By Senator Garcia

36-01202B-23 2023914

A bill to be entitled

An act relating to suicide prevention; amending s. 111.09, F.S.; defining the term "affiliated first responder organization"; revising the definition of the term "first responder peer"; amending s. 112.1815, F.S.; authorizing certain diagnoses to be made through telehealth; amending s. 394.9086, F.S.; revising the purposes of the Commission on Mental Health and Substance Abuse to include an assessment of the state's suicide prevention infrastructure; revising the duties of the commission to include duties relating to the state's suicide prevention infrastructure; requiring the commission to submit annual interim reports for a specified timeframe; revising the date by which the commission must submit its final report; extending the repeal date of the commission; providing an effective date.

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

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Section 1. Subsection (1) of section 111.09, Florida Statutes, is amended to read:

23 111.09 Peer support for first responders.—

- (1) For purposes of this section, the term:
- (a) <u>"Affiliated first responder organization" includes, but</u> is not limited to, any of the following organizations:
- 1. Regularly organized volunteer firefighting departments or associations.
 - 2. Regularly organized volunteer ambulance services.

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3. Combination fire departments, as that term is defined in s. 633.135(1).

(b) "First responder" has the same meaning as provided in s. 112.1815 and includes 911 public safety telecommunicators as defined in s. 401.465.

(c) (b) "First responder peer" means a person who:

- 1. Is not a health care practitioner as defined in s. 456.001.
- 2. Has experience working as or with a first responder, including active, volunteer, and retired first responders, regarding any physical or emotional conditions or issues associated with the first responder's employment.
- 3. Has been designated by the first responder's employing agency or affiliated first responder organization to provide peer support as provided in this section and has received training for this purpose.
- (d) (e) "Peer support" means the provision of physical, moral, or emotional support to a first responder by a first responder peer for the purpose of addressing physical or emotional conditions or other issues associated with being a first responder.
- (e) (d) "Peer support communication" means electronic, oral, or written communication, made with a mutual expectation of confidentiality while a first responder peer is providing peer support in his or her official capacity.

Section 2. Paragraph (a) of subsection (5) of section 112.1815, Florida Statutes, is amended to read:

112.1815 Firefighters, paramedics, emergency medical technicians, and law enforcement officers; special provisions

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for employment-related accidents and injuries. -

(5) (a) For the purposes of this section and chapter 440, and notwithstanding sub-subparagraph (2) (a) 3. and ss. 440.093 and 440.151(2), posttraumatic stress disorder, as described in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, published by the American Psychiatric Association, suffered by a first responder is a compensable occupational disease within the meaning of subsection (4) and s. 440.151 if:

- 1. The posttraumatic stress disorder resulted from the first responder acting within the course of his or her employment as provided in s. 440.091; and
- 2. The first responder is examined and subsequently diagnosed with such disorder by a licensed psychiatrist, in person or through telehealth as that term is defined in s.

 456.47, who is an authorized treating physician as provided in chapter 440 due to one of the following events:
 - a. Seeing for oneself a deceased minor;
 - b. Directly witnessing the death of a minor;
- c. Directly witnessing an injury to a minor who subsequently died before or upon arrival at a hospital emergency department;
- d. Participating in the physical treatment of an injured minor who subsequently died before or upon arrival at a hospital emergency department;
- e. Manually transporting an injured minor who subsequently died before or upon arrival at a hospital emergency department;
- f. Seeing for oneself a decedent whose death involved grievous bodily harm of a nature that shocks the conscience;
 - g. Directly witnessing a death, including suicide, that

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involved grievous bodily harm of a nature that shocks the conscience;

- h. Directly witnessing a homicide regardless of whether the homicide was criminal or excusable, including murder, mass killing as defined in 28 U.S.C. s. 530C, manslaughter, self-defense, misadventure, and negligence;
- i. Directly witnessing an injury, including an attempted suicide, to a person who subsequently died before or upon arrival at a hospital emergency department if the person was injured by grievous bodily harm of a nature that shocks the conscience;
- j. Participating in the physical treatment of an injury, including an attempted suicide, to a person who subsequently died before or upon arrival at a hospital emergency department if the person was injured by grievous bodily harm of a nature that shocks the conscience; or
- k. Manually transporting a person who was injured, including by attempted suicide, and subsequently died before or upon arrival at a hospital emergency department if the person was injured by grievous bodily harm of a nature that shocks the conscience.
- Section 3. Subsection (2), paragraph (a) of subsection (4), and subsections (5) and (6) of section 394.9086, Florida Statutes, are amended to read:
 - 394.9086 Commission on Mental Health and Substance Abuse.-
- (2) PURPOSES.—The purposes of the commission are to examine the current methods of providing mental health and substance abuse services in the state and to improve the effectiveness of current practices, procedures, programs, and initiatives in

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providing such services; identify any barriers or deficiencies
in the delivery of such services; assess the adequacy of the
current infrastructure of Florida's National Suicide Prevention
Lifeline (NSPL) system and other components of the state's
crisis response services; and recommend changes to existing
laws, rules, and policies necessary to implement the
commission's recommendations.

(4) DUTIES.-

- (a) The duties of the Commission on Mental Health and Substance Abuse include the following:
- 1. Conducting a review and evaluation of the management and functioning of the existing publicly supported mental health and substance abuse systems and services in the department, the Agency for Health Care Administration, and all other departments which administer mental health and substance abuse services. Such review shall include, at a minimum, a review of current goals and objectives, current planning, services strategies, coordination management, purchasing, contracting, financing, local government funding responsibility, and accountability mechanisms.
- 2. Considering the unique needs of persons who are dually diagnosed.
- 3. Addressing access to, financing of, and scope of responsibility in the delivery of emergency behavioral health care services.
- 4. Addressing the quality and effectiveness of current mental health and substance abuse services delivery systems, and professional staffing and clinical structure of services, roles, and responsibilities of public and private providers, such as

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community mental health centers; community substance abuse agencies; hospitals, including emergency services departments; law enforcement agencies; and the judicial system.

- 5. Addressing priority population groups for publicly funded mental health and substance abuse services, identifying the comprehensive mental health and substance abuse services delivery systems, mental health and substance abuse needs assessment and planning activities, and local government funding responsibilities for mental health and substance abuse services.
- 6. Reviewing the implementation of chapter 2020-107, Laws of Florida.
- 7. Identifying any gaps in the provision of mental health and substance use disorder services.
- 8. Providing recommendations on how behavioral health managing entities may fulfill their purpose of promoting service continuity and work with community stakeholders throughout this state in furtherance of supporting the NSPL system and other crisis response services.
- 9. Conducting an overview of the current infrastructure of the NSPL system.
- 10. Analyzing the current capacity of crisis response services available throughout this state, including services provided by mobile response teams and centralized receiving facilities. The analysis must include information on the geographic area and the total population served by each mobile response team along with the average response time to each call made to a mobile response team; the number of calls that a mobile response team was unable to respond to due to staff limitations, travel distance, or other factors; and the veteran

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status and age groups of individuals served by mobile response teams.

- 11. Evaluating and making recommendations to improve linkages between the NSPL infrastructure and crisis response services within this state.
- 12. Identifying available mental health block grant funds that can be used to support the NSPL and crisis response infrastructure within this state, including any available funding through opioid settlements or through the American Rescue Plan Act of 2021, Pub. L. No. 117-2; the Coronavirus Aid, Relief, and Economic Security (CARES) Act, Pub. L. No. 116-136; or other federal legislation.
- 13. In consultation with the Agency for Health Care
 Administration, identifying sources of funding available through
 the Medicaid program specifically for crisis response services,
 including funding that may be available by seeking approval of a
 Section 1115 waiver submitted to the Centers for Medicare and
 Medicaid Services.
- 14.9. Making recommendations regarding the mission and objectives of state-supported mental health and substance abuse services and the planning, management, staffing, financing, contracting, coordination, and accountability mechanisms which will best foster the recommended mission and objectives.
- 15.10. Evaluating and making recommendations regarding the establishment of a permanent, agency-level entity to manage mental health, substance abuse, and related services statewide. At a minimum, the evaluation must consider and describe the:
- a. Specific duties and organizational structure proposed for the entity;

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b. Resource needs of the entity and possible sources of funding;

- c. Estimated impact on access to and quality of services;
- d. Impact on individuals with behavioral health needs and their families, both those currently served through the affected systems providing behavioral health services and those in need of services; and
- e. Relation to, integration with, and impact on providers, managing entities, communities, state agencies, and systems which provide mental health and substance abuse services in this state. Such recommendations must ensure that the ability of such other agencies and systems to carry out their missions and responsibilities is not impaired.
- (5) REPORTS.—Beginning By January 1, 2023, and annually thereafter through January 1, 2025, the commission shall submit an interim report to the President of the Senate, the Speaker of the House of Representatives, and the Governor containing its findings and recommendations on how to best provide and facilitate mental health and substance abuse services in the state. The commission shall submit its final report to the President of the Senate, the Speaker of the House of Representatives, and the Governor by September 1, 2026 2023.
- (6) REPEAL.—This section is repealed September 1, $\underline{2026}$ $\underline{2023}$, unless saved from repeal through reenactment by the Legislature.
 - Section 4. This act shall take effect July 1, 2023.