall continue the case for no more than 10 court  
1387 working days; and

1388 2. May order a law enforcement officer or other designated  
1389 agent of the court to:

1390 a. Take the respondent into custody and deliver him or her  
1391 to be evaluated either by the nearest appropriate licensed  
1392 service provider or by a licensed service provider designated by  
1393 the court; and

1394 b. If a hearing date is set, serve the respondent with  
1395 notice of the rescheduled hearing and a copy of the involuntary  
1396 treatment petition if the respondent has not already been  
1397 served.

1398  
1399 Otherwise, the petitioner and the service provider must promptly  
1400 inform the court that the respondent has been assessed so that



1401 the court may schedule a hearing as soon as practicable. The  
1402 service provider must serve the respondent, before his or her  
1403 discharge, with the notice of hearing and a copy of the  
1404 petition. However, if the respondent has not been assessed  
1405 within 90 days, the court must dismiss the case.

1406 Section 34. Section 397.6957, Florida Statutes, is amended  
1407 to read:

1408 397.6957 Hearing on petition for involuntary treatment  
1409 services.—

1410 (1) (a) The respondent must be present at a hearing on a  
1411 petition for involuntary treatment services unless he or she  
1412 knowingly, intelligently, and voluntarily waives his or her  
1413 right to be present or, upon receiving proof of service and  
1414 evaluating the circumstances of the case, the court finds that  
1415 his or her presence is inconsistent with his or her best  
1416 interests or is likely to be injurious to himself or herself or  
1417 others. The court shall hear and review all relevant evidence,  
1418 including testimony from individuals such as family members  
1419 familiar with the respondent's prior history and how it relates  
1420 to his or her current condition, and ~~the review of~~ results of  
1421 the assessment completed by the qualified professional in  
1422 connection with this chapter. The court may also order drug  
1423 tests. Absent a showing of good cause, such as specific symptoms  
1424 of the respondent's condition, the court may permit all  
1425 witnesses, such as any medical professionals or personnel who

1426 are or have been involved with the respondent's treatment, to  
1427 remotely attend and testify at the hearing under oath via the  
1428 most appropriate and convenient technological method of  
1429 communication available to the court, including, but not limited  
1430 to, teleconference. Any witness intending to remotely attend and  
1431 testify at the hearing must provide the parties with all  
1432 relevant documents by the close of business on the day before  
1433 the hearing ~~the respondent's protective custody, emergency~~  
1434 ~~admission, involuntary assessment, or alternative involuntary~~  
1435 ~~admission. The respondent must be present unless the court finds~~  
1436 ~~that his or her presence is likely to be injurious to himself or~~  
1437 ~~herself or others, in which event the court must appoint a~~  
1438 ~~guardian advocate to act in behalf of the respondent throughout~~  
1439 ~~the proceedings.~~

1440 (b) A respondent cannot be involuntarily ordered into  
1441 treatment under this chapter without a clinical assessment being  
1442 performed, unless he or she is present in court and expressly  
1443 waives the assessment. In nonemergency situations, if the  
1444 respondent was not, or had previously refused to be, assessed by  
1445 a qualified professional and, based on the petition, testimony,  
1446 and evidence presented, it reasonably appears that the  
1447 respondent qualifies for involuntary treatment services, the  
1448 court shall issue an involuntary assessment and stabilization  
1449 order to determine the appropriate level of treatment the  
1450 respondent requires. Additionally, in cases where an assessment

1451 was attached to the petition, the respondent may request, or the  
1452 court on its own motion may order, an independent assessment by  
1453 a court-appointed physician or an otherwise agreed-upon  
1454 physician. If an assessment order is issued, it is valid for 90  
1455 days, and if the respondent is present or there is either proof  
1456 of service or his or her location is known, the involuntary  
1457 treatment hearing shall be continued for no more than 10 court  
1458 working days. Otherwise, the petitioner and the service provider  
1459 must promptly inform the court that the respondent has been  
1460 assessed so that the court may schedule a hearing as soon as  
1461 practicable. The service provider shall then serve the  
1462 respondent, before his or her discharge, with the notice of  
1463 hearing and a copy of the petition. The assessment must occur  
1464 before the new hearing date, and if there is evidence indicating  
1465 that the respondent will not voluntarily appear at the  
1466 forthcoming hearing, or is a danger to self or others, the court  
1467 may enter a preliminary order committing the respondent to an  
1468 appropriate treatment facility for further evaluation until the  
1469 date of the rescheduled hearing. However, if after 90 days the  
1470 respondent remains unassessed, the court shall dismiss the case.

1471 (c)1. The respondent's assessment by a qualified  
1472 professional must occur within 72 hours after his or her arrival  
1473 at a licensed service provider unless he or she shows signs of  
1474 withdrawal or a need to be either detoxified or treated for a  
1475 medical condition, which shall extend the amount of time the

1476 respondent may be held for observation until that issue is  
1477 resolved. If the person conducting the assessment is not a  
1478 licensed physician, the assessment must be reviewed by a  
1479 licensed physician within the 72-hour period. If the respondent  
1480 is a minor, such assessment must be initiated within the first  
1481 12 hours after the minor's admission to the facility. The  
1482 service provider may also move to extend the 72 hours of  
1483 observation by petitioning the court in writing for additional  
1484 time. The service provider must furnish copies of such motion to  
1485 all parties in accordance with applicable confidentiality  
1486 requirements and, after a hearing, the court may grant  
1487 additional time or expedite the respondent's involuntary  
1488 treatment hearing. The involuntary treatment hearing, however,  
1489 may only be expedited by agreement of the parties on the hearing  
1490 date, or if there is notice and proof of service as provided in  
1491 s. 397.6955 (1) and (3). If the court grants the service  
1492 provider's petition, the service provider may hold the  
1493 respondent until its extended assessment period expires or until  
1494 the expedited hearing date. However, if the original or extended  
1495 observation period ends on a weekend or holiday, the provider  
1496 may hold the respondent until the next court working day.

1497 2. Upon the completion of his or her report, the qualified  
1498 professional, in accordance with applicable confidentiality  
1499 requirements, shall provide copies to the court and all relevant  
1500 parties and counsel. This report must contain a recommendation

1501 on the level, if any, of substance abuse and, if applicable, co-  
1502 occurring mental health treatment the respondent requires. The  
1503 qualified professional's failure to include a treatment  
1504 recommendation, much like a recommendation of no treatment,  
1505 shall result in the petition's dismissal.

1506 (d) The court may order a law enforcement officer or other  
1507 designated agent of the court to take the respondent into  
1508 custody and transport him or her to or from the treating or  
1509 assessing service provider and the court for his or her hearing.

1510 (2) The petitioner has the burden of proving by clear and  
1511 convincing evidence that:

1512 (a) The respondent is substance abuse impaired, has lost  
1513 the power of self-control with respect to substance abuse, or  
1514 ~~and~~ has a history of lack of compliance with treatment for  
1515 substance abuse with continued substance use; and

1516 (b) Because of such impairment, the respondent is unlikely  
1517 to voluntarily participate in the recommended services after  
1518 sufficient and conscientious explanation and disclosure of their  
1519 purpose, or is unable to determine for himself or herself  
1520 whether services are necessary and make a rational decision in  
1521 that regard; and~~+~~

1522 (c)1. Without services, the respondent is likely to suffer  
1523 from neglect or refuse to care for himself or herself; that such  
1524 neglect or refusal poses a real and present threat of  
1525 substantial harm to his or her well-being; and that it is not

1526 apparent that such harm may be avoided through the help of  
1527 willing, able, and responsible family members or friends or the  
1528 provision of other services; or

1529 2. There is a substantial likelihood that in the near  
1530 future and without services, the respondent will inflict serious  
1531 harm to self or others, as evidenced by recent acts, omissions,  
1532 or behavior causing, attempting, or threatening such harm, which  
1533 includes, but is not limited to, significant property damage  
1534 ~~cause serious bodily harm to himself, herself, or another in the~~  
1535 ~~near future, as evidenced by recent behavior; or~~

1536 ~~2. The respondent's refusal to voluntarily receive care is~~  
1537 ~~based on judgment so impaired by reason of substance abuse that~~  
1538 ~~the respondent is incapable of appreciating his or her need for~~  
1539 ~~care and of making a rational decision regarding that need for~~  
1540 ~~care.~~

1541 ~~(3) One of the qualified professionals who executed the~~  
1542 ~~involuntary services certificate must be a witness. The court~~  
1543 ~~shall allow testimony from individuals, including family~~  
1544 ~~members, deemed by the court to be relevant under state law,~~  
1545 ~~regarding the respondent's prior history and how that prior~~  
1546 ~~history relates to the person's current condition. The Testimony~~  
1547 ~~in the hearing must be taken under oath, and the proceedings~~  
1548 ~~must be recorded. The respondent ~~patient~~ may refuse to testify~~  
1549 ~~at the hearing.~~

1550 (4) If at any point during the hearing the court has

1551 reason to believe that the respondent, due to mental illness  
1552 other than or in addition to substance abuse impairment, is  
1553 likely to neglect or injure himself, herself, or another if  
1554 allowed to remain at liberty, or otherwise meets the involuntary  
1555 commitment provisions of part I of chapter 394, the court may  
1556 initiate involuntary examination proceedings under such  
1557 provisions.

1558 (5)(4) At the conclusion of the hearing, the court shall  
1559 either dismiss the petition or order the respondent to receive  
1560 involuntary treatment services from his or her chosen licensed  
1561 service provider if possible and appropriate. Any treatment  
1562 order must include findings regarding the respondent's need for  
1563 treatment and the appropriateness of other less restrictive  
1564 alternatives.

1565 Section 35. Section 397.697, Florida Statutes, is amended  
1566 to read:

1567 397.697 Court determination; effect of court order for  
1568 involuntary treatment services.-

1569 (1) (a) When the court finds that the conditions for  
1570 involuntary treatment services have been proved by clear and  
1571 convincing evidence, it may order the respondent to receive  
1572 involuntary treatment services from a publicly funded licensed  
1573 service provider for a period not to exceed 90 days. The court  
1574 may also order a respondent to undergo treatment through a  
1575 privately funded licensed service provider if the respondent has

1576 the ability to pay for the treatment, or if any person on the  
1577 respondent's behalf voluntarily demonstrates a willingness and  
1578 an ability to pay for the treatment. If the court finds it  
1579 necessary, it may direct the sheriff to take the respondent into  
1580 custody and deliver him or her to the licensed service provider  
1581 specified in the court order, or to the nearest appropriate  
1582 licensed service provider, for involuntary treatment services.  
1583 When the conditions justifying involuntary treatment services no  
1584 longer exist, the individual must be released as provided in s.  
1585 397.6971. When the conditions justifying involuntary treatment  
1586 services are expected to exist after 90 days of treatment  
1587 services, a renewal of the involuntary treatment services order  
1588 may be requested pursuant to s. 397.6975 before the end of the  
1589 90-day period.

1590 (b) To qualify for involuntary outpatient treatment, an  
1591 individual must be supported by a social worker or case manager  
1592 of a licensed service provider or a willing, able, and  
1593 responsible individual appointed by the court who shall inform  
1594 the court and parties if the respondent fails to comply with his  
1595 or her outpatient program. In addition, unless the respondent  
1596 has been involuntarily ordered into inpatient treatment under  
1597 this chapter at least twice during the last 36 months, or  
1598 demonstrates the ability to substantially comply with the  
1599 outpatient treatment while waiting for residential placement to  
1600 become available, he or she must receive an assessment from a



1601 qualified professional or licensed physician expressly  
1602 recommending outpatient services, such services must be  
1603 available in the county in which the respondent is located, and  
1604 it must appear likely that the respondent will follow a  
1605 prescribed outpatient care plan.

1606 (2) In all cases resulting in an order for involuntary  
1607 treatment services, the court shall retain jurisdiction over the  
1608 case and the parties for the entry of such further orders as the  
1609 circumstances may require, including, but not limited to,  
1610 monitoring compliance with treatment, changing the treatment  
1611 modality, or initiating contempt of court proceedings for  
1612 violating any valid order issued pursuant to this chapter.  
1613 Hearings under this section may be set by motion of the parties  
1614 or under the court's own authority, and the motion and notice of  
1615 hearing for these ancillary proceedings, which include, but are  
1616 not limited to, civil contempt, must be served in accordance  
1617 with relevant court procedural rules. The court's requirements  
1618 for notification of proposed release must be included in the  
1619 original order.

1620 (3) An involuntary treatment services order also  
1621 authorizes the licensed service provider to require the  
1622 individual to receive treatment services that will benefit him  
1623 or her, including treatment services at any licensable service  
1624 component of a licensed service provider. While subject to the  
1625 court's oversight, the service provider's authority under this

1626 section is separate and distinct from the court's broad  
 1627 continuing jurisdiction under subsection (2). Such oversight  
 1628 includes, but is not limited to, submitting reports regarding  
 1629 the respondent's progress or compliance with treatment as  
 1630 required by the court.

1631 (4) If the court orders involuntary treatment services, a  
 1632 copy of the order must be sent to the managing entity within 1  
 1633 working day after it is received from the court. Documents may  
 1634 be submitted electronically through ~~though~~ existing data  
 1635 systems, if applicable.

1636 Section 36. Section 397.6971, Florida Statutes, is amended  
 1637 to read:

1638 397.6971 Early release from involuntary treatment  
 1639 services.—

1640 (1) At any time before the end of the 90-day involuntary  
 1641 treatment services period, or before the end of any extension  
 1642 granted pursuant to s. 397.6975, an individual receiving  
 1643 involuntary treatment services may be determined eligible for  
 1644 discharge to the most appropriate referral or disposition for  
 1645 the individual when any of the following apply:

1646 (a) The individual no longer meets the criteria for  
 1647 involuntary admission and has given his or her informed consent  
 1648 to be transferred to voluntary treatment status.

1649 (b) If the individual was admitted on the grounds of  
 1650 likelihood of self-neglect or the infliction of ~~physical~~ harm

1651 upon himself or herself or others, such likelihood no longer  
 1652 exists.

1653 (c) If the individual was admitted on the grounds of need  
 1654 for assessment and stabilization or treatment, accompanied by  
 1655 inability to make a determination respecting such need:

- 1656 1. Such inability no longer exists; or
- 1657 2. It is evident that further treatment will not bring  
 1658 about further significant improvements in the individual's  
 1659 condition.

1660 (d) The individual ~~is~~ no longer needs treatment ~~in need of~~  
 1661 services.

1662 (e) The director of the service provider determines that  
 1663 the individual is beyond the safe management capabilities of the  
 1664 provider.

1665 (2) Whenever a qualified professional determines that an  
 1666 individual admitted for involuntary treatment services qualifies  
 1667 for early release under subsection (1), the service provider  
 1668 shall immediately discharge the individual and must notify all  
 1669 persons specified by the court in the original treatment order.

1670 Section 37. Section 397.6975, Florida Statutes, is amended  
 1671 to read:

1672 397.6975 Extension of involuntary treatment services  
 1673 period.—

1674 (1) Whenever a service provider believes that an  
 1675 individual who is nearing the scheduled date of his or her

1676 release from involuntary services continues to meet the criteria  
1677 for involuntary treatment services in s. 397.693 or s. 397.6957,  
1678 a petition for renewal of the involuntary treatment services  
1679 order must ~~may~~ be filed with the court ~~at least 10 days~~ before  
1680 the expiration of the court-ordered services period. The  
1681 petition may be filed by the service provider or by the person  
1682 who filed the petition for the initial treatment order if the  
1683 petition is accompanied by supporting documentation from the  
1684 service provider. The court shall ~~immediately~~ schedule a hearing  
1685 within 10 court working ~~to be held not more than 15~~ days after  
1686 filing of the petition and. ~~The court shall~~ provide the copy of  
1687 the petition for renewal and the notice of the hearing to all  
1688 parties and counsel to the proceeding. The hearing is conducted  
1689 pursuant to ss. 397.6957 and 397.697 and must be before the  
1690 circuit court unless referred to a magistrate ~~s. 397.6957~~.

1691 (2) If the court finds that the petition for renewal of  
1692 ~~the~~ involuntary treatment services ~~order~~ should be granted, it  
1693 may order the respondent to receive involuntary treatment  
1694 services for a period not to exceed an additional 90 days. When  
1695 the conditions justifying involuntary treatment services no  
1696 longer exist, the individual must be released as provided in s.  
1697 397.6971. When the conditions justifying involuntary treatment  
1698 services continue to exist after an additional 90 days of  
1699 treatment service, a new petition requesting renewal of the  
1700 involuntary treatment services order may be filed pursuant to

1701 this section.

1702 ~~(3) Within 1 court working day after the filing of a~~  
1703 ~~petition for continued involuntary services, the court shall~~  
1704 ~~appoint the office of criminal conflict and civil regional~~  
1705 ~~counsel to represent the respondent, unless the respondent is~~  
1706 ~~otherwise represented by counsel. The clerk of the court shall~~  
1707 ~~immediately notify the office of criminal conflict and civil~~  
1708 ~~regional counsel of such appointment. The office of criminal~~  
1709 ~~conflict and civil regional counsel shall represent the~~  
1710 ~~respondent until the petition is dismissed or the court order~~  
1711 ~~expires or the respondent is discharged from involuntary~~  
1712 ~~services. Any attorney representing the respondent shall have~~  
1713 ~~access to the respondent, witnesses, and records relevant to the~~  
1714 ~~presentation of the respondent's case and shall represent the~~  
1715 ~~interests of the respondent, regardless of the source of payment~~  
1716 ~~to the attorney.~~

1717 ~~(4) Hearings on petitions for continued involuntary~~  
1718 ~~services shall be before the circuit court. The court may~~  
1719 ~~appoint a magistrate to preside at the hearing. The procedures~~  
1720 ~~for obtaining an order pursuant to this section shall be in~~  
1721 ~~accordance with s. 397.697.~~

1722 ~~(5) Notice of hearing shall be provided to the respondent~~  
1723 ~~or his or her counsel. The respondent and the respondent's~~  
1724 ~~counsel may agree to a period of continued involuntary services~~  
1725 ~~without a court hearing.~~

1726 ~~(6) The same procedure shall be repeated before the~~  
 1727 ~~expiration of each additional period of involuntary services.~~

1728 ~~(7) If the respondent has previously been found~~  
 1729 ~~incompetent to consent to treatment, the court shall consider~~  
 1730 ~~testimony and evidence regarding the respondent's competence.~~

1731 Section 38. Section 397.6977, Florida Statutes, is amended  
 1732 to read:

1733 397.6977 Disposition of individual upon completion of  
 1734 involuntary treatment services.—At the conclusion of the 90-day  
 1735 period of court-ordered involuntary treatment services, the  
 1736 respondent is automatically discharged unless a motion for  
 1737 renewal of the involuntary treatment services order has been  
 1738 filed with the court pursuant to s. 397.6975.

1739 Section 39. Section 397.6978, Florida Statutes, is  
 1740 repealed.

1741 Section 40. Paragraph (b) of subsection (1) of section  
 1742 409.972, Florida Statutes, is amended to read:

1743 409.972 Mandatory and voluntary enrollment.—

1744 (1) The following Medicaid-eligible persons are exempt  
 1745 from mandatory managed care enrollment required by s. 409.965,  
 1746 and may voluntarily choose to participate in the managed medical  
 1747 assistance program:

1748 (b) Medicaid recipients residing in residential commitment  
 1749 facilities operated through the Department of Juvenile Justice  
 1750 or a treatment facility as defined in s. 394.455 ~~s. 394.455(48)~~.

1751 Section 41. Paragraph (e) of subsection (4) of section  
 1752 464.012, Florida Statutes, is amended to read:

1753 464.012 Licensure of advanced practice registered nurses;  
 1754 fees; controlled substance prescribing.—

1755 (4) In addition to the general functions specified in  
 1756 subsection (3), an advanced practice registered nurse may  
 1757 perform the following acts within his or her specialty:

1758 (e) A psychiatric nurse, who meets the requirements in s.  
 1759 394.455(37) ~~s. 394.455(36)~~, within the framework of an  
 1760 established protocol with a psychiatrist, may prescribe  
 1761 psychotropic controlled substances for the treatment of mental  
 1762 disorders.

1763 Section 42. Subsection (7) of section 744.2007, Florida  
 1764 Statutes, is amended to read:

1765 744.2007 Powers and duties.—

1766 (7) A public guardian may not commit a ward to a treatment  
 1767 facility, as defined in s. 394.455 ~~s. 394.455(48)~~, without an  
 1768 involuntary placement proceeding as provided by law.

1769 Section 43. Paragraph (a) of subsection (2) of section  
 1770 790.065, Florida Statutes, is amended to read:

1771 790.065 Sale and delivery of firearms.—

1772 (2) Upon receipt of a request for a criminal history  
 1773 record check, the Department of Law Enforcement shall, during  
 1774 the licensee's call or by return call, forthwith:

1775 (a) Review any records available to determine if the

1776 potential buyer or transferee:

1777 1. Has been convicted of a felony and is prohibited from  
 1778 receipt or possession of a firearm pursuant to s. 790.23;

1779 2. Has been convicted of a misdemeanor crime of domestic  
 1780 violence, and therefore is prohibited from purchasing a firearm;

1781 3. Has had adjudication of guilt withheld or imposition of  
 1782 sentence suspended on any felony or misdemeanor crime of  
 1783 domestic violence unless 3 years have elapsed since probation or  
 1784 any other conditions set by the court have been fulfilled or  
 1785 expunction has occurred; or

1786 4. Has been adjudicated mentally defective or has been  
 1787 committed to a mental institution by a court or as provided in  
 1788 sub-sub-subparagraph b.(II), and as a result is prohibited by  
 1789 state or federal law from purchasing a firearm.

1790 a. As used in this subparagraph, "adjudicated mentally  
 1791 defective" means a determination by a court that a person, as a  
 1792 result of marked subnormal intelligence, or mental illness,  
 1793 incompetency, condition, or disease, is a danger to himself or  
 1794 herself or to others or lacks the mental capacity to contract or  
 1795 manage his or her own affairs. The phrase includes a judicial  
 1796 finding of incapacity under s. 744.331(6)(a), an acquittal by  
 1797 reason of insanity of a person charged with a criminal offense,  
 1798 and a judicial finding that a criminal defendant is not  
 1799 competent to stand trial.

1800 b. As used in this subparagraph, "committed to a mental



1801 institution" means:

1802 (I) Involuntary commitment, commitment for mental  
1803 defectiveness or mental illness, and commitment for substance  
1804 abuse. The phrase includes involuntary inpatient placement under  
1805 ~~as defined in s. 394.467~~, involuntary outpatient placement as  
1806 defined in s. 394.4655, ~~involuntary assessment and stabilization~~  
1807 ~~under s. 397.6818~~, and involuntary substance abuse treatment  
1808 under s. 397.6957, but does not include a person in a mental  
1809 institution for observation or discharged from a mental  
1810 institution based upon the initial review by the physician or a  
1811 voluntary admission to a mental institution; or

1812 (II) Notwithstanding sub-sub-subparagraph (I), voluntary  
1813 admission to a mental institution for outpatient or inpatient  
1814 treatment of a person who had an involuntary examination under  
1815 s. 394.463, where each of the following conditions have been  
1816 met:

1817 (A) An examining physician found that the person is an  
1818 imminent danger to himself or herself or others.

1819 (B) The examining physician certified that if the person  
1820 did not agree to voluntary treatment, a petition for involuntary  
1821 outpatient or inpatient treatment would have been filed under s.  
1822 394.463(2)(g)4., or the examining physician certified that a  
1823 petition was filed and the person subsequently agreed to  
1824 voluntary treatment prior to a court hearing on the petition.

1825 (C) Before agreeing to voluntary treatment, the person

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1826 received written notice of that finding and certification, and  
1827 written notice that as a result of such finding, he or she may  
1828 be prohibited from purchasing a firearm, and may not be eligible  
1829 to apply for or retain a concealed weapon or firearms license  
1830 under s. 790.06 and the person acknowledged such notice in  
1831 writing, in substantially the following form:

1832  
1833 "I understand that the doctor who examined me believes I am a  
1834 danger to myself or to others. I understand that if I do not  
1835 agree to voluntary treatment, a petition will be filed in court  
1836 to require me to receive involuntary treatment. I understand  
1837 that if that petition is filed, I have the right to contest it.  
1838 In the event a petition has been filed, I understand that I can  
1839 subsequently agree to voluntary treatment prior to a court  
1840 hearing. I understand that by agreeing to voluntary treatment in  
1841 either of these situations, I may be prohibited from buying  
1842 firearms and from applying for or retaining a concealed weapons  
1843 or firearms license until I apply for and receive relief from  
1844 that restriction under Florida law."

1845  
1846 (D) A judge or a magistrate has, pursuant to sub-sub-  
1847 subparagraph c.(II), reviewed the record of the finding,  
1848 certification, notice, and written acknowledgment classifying  
1849 the person as an imminent danger to himself or herself or  
1850 others, and ordered that such record be submitted to the

1851 department.

1852 c. In order to check for these conditions, the department  
1853 shall compile and maintain an automated database of persons who  
1854 are prohibited from purchasing a firearm based on court records  
1855 of adjudications of mental defectiveness or commitments to  
1856 mental institutions.

1857 (I) Except as provided in sub-sub-subparagraph (II),  
1858 clerks of court shall submit these records to the department  
1859 within 1 month after the rendition of the adjudication or  
1860 commitment. Reports shall be submitted in an automated format.  
1861 The reports must, at a minimum, include the name, along with any  
1862 known alias or former name, the sex, and the date of birth of  
1863 the subject.

1864 (II) For persons committed to a mental institution  
1865 pursuant to sub-sub-subparagraph b.(II), within 24 hours after  
1866 the person's agreement to voluntary admission, a record of the  
1867 finding, certification, notice, and written acknowledgment must  
1868 be filed by the administrator of the receiving or treatment  
1869 facility, as defined in s. 394.455, with the clerk of the court  
1870 for the county in which the involuntary examination under s.  
1871 394.463 occurred. No fee shall be charged for the filing under  
1872 this sub-sub-subparagraph. The clerk must present the records to  
1873 a judge or magistrate within 24 hours after receipt of the  
1874 records. A judge or magistrate is required and has the lawful  
1875 authority to review the records ex parte and, if the judge or

1876 magistrate determines that the record supports the classifying  
1877 of the person as an imminent danger to himself or herself or  
1878 others, to order that the record be submitted to the department.  
1879 If a judge or magistrate orders the submittal of the record to  
1880 the department, the record must be submitted to the department  
1881 within 24 hours.

1882 d. A person who has been adjudicated mentally defective or  
1883 committed to a mental institution, as those terms are defined in  
1884 this paragraph, may petition the court that made the  
1885 adjudication or commitment, or the court that ordered that the  
1886 record be submitted to the department pursuant to sub-sub-  
1887 subparagraph c.(II), for relief from the firearm disabilities  
1888 imposed by such adjudication or commitment. A copy of the  
1889 petition shall be served on the state attorney for the county in  
1890 which the person was adjudicated or committed. The state  
1891 attorney may object to and present evidence relevant to the  
1892 relief sought by the petition. The hearing on the petition may  
1893 be open or closed as the petitioner may choose. The petitioner  
1894 may present evidence and subpoena witnesses to appear at the  
1895 hearing on the petition. The petitioner may confront and cross-  
1896 examine witnesses called by the state attorney. A record of the  
1897 hearing shall be made by a certified court reporter or by court-  
1898 approved electronic means. The court shall make written findings  
1899 of fact and conclusions of law on the issues before it and issue  
1900 a final order. The court shall grant the relief requested in the

1901 petition if the court finds, based on the evidence presented  
1902 with respect to the petitioner's reputation, the petitioner's  
1903 mental health record and, if applicable, criminal history  
1904 record, the circumstances surrounding the firearm disability,  
1905 and any other evidence in the record, that the petitioner will  
1906 not be likely to act in a manner that is dangerous to public  
1907 safety and that granting the relief would not be contrary to the  
1908 public interest. If the final order denies relief, the  
1909 petitioner may not petition again for relief from firearm  
1910 disabilities until 1 year after the date of the final order. The  
1911 petitioner may seek judicial review of a final order denying  
1912 relief in the district court of appeal having jurisdiction over  
1913 the court that issued the order. The review shall be conducted  
1914 de novo. Relief from a firearm disability granted under this  
1915 sub-subparagraph has no effect on the loss of civil rights,  
1916 including firearm rights, for any reason other than the  
1917 particular adjudication of mental defectiveness or commitment to  
1918 a mental institution from which relief is granted.

1919 e. Upon receipt of proper notice of relief from firearm  
1920 disabilities granted under sub-subparagraph d., the department  
1921 shall delete any mental health record of the person granted  
1922 relief from the automated database of persons who are prohibited  
1923 from purchasing a firearm based on court records of  
1924 adjudications of mental defectiveness or commitments to mental  
1925 institutions.

1926 f. The department is authorized to disclose data collected  
1927 pursuant to this subparagraph to agencies of the Federal  
1928 Government and other states for use exclusively in determining  
1929 the lawfulness of a firearm sale or transfer. The department is  
1930 also authorized to disclose this data to the Department of  
1931 Agriculture and Consumer Services for purposes of determining  
1932 eligibility for issuance of a concealed weapons or concealed  
1933 firearms license and for determining whether a basis exists for  
1934 revoking or suspending a previously issued license pursuant to  
1935 s. 790.06(10). When a potential buyer or transferee appeals a  
1936 nonapproval based on these records, the clerks of court and  
1937 mental institutions shall, upon request by the department,  
1938 provide information to help determine whether the potential  
1939 buyer or transferee is the same person as the subject of the  
1940 record. Photographs and any other data that could confirm or  
1941 negate identity must be made available to the department for  
1942 such purposes, notwithstanding any other provision of state law  
1943 to the contrary. Any such information that is made confidential  
1944 or exempt from disclosure by law shall retain such confidential  
1945 or exempt status when transferred to the department.

1946 Section 44. This act shall take effect July 1, 2021.