The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Committee on Health and Human Services

BILL:	CS/SB 210
INTRODUCER:	Children, Families, and Elder Affairs Committee and Senator Harrell
SUBJECT:	Substance Abuse Services
DATE:	March 7, 2023
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Delia	Cox	CF	**Fav/CS**
2.	Sneed	Money	AHS	**Pre-meeting**
3.			FP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 210 modifies requirements for licensed substance abuse service providers offering treatment to individuals living in recovery residences. The bill prohibits the following substances from being used on the premises of a provider licensed by the Department of Children and Families (the DCF):

- Alcohol;
- Marijuana, including marijuana certified by a qualified physician for medical use;
- Illegal drugs; and
- Prescription drugs when used by persons other than for whom the medication is prescribed.

The bill also prohibits referrals from licensed service providers to recovery residences which allow the use of such substances on the premises, and it requires service providers to provide proof of a prohibition on the use of such substances in applications for licensure with the DCF. Additionally, the bill provides that referrals to a recovery residence include placement into the licensed housing component of a service provider's day or night treatment program, regardless of whether the housing component is affiliated with the service provider. This will ensure that all patients referred to a recovery residence are also referred into licensed community housing as part of treatment.

The bill makes it a second degree misdemeanor for any person discharged from a recovery residence to willfully refuse to depart after being warned by an owner or authorized employee of the residence.

The bill requires the DCF to establish a mechanism for the imposition and collection of fines arising from failed inspections of recovery residences and improper referrals made by licensed service providers.

The bill may have a negative fiscal impact to private substance abuse service providers and state government. See Section V. Fiscal Impact Statement.

The bill is effective July 1, 2023.

II. Present Situation:

Substance abuse is the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.[1] According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), a diagnosis of substance use disorder (SUD) is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.[2] SUD occurs when an individual chronically uses alcohol or drugs, resulting in significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.[3] Repeated drug use leads to changes in the brain's structure and function that can make a person more susceptible to developing a substance abuse disorder.[4] Imaging studies of brains belonging to persons with SUD reveal physical changes in areas of the brain critical to judgment, decision making, learning and memory, and behavior control.[5]

In 2021, approximately 46.3 million people aged 12 or older had a SUD related to corresponding use of alcohol or illicit drugs within the previous year.[6] The most common substance abuse disorders in the United States are from the use of alcohol, tobacco, cannabis, opioids, hallucinogens, and stimulants.[7] Provisional data from the CDC's National Center for Health Statistics indicate there were an estimated 107,622 drug overdose deaths in the United States

[1] The World Health Organization, *Mental Health and Substance Abuse*, available at https://www.who.int/westernpacific/about/how-we-work/programmes/mental-health-and-substance-abuse; (last visited February 8, 2023); the National Institute on Drug Abuse (NIDA), *The Science of Drug Use and Addiction: The Basics*, available at https://www.drugabuse.gov/publications/media-guide/science-drug-use-addiction-basics (last visited February 8, 2023).
[2] The National Association of Addiction Treatment Providers, *Substance Use Disorder*, available at https://www.naatp.org/resources/clinical/substance-use-disorder (last visited February 8, 2023).
[3] The Substance Abuse and Mental Health Services Administration (The SAMHSA), *Substance Use Disorders,* http://www.samhsa.gov/disorders/substance-use (last visited February 8, 2023).
[4] The NIDA, *Drugs, Brains, and Behavior: The Science of Addiction*, available at https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-abuse-addiction (last visited February 8, 2023).
[5] *Id*.
[6] The SAMHSA, *Highlights for the 2021 National Survey on Drug Use and Health*, p. 2, available at https://www.samhsa.gov/data/sites/default/files/2022-12/2021NSDUHFFRHighlights092722.pdf (last visited February 8, 2023).
[7] The Rural Health Information Hub, *Defining Substance Abuse and Substance Use Disorders*, available at https://www.ruralhealthinfo.org/toolkits/substance-abuse/1/definition (last visited February 8, 2023).

during 2021 (the last year for which there is complete data), an increase of nearly 15% from the 93,655 deaths estimated in 2020.[8]

Substance Abuse Treatment in Florida

In the early 1970s, the federal government enacted laws creating formula grants for states to develop continuums of care for individuals and families affected by substance abuse.[9] The laws resulted in separate funding streams and requirements for alcoholism and drug abuse. In response to the laws, the Florida Legislature enacted chs. 396 and 397, F.S., relating to alcohol and drug abuse, respectively.[10] Each of these laws governed different aspects of addiction, and thus had different rules promulgated by the state to fully implement the respective pieces of legislation.[11] However, because persons with substance abuse issues often do not restrict their misuse to one substance or another, having two separate laws dealing with the prevention and treatment of addiction was cumbersome and did not adequately address Florida's substance abuse problem.[12] In 1993, legislation was adopted to combine ch. 396 and 397, F.S., into a single law, the Hal S. Marchman Alcohol and Other Drug Services Act (Marchman Act).[13]

The Marchman Act encourages individuals to seek services on a voluntary basis within the existing financial and space capacities of a service provider.[14] However, denial of addiction is a prevalent symptom of SUD, creating a barrier to timely intervention and effective treatment.[15] As a result, treatment typically must stem from a third party providing the intervention needed for SUD treatment.[16]

The DCF administers a statewide system of safety-net services for substance abuse and mental health (SAMH) prevention, treatment, and recovery for children and adults who are otherwise unable to obtain these services. Services are provided based upon state and federally-established priority populations.[17] The DCF provides treatment for SUD through a community-based provider system offering detoxification, treatment, and recovery support for individuals affected by substance misuse, abuse, or dependence.[18]

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[8] The Center for Disease Control and Prevention, National Center for Health Statistics, *U.S. Overdose Deaths In 2021 Increased Half as Much as in 2020 – But Are Still Up 15%*, available at https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm (last visited February 8, 2023).
[9] The DCF, *Baker Act and Marchman Act Project Team Report for Fiscal Year 2016-2017*, p. 4-5. (on file with the Senate Committee on Children, Families, and Elder Affairs).
[10] *Id*.
[11] *Id*.
[12] *Id*.
[13] Chapter 93-39, s. 2, L.O.F., which codified current ch. 397, F.S.
[14] *See* s. 397.601(1) and (2), F.S. An individual who wishes to enter treatment may apply to a service provider for voluntary admission. Within the financial and space capabilities of the service provider, the individual must be admitted to treatment when sufficient evidence exists that he or she is impaired by substance abuse and his or her medical and behavioral conditions are not beyond the safe management capabilities of the service provider.
[15] Darran Duchene and Patrick Lane, *Fundamentals of the Marchman Act*, Risk RX, Vol. 6 No. 2 (Apr. – Jun. 2006) State University System of Florida Self-Insurance Programs, available at http://flbog.sip.ufl.edu/risk-rx-article/fundamentals-of-the-marchman-act/ (last visited February 8, 2023) (hereinafter cited as "Fundamentals of the Marchman Act").
[16] *Id*.
[17] *See* chs. 394 and 397, F.S.
[18] The DCF, *Treatment for Substance Abuse*, available at https://www.myflfamilies.com/service-programs/samh/substance-abuse.shtml (last visited February 8, 2023).

- **Detoxification Services:** Detoxification services use medical and clinical procedures to assist individuals and adults as they withdraw from the physiological and psychological effects of substance abuse.[19]
- **Treatment Services:** Treatment services[20] include a wide array of assessment, counseling, case management, and support that are designed to help individuals who have lost their ability to control their substance use on their own and require formal, structured intervention and support.[21]
- **Recovery Support:** Recovery support services, including transitional housing, life skills training, parenting skills, and peer-based individual and group counseling are offered during and following treatment to further assist individuals in their development of the knowledge and skills necessary to maintain their recovery.[22]

Licensure of Substance Abuse Service Providers

The DCF regulates substance use disorder treatment by licensing individual treatment components under ch. 397, F.S., and Rule 65D-30, F.A.C. Licensed service components include a continuum of substance abuse prevention,[23] intervention,[24] and clinical treatment services.[25]

Clinical treatment is a professionally directed, deliberate, and planned regimen of services and interventions that are designed to reduce or eliminate the misuse of drugs and alcohol and promote a healthy, drug-free lifestyle.[26] "Clinical treatment services" include, but are not limited to, the following licensable service components:

- Addictions receiving facility.
- Day or night treatment.
- Day or night treatment with community housing.
- Detoxification.
- Intensive inpatient treatment.
- Intensive outpatient treatment.
- Medication-assisted treatment for opiate addiction.

[19] *Id*.
[20] *Id*. Research indicates that persons who successfully complete substance abuse treatment have better post-treatment outcomes related to future abstinence, reduced use, less involvement in the criminal justice system, reduced involvement in the child-protective system, employment, increased earnings, and better health.
[21] *Id*.
[22] *Id*.
[23] Section 397.311(26)(c), F.S. "Prevention" is defined as "a process involving strategies that are aimed at the individual, family, community, or substance and that preclude, forestall, or impede the development of substance use problems and promote responsible lifestyles". Substance abuse prevention is achieved through the use of ongoing strategies such as increasing public awareness and education, community-based processes and evidence-based practices. These prevention programs are focused primarily on youth, and, in recent years, have shifted to the local level, giving individual communities the opportunity to identify their own unique prevention needs and develop action plans in response. This community focus allows prevention strategies to have a greater impact on behavioral change by shifting social, cultural and community environments. *See also*, The DCF, *Substance Abuse: Prevention*, available at https://www.myflfamilies.com/service-programs/samh/prevention/index.shtml (last visited February 8, 2023).
[24] Section 397.311(26)(b), F.S. "Intervention" is defined as "structured services directed toward individuals or groups at risk of substance abuse and focused on reducing or impeding those factors associated with the onset or the early stages of substance abuse and related problems."
[25] Section 397.311(26), F.S.
[26] Section 397.311(26)(a), F.S.

- Outpatient treatment.
- Residential treatment.[27]

Florida does not license recovery residences. Instead, in 2015 the Legislature enacted ss. 397.487 through 397.4872, F.S., which establish voluntary certification programs for recovery residences and recovery residence administrators, implemented by private credentialing entities.[28]

Day or Night Treatment with Community Housing

The DCF licenses "Day or Night Treatment" facilities both with and without community housing components. Day or night treatment programs provide substance use treatment as a service in a nonresidential environment, with a structured schedule of treatment and rehabilitative services.[29] Day or night treatment programs with community housing are intended for individuals who can benefit from living independently in peer community housing while participating in treatment services for a minimum of 5 hours a day or 25 hours per week.[30]

Day or night treatment with community housing is appropriate for individuals who do not require structured, 24-hours-a-day, 7-days-a-week residential treatment.[31] The housing must be provided and managed by the licensed service provider, including room and board and any ancillary services such as supervision, transportation, and meals. Activities for day or night treatment with community housing programs emphasize rehabilitation and treatment services using multidisciplinary teams to provide integration of therapeutic and family services.[32] This component allows individuals to live in a supportive, community housing location while participating in treatment. Treatment must not take place in the housing where the individuals live, and the housing must be utilized solely for the purpose of assisting individuals in making a transition to independent living.[33] Individuals who are considered appropriate for this level of care:

- Would not have active suicidal or homicidal ideation or present a danger to self or others;
- Are able to demonstrate motivation to work toward independence;
- Are able to demonstrate a willingness to live in supportive community housing;
- Are able to demonstrate commitment to comply with rules established by the provider;
- Are not in need of detoxification or residential treatment; and
- Typically need ancillary services such as transportation, assistance with shopping, or assistance with medical referrals and may need to attend and participate in certain social and recovery oriented activities in addition to other required clinical services.[34]

Services provided by such programs may include:

- Individual counseling;
- Group counseling;

[27] *Id*.
[28] Chapter 2015-100, L.O.F.
[29] Section 397.311(26)(a)2., F.S.
[30] Section 397.311(26)(a)3., F.S.
[31] Rule 65D-30.0081(1), F.A.C.
[32] *Id*.
[33] *Id*.
[34] *Id*.

- Counseling with families or support system;
- Substance-related and recovery-focused education, such as strategies for avoiding substance use or relapse, information regarding health problems related to substance use, motivational enhancement, and strategies for achieving a substance-free lifestyle;
- Life skills training such as anger management, communication skills, employability skills, problem solving, relapse prevention, recovery management, decision-making, relationship skills, symptom management, and food purchase and preparation;
- Expressive therapies, such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the individual with alternative means of self-expression and problem resolution;
- Training or provision of information regarding health and medical issues;
- Employment or educational support services to assist individuals in becoming financially independent;
- Nutrition education; and
- Mental health services for the purpose of:
  - Managing individuals with disorders who are stabilized,
  - Evaluating individuals' needs for in-depth mental health assessment,
  - Training individuals to manage symptoms; and
  - If the provider is not staffed to address primary mental health problems that may arise during treatment, the provider shall initiate a timely referral to an appropriate provider for mental health crises or for the emergence of a primary mental health disorder in accordance with the provider's policies and procedures.[35]

Each enrolled individual must receive a minimum of 25 hours of service per week, including:
- Counseling;
- Group counseling; or
- Counseling with families or support systems.[36]

Each provider is required to arrange for or provide transportation services, if needed and as appropriate, to clients who reside in community housing.[37] Each provider must have an awake, paid employee on the premises at all times at the treatment location when one or more individuals are present.[38] For adults, the provider must have a paid employee on call during the time when individuals are at the community housing location.[39] In addition, the provider must have an awake, paid employee at the community housing location at all times if individuals under the age of 18 are present.[40] No primary counselor may have a caseload that exceeds 15 individuals.[41] For individuals in treatment who are granted privilege to self-administer their own medications, provider staff are not required to be present for the self-administration.[42]

[35] Rule 65D-30.0081(2), F.A.C.
[36] Rule 65D-30.0081(4), F.A.C.
[37] Rule 65D-30.0081(5), F.A.C.
[38] Rule 65D-30.0081(6), F.A.C.
[39] *Id*.
[40] *Id*.
[41] Rule 65D-30.0081(7), F.A.C.
[42] Rule 65D-30.0081(8), F.A.C.

Application for Licensure

Individuals applying for licensure as substance abuse service providers must submit applications on specified forms provided, and in accordance with rules adopted by the DCF.[43] Applications must include, at a minimum:

- Information establishing the name and address of the applicant service provider and its director, and also of each member, owner, officer, and shareholder, if any.
- Information establishing the competency and ability of the applicant service provider and its director to carry out the requirements of ch. 397, F.S.
- Proof satisfactory to the DCF of the applicant service provider's financial ability and organizational capability to operate in accordance with ch. 397, F.S.
- Proof of liability insurance coverage in amounts set by the DCF by rule.
- Sufficient information to conduct background screening for all owners, directors, chief financial officers, and clinical supervisors as provided in s. 397.4073, F.S.
- Proof of satisfactory fire, safety, and health inspections, and compliance with local zoning ordinances.[44]
- A comprehensive outline of the proposed services, including sufficient detail to evaluate compliance with clinical and treatment best practices, for:
  - Any new applicant; or
  - Any licensed service provider adding a new licensable service component.
- Proof of the ability to provide services in accordance with the DCF rules.
- Any other information that the DCF finds necessary to determine the applicant's ability to carry out its duties under this chapter and applicable rules.
- The names and locations of any recovery residences to which the applicant service provider plans to refer patients or from which the applicant service provider plans to accept patients.[45]

Inspections and Classifications of Violations

The DCF has the right to enter and inspect a licensed provider at any time to determine statutory and regulatory compliance and may inspect suspected unlicensed providers.[46] The DCF is required to accept, in lieu of its own inspections for licensure, the survey or inspection of an accrediting organization, if the provider is accredited and the DCF receives the report of the accrediting organization.[47] A designated and authorized agent of the DCF may access the records of the individuals served by licensed service providers, but only for purposes of licensing, monitoring, and investigation.[48] The DCF's authorized agents may schedule periodic inspections of licensed service providers in order to minimize costs and the disruption of services, however they may inspect the facilities of any licensed service provider at any time.[49]

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[43] Section 397.403(1), F.S.
[44] Service providers operating under a regular annual license shall have 18 months from the expiration date of their regular license within which to meet local zoning requirements. Applicants for a new license must demonstrate proof of compliance with zoning requirements prior to the department issuing a probationary license. Section 397.403(1)(f), F.S.
[45] Section 397.403(1), F.S.
[46] Section 397.411(1)(a), F.S.
[47] Section 397.411(2), F.S.
[48] Section 397.411(3), F.S.
[49] Section 397.411(4), F.S.

In an effort to coordinate inspections among agencies, the DCF is required to notify applicable state agencies of any scheduled licensure inspections of service providers jointly funded by the agencies.[50] The DCF is required to maintain as public information, available to any person upon request and upon payment of a reasonable charge for copying, copies of licensure reports of licensed providers.[51]

Rule violations are classified according to the nature of the violation and the gravity of its probable effect on an individual receiving substance abuse treatment.[52] Violations are classified on written notices as follows:

- Class "I" violations are those conditions or occurrences related to the operation and maintenance of a service component or to the treatment of an individual which the DCF determines present an imminent danger or a substantial probability of death or serious physical or emotional harm. The condition or practice constituting a class I violation must be abated or eliminated within 24 hours, unless a fixed period, as determined by the DCF, is required for correction. The DCF is required to impose an administrative fine for a cited class I violation. Fines are levied notwithstanding the correction of the violation.[53]
- Class "II" violations are those conditions or occurrences related to the operation and maintenance of a service component or to the treatment of an individual which the DCF determines directly threaten the physical or emotional health, safety, or security of the individual, other than class I violations. The DCF is required to impose an administrative fine for a cited class II violation. Fines are levied notwithstanding the correction of the violation.[54]
- Class "III" violations are those conditions or occurrences related to the operation and maintenance of a service component or to the treatment of an individual which the DCF determines indirectly or potentially threaten the physical or emotional health, safety, or security of the individual, other than class I or class II violations. The DCF is required to impose an administrative fine for a cited class III violation. A citation for a class III violation must specify the time within which the violation is required to be corrected. If a class III violation is corrected within the time specified, the DCF may not impose a fine.[55]
- Class "IV" violations are conditions or occurrences related to the operation and maintenance of a service component or to required reports, forms, or documents that do not have the potential of negatively affecting an individual. These violations are of a type that the DCF determines do not threaten the health, safety, or security of an individual. The DCF is required to impose an administrative fine for a cited class IV violation. A citation for a class IV violation must specify the time within which the violation is required to be corrected. If a class IV violation is corrected within the time specified, the DCF may not impose a fine.[56]

[50] Section 397.411(5), F.S.
[51] Section 397.411(6), F.S.
[52] Section 397.411(7), F.S.
[53] Section 397.411(7)(a), F.S.
[54] Section 397.411(7)(b), F.S.
[55] Section 397.411(7)(c), F.S.
[56] Section 397.411(7)(d), F.S.

Recovery Residences

Recovery residences (also known as "sober homes" or "sober living homes") are alcohol- and drug-free living environments for individuals in recovery who are attempting to maintain abstinence from alcohol and drugs.[57] These residences offer no formal treatment and are, in some cases, self-funded through resident fees.[58]

A recovery residence is defined as "a residential dwelling unit, the community housing component of a licensed day or night treatment facility with community housing, or other form of group housing, which is offered or advertised through any means, including oral, written, electronic, or printed means, by any person or entity as a residence that provides a peer-supported, alcohol-free, and drug-free living environment."[59]

Voluntary Certification of Recovery Residences and Administrators in Florida

Florida utilizes voluntary certification programs for recovery residences and recovery residence administrators, implemented by private credentialing entities.[60] Under the voluntary certification program, the DCF has approved two credentialing entities to design the certification programs and issue certificates: the Florida Association of Recovery Residences certifies the recovery residences and the Florida Certification Board (the FCB) certifies recovery residence administrators.[61]

Credentialing entities must require prospective recovery residences to submit the following documents with a completed application and fee:

- A policy and procedures manual containing:
  - Job descriptions for all staff positions;
  - Drug-testing procedures and requirements;
  - A prohibition on the premises against alcohol, illegal drugs, and the use of prescribed medications by an individual other than the individual for whom the medication is prescribed;
  - Policies to support a resident's recovery efforts; and
  - A good neighbor policy to address neighborhood concerns and complaints.
- Rules for residents;
- Copies of all forms provided to residents;
- Intake procedures;
- Sexual predator and sexual offender registry compliance policy;
- Relapse policy;
- Fee schedule;

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[57] The SAMSHA, *Recovery Housing: Best Practices and Suggested Guidelines*, p. 2, available at https://www.samhsa.gov/sites/default/files/housing-best-practices-100819.pdf (last visited February 8, 2023).
[58] However, these homes may mandate or strongly encourage attendance at 12-step groups. The Society for Community Research and Action, *Statement on Recovery Residences: The Role of Recovery Residences in Promoting Long-term Addiction Recovery*, available at https://www.scra27.org/what-we-do/policy/policy-position-statements/statement-recovery-residences-addiction/ (last visited February 8, 2023).
[59] Section 397.311(38), F.S.
[60] Sections 397.487–397.4872, F.S.
[61] The DCF, *Recovery Residence Administrators and Recovery Residences*, available at https://www.myflfamilies.com/service-programs/samh/recovery-residence/ (last visited February 8, 2023).

- Refund policy;
- Eviction procedures and policy;
- Code of ethics;
- Proof of insurance;
- Proof of background screening; and
- Proof of satisfactory fire, safety, and health inspections.[62]

Patient Referrals

While certification is voluntary, Florida law incentivizes certification. Since 2016, Florida has prohibited licensed substance abuse service providers from referring patients to a recovery residence unless the recovery residence holds a valid certificate of compliance and is actively managed by a certified recovery residence administrator (CRRA).[63] There are certain exceptions that allow referrals to or from uncertified recovery residences, including any of the following:

- A licensed service provider under contract with a behavioral health managing entity.
- Referrals by a recovery residence to a licensed service provider when the recovery residence or its owners, directors, operators, or employees do not benefit, directly or indirectly, from the referral.
- Referrals made before July 1, 2018, by a licensed service provider to that licensed service provider's wholly owned subsidiary.
- Referrals to, or accepted referrals from, a recovery residence with no direct or indirect financial or other referral relationship with the licensed service provider, and that is democratically operated by its residents pursuant to a charter from an entity recognized or sanctioned by Congress, and where the residence or any resident of the residence does not receive a benefit, directly or indirectly, for the referral.[64]

Service providers are required to record the name and location of each recovery residence that the provider has referred patients to or received referrals from in the DCF's Provider Licensure and Designations System.[65] Prospective service providers must also include the names and locations of any recovery residences which they plan to refer patients to, or accept patients from, on their application for licensure.[66]

III. Effect of Proposed Changes:

Substance Use Prohibition

The bill requires applicants for licensure as substance abuse service providers with the DCF to provide proof of a prohibition on the premises against the following substances:

- Alcohol;
- Marijuana, including marijuana certified by a qualified physician for medical use;[67]

[62] Section 397.487(3), F.S.
[63] Section 397.4873(1), F.S.
[64] Section 397.4873(2)(a)-(d), F.S.
[65] Section 397.4104(1), F.S.
[66] Section 397.403(1)(j), F.S.
[67] In Florida, a recommendation for medical marijuana from a physician is not considered to be a prescription because marijuana is a Schedule I controlled substance and, under federal law, "has no currently accepted medical use in treatment in

- Illegal drugs; and
- Prescription drugs used by persons other than for whom the medication is prescribed.

The bill also requires the DCF to include a prohibition on any of these substances on the premises as a licensing requirement for substance abuse service providers. This provision aligns the licensed service providers with the prohibited substances policy with which the certified recovery residences must comply.

The bill prohibits licensed substance abuse service providers from making referrals of prospective, current, or discharged patients to, or accepting referrals from, recovery residences which allow the use of any of the aforementioned substances on its premises.

The bill also adds marijuana to the list of substances a credentialing entity must require that a recovery residence list as prohibited in its policy and procedures manual when submitting an application for certification.

Mechanism for Imposing and Collecting Fines

As mentioned above, the DCF has authority to inspect and issue violations to providers who are out of compliance with rule or providers that are suspected of operating while unlicensed. However, the bill requires the DCF to establish a mechanism for the imposition and collection of fines for violations related to inspections of licensed substance abuse service providers to improve the DCF's administrative oversight.

Criminal Penalty for Trespassing

The bill makes it a second degree misdemeanor[68] for any person discharged from a recovery residence to willfully refuse to depart after being warned by the owner or an authorized employee of the recovery residence.

Community Housing Referrals

The bill provides that any referral made by a licensed substance abuse service provider or a recovery residence must include placing the referred patient into the licensed community housing component of the provider's day or night treatment program, regardless of whether the community housing component is affiliated with the service provider.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

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the United States." The Florida Department of Law Enforcement, *Criminal Justice Standards and Training Commission Technical Memorandum 2019-03*, available at https://www.fdle.state.fl.us/CJSTC/Publications/Publications/Technical-Memoranda/Documents/2019/TM-2019-03-MedicalMarijuanaUpdates-final3-signedPk.aspx at p. 6. *See also* Section 381.986(1)(k), F.S., which defines "physician certification" to mean "a qualified physician's authorization for a qualified patient to receive marijuana and a marijuana delivery device from a medical marijuana treatment center."

[68] A second degree misdemeanor is punishable by a term of imprisonment not to exceed 60 days and a fine not to exceed $500. Sections 775.083(1)(e) and 775.082(4)(b), F.S.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

There may be an indeterminate negative fiscal impact to licensed substance abuse service providers, as these providers will need to ensure prohibited substances are not used on the premises. Enforcement of this requirement may require hiring additional staff.

C. Government Sector Impact:

The DCF has stated that the Provider Licensure and Designations System (PLADS) will need to be modified to include monitoring of proof of a provider's prohibition of alcohol, marijuana, illegal drugs, and the use of prescribed medications by any individual other than the individual from whom the medication is prescribed.[69] The DCF has provided an estimate of $20,000 for the modifications, and believes the cost can be absorbed by the existing budget for PLADS enhancements.[70]

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

[69] The DCF, *Agency Analysis of SB 210* (2023), p. 6 (on file with the Senate Committee on Children, Families, and Elder Affairs).
[70] *Id*.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statues: 397.403, 397.410, 397.411, 397.487, and 397.4873.

IX. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Children, Families, and Elder Affairs on February 14, 2023:
The Committee Substitute clarifies that the bill's added prohibitions against marijuana on the premises of licensed service providers also apply to marijuana certified by a qualified physician for medical use in accordance with s. 381.986, F.S.

B. Amendments:

None.