1 A bill to be entitled 2 An act relating to substance abuse services; amending 3 s. 394.4572, F.S.; authorizing the Department of Health and the Agency for Health Care Administration 4 5 to grant exemptions from disqualification for service 6 provider personnel to work solely in certain treatment 7 programs and facilities; amending s. 397.311, F.S.; 8 defining the term "peer specialist"; amending s. 9 397.4073, F.S.; revising provisions relating to 10 background checks and exemptions from disqualification 11 for certain service provider personnel; requiring the 12 Department of Children and Families to grant or deny an exemption from disqualification within a certain 13 14 timeframe; authorizing an applicant for an exemption to work under the supervision of certain persons for a 15 16 specified period of time while his or her application 17 is pending; authorizing certain persons to be exempted from disqualification from employment; authorizing the 18 19 department to grant exemptions from disqualification for service provider personnel to work solely in 20 21 certain treatment programs and facilities; amending s. 397.487, F.S.; revising legislative findings relating 22 23 to voluntary certification of recovery residences; requiring recovery residences to comply with specified 24 25 Florida Fire Prevention Code provisions; revising

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background screening requirements for owners, directors, and chief financial officers of recovery residences; amending s. 397.4873, F.S.; providing exceptions to limitations on referrals by recovery residences to licensed service providers; prohibiting recovery residences and specified affiliated individuals from benefitting from certain referrals; providing penalties; amending s. 435.07, F.S.; authorizing certain persons to be exempted from disqualification from employment; amending ss. 212.055, 397.416, and 440.102, F.S.; conforming cross-references; 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 (2) of section 394.4572, Florida Statutes, is amended to read:

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394.4572 Screening of mental health personnel.-

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Administration may grant exemptions from disqualification as provided in chapter 435.

(2) (a) The department or the Agency for Health Care

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(b) The department or the Agency for Health Care

Administration, as applicable, may grant exemptions from

disqualification for service provider personnel to work solely
in mental health treatment programs or facilities or in programs

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or facilities that treat co-occurring substance use and mental health disorders.

Section 2. Subsections (30) through (49) of section

397.311, Florida Statutes, are renumbered as subsections (31)

397.311, Florida Statutes, are renumbered as subsections (31) through (50), respectively, and a new subsection (30) is added to that section to read:

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

recovery from a substance use disorder or mental illness for at least 2 years who uses his or her personal experience to deliver services in behavioral health settings to support others in their recovery, or a person who has experience as a family member or a caregiver of a person with a substance use disorder or mental illness. The term does not include a person who is a qualified professional or otherwise certified under chapter 394 or 397.

Section 3. Paragraphs (a), (f), and (g) of subsection (1) and subsection (4) of section 397.4073, Florida Statutes, are amended to read:

397.4073 Background checks of service provider personnel.-

- (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND EXCEPTIONS.—
- (a) For all individuals screened on or after July 1, 2018, background checks shall apply as follows:

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1. All owners, directors, chief financial officers, and clinical supervisors of service providers are subject to level 2 background screening as provided under chapter 435. Such screening shall also include background screening as provided in s. 408.809. Inmate substance abuse programs operated directly or under contract with the Department of Corrections are exempt from this requirement.

- 2. All service provider personnel who have direct contact with children receiving services or with adults who are developmentally disabled receiving services are subject to level 2 background screening as provided under chapter 435. Such screening shall also include background screening as provided in s. 408.809.
- 3. All peer specialists who have direct contact with individuals receiving services are subject to level 2 background screening as provided under chapter 435. Such screening shall also include background screening as provided in s. 408.809.
- (f) Service provider personnel who request an exemption from disqualification must submit the request within 30 days after being notified of the disqualification. The department shall grant or deny the exemption from disqualification within 60 days after receipt of a complete application.
- (g) If 5 years or more have elapsed since the applicant for the exemption completed or was lawfully released from confinement, supervision, or nonmonetary condition imposed by

the court for the most recent disqualifying offense, such applicant service provider personnel may work with adults with substance use disorders under the supervision of persons who meet all personnel requirements of this chapter for up to 90 days after being notified of the disqualification or until the department a qualified professional licensed under chapter 490 or chapter 491 or a master's-level-certified addictions professional until the agency makes a final determination regarding the request for an exemption from disqualification, whichever is earlier.

- (h)(g) The department may not issue a regular license to any service provider that fails to provide proof that background screening information has been submitted in accordance with chapter 435.
 - (4) EXEMPTIONS FROM DISQUALIFICATION.-

- (a) The department may grant to any service provider personnel an exemption from disqualification as provided in s. 435.07.
- (b) Since rehabilitated substance abuse impaired persons are effective in the successful treatment and rehabilitation of individuals with substance use disorders, for service providers which treat adolescents 13 years of age and older, service provider personnel whose background checks indicate crimes under s. 796.07(2)(e), s. 810.02(4), s. 812.014(2)(c), s. 817.563, s. 831.01, s. 831.02, s. 832.05(4), s. 893.13, or s. 893.147, and

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any related criminal attempt, solicitation, or conspiracy under s. 777.04, may be exempted from disqualification from employment pursuant to this paragraph.

- disqualification for service provider personnel to work solely in substance abuse treatment programs or facilities or in programs or facilities that treat co-occurring substance use and mental health disorders. The department may further limit such grant exemptions from disqualification which would limit service provider personnel to working with adults in substance abuse treatment facilities.
- Section 4. Subsection (1), paragraph (m) of subsection (3), and subsection (6) of section 397.487, Florida Statutes, are amended to read:
 - 397.487 Voluntary certification of recovery residences.-
- (1) The Legislature finds that a person suffering from addiction has a higher success rate of achieving long-lasting sobriety when given the opportunity to build a stronger foundation by living in a recovery residence while receiving treatment or after completing treatment. The Legislature further finds that this state and its subdivisions have a legitimate state interest in protecting these persons, who represent a vulnerable consumer population in need of adequate housing. It is the intent of the Legislature to protect persons who reside in a recovery residence.

(3) A credentialing entity shall require the recovery residence to submit the following documents with the completed application and fee:

- (m) Proof of satisfactory fire, safety, and health inspections. A recovery residence must comply with the provisions of the Florida Fire Prevention Code which apply to one-family and two-family dwellings, public lodging establishments, or rooming houses, or other housing facilities, as applicable.
- (6) All owners, directors, and chief financial officers of an applicant recovery residence are subject to level 2 background screening as provided under chapter 435 and s.

 408.809. A recovery residence is ineligible for certification, and a credentialing entity shall deny a recovery residence's application, if any owner, director, or chief financial officer has been found guilty of, or has entered a plea of guilty or nolo contendere to, regardless of adjudication, any offense listed in s. 408.809(4) or s. 435.04(2) unless the department has issued an exemption under s. 397.4073 or s. 397.4872. In accordance with s. 435.04, the department shall notify the credentialing agency of an owner's, director's, or chief financial officer's eligibility based on the results of his or her background screening.
- Section 5. Section 397.4873, Florida Statutes, is amended to read:

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397.4873 Referrals to or from recovery residences; prohibitions; penalties.—

- (1) A service provider licensed under this part may not make a referral of a prospective, current, or discharged patient to, or accept a referral of such a patient from, a recovery residence unless the recovery residence holds a valid certificate of compliance as provided in s. 397.487 and is actively managed by a certified recovery residence administrator as provided in s. 397.4871.
 - (2) Subsection (1) does not apply to:
- (a) A licensed service provider under contract with a managing entity as defined in s. 394.9082.
- (b) Referrals by a recovery residence to a licensed service provider when a resident has experienced a recurrence of substance use and, in the best judgment of the recovery residence administrator, it appears that the resident may benefit from clinical treatment services the recovery residence or its owners, directors, operators, or employees do not benefit, directly or indirectly, from the referral.
- (c) Referrals made before July 1, 2018, by a licensed service provider to that licensed service provider's wholly owned subsidiary.
- (3) A recovery residence or its owners, directors, operators, employees, or volunteers may not benefit, directly or indirectly, from a referral made pursuant to subsection (1) or

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subsection (2).

- (4) (3) For purposes of this section, a licensed service provider or recovery residence shall be considered to have made a referral if the provider or recovery residence has informed a patient by any means about the name, address, or other details of a recovery residence or licensed service provider, or informed a licensed service provider or a recovery residence of any identifying details about a patient.
- (5) (4) A licensed service provider shall maintain records of referrals to or from recovery residences as may be prescribed by the department in rule.
- (6)(5) After June 30, 2019, a licensed service provider violating this section shall be subject to an administrative fine of \$1,000 per occurrence. Repeat violations of this section may subject a provider to license suspension or revocation pursuant to s. 397.415.
- (7)(6) Nothing in this section requires a licensed service provider to refer a patient to or to accept a referral of a patient from a recovery residence.
- Section 6. Subsection (2) of section 435.07, Florida Statutes, is amended to read:
- 435.07 Exemptions from disqualification.—Unless otherwise provided by law, the provisions of this section apply to exemptions from disqualification for disqualifying offenses revealed pursuant to background screenings required under this

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chapter, regardless of whether those disqualifying offenses are listed in this chapter or other laws.

- (2) Persons employed, or applicants for employment, by treatment providers who treat adolescents 13 years of age and older who are disqualified from employment solely because of crimes under s. 796.07(2)(e), s. 810.02(4), s. 812.014(2)(c), s. 817.563, s. 831.01, s. 831.02, s. 832.05(4), s. 893.13, or s. 893.147, and any related criminal attempt, solicitation, or conspiracy under s. 777.04, may be exempted from disqualification from employment pursuant to this chapter without application of the waiting period in subparagraph (1)(a)1.
- Section 7. Paragraph (e) of subsection (5) of section 212.055, Florida Statutes, is amended to read:
- 212.055 Discretionary sales surtaxes; legislative intent; authorization and use of proceeds.—It is the legislative intent that any authorization for imposition of a discretionary sales surtax shall be published in the Florida Statutes as a subsection of this section, irrespective of the duration of the levy. Each enactment shall specify the types of counties authorized to levy; the rate or rates which may be imposed; the maximum length of time the surtax may be imposed, if any; the procedure which must be followed to secure voter approval, if required; the purpose for which the proceeds may be expended; and such other requirements as the Legislature may provide.

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Taxable transactions and administrative procedures shall be as provided in s. 212.054.

- (5) COUNTY PUBLIC HOSPITAL SURTAX.—Any county as defined in s. 125.011(1) may levy the surtax authorized in this subsection pursuant to an ordinance either approved by extraordinary vote of the county commission or conditioned to take effect only upon approval by a majority vote of the electors of the county voting in a referendum. In a county as defined in s. 125.011(1), for the purposes of this subsection, "county public general hospital" means a general hospital as defined in s. 395.002 which is owned, operated, maintained, or governed by the county or its agency, authority, or public health trust.
- (e) A governing board, agency, or authority shall be chartered by the county commission upon this act becoming law. The governing board, agency, or authority shall adopt and implement a health care plan for indigent health care services. The governing board, agency, or authority shall consist of no more than seven and no fewer than five members appointed by the county commission. The members of the governing board, agency, or authority shall be at least 18 years of age and residents of the county. No member may be employed by or affiliated with a health care provider or the public health trust, agency, or authority responsible for the county public general hospital. The following community organizations shall each appoint a

representative to a nominating committee: the South Florida
Hospital and Healthcare Association, the Miami-Dade County
Public Health Trust, the Dade County Medical Association, the
Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade
County. This committee shall nominate between 10 and 14 county
citizens for the governing board, agency, or authority. The
slate shall be presented to the county commission and the county
commission shall confirm the top five to seven nominees,
depending on the size of the governing board. Until such time as
the governing board, agency, or authority is created, the funds
provided for in subparagraph (d) 2. shall be placed in a
restricted account set aside from other county funds and not
disbursed by the county for any other purpose.

- 1. The plan shall divide the county into a minimum of four and maximum of six service areas, with no more than one participant hospital per service area. The county public general hospital shall be designated as the provider for one of the service areas. Services shall be provided through participants' primary acute care facilities.
- 2. The plan and subsequent amendments to it shall fund a defined range of health care services for both indigent persons and the medically poor, including primary care, preventive care, hospital emergency room care, and hospital care necessary to stabilize the patient. For the purposes of this section, "stabilization" means stabilization as defined in s. 397.311(46)

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s. 397.311(45). Where consistent with these objectives, the plan may include services rendered by physicians, clinics, community hospitals, and alternative delivery sites, as well as at least one regional referral hospital per service area. The plan shall provide that agreements negotiated between the governing board, agency, or authority and providers shall recognize hospitals that render a disproportionate share of indigent care, provide other incentives to promote the delivery of charity care to draw down federal funds where appropriate, and require cost containment, including, but not limited to, case management. From the funds specified in subparagraphs (d)1. and 2. for indigent health care services, service providers shall receive reimbursement at a Medicaid rate to be determined by the governing board, agency, or authority created pursuant to this paragraph for the initial emergency room visit, and a per-member per-month fee or capitation for those members enrolled in their service area, as compensation for the services rendered following the initial emergency visit. Except for provisions of emergency services, upon determination of eligibility, enrollment shall be deemed to have occurred at the time services were rendered. The provisions for specific reimbursement of emergency services shall be repealed on July 1, 2001, unless otherwise reenacted by the Legislature. The capitation amount or rate shall be determined before program implementation by an independent actuarial consultant. In no event shall such

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reimbursement rates exceed the Medicaid rate. The plan must also provide that any hospitals owned and operated by government entities on or after the effective date of this act must, as a condition of receiving funds under this subsection, afford public access equal to that provided under s. 286.011 as to any meeting of the governing board, agency, or authority the subject of which is budgeting resources for the retention of charity care, as that term is defined in the rules of the Agency for Health Care Administration. The plan shall also include innovative health care programs that provide cost-effective alternatives to traditional methods of service and delivery funding.

- 3. The plan's benefits shall be made available to all county residents currently eligible to receive health care services as indigents or medically poor as defined in paragraph (4)(d).
- 4. Eligible residents who participate in the health care plan shall receive coverage for a period of 12 months or the period extending from the time of enrollment to the end of the current fiscal year, per enrollment period, whichever is less.
- 5. At the end of each fiscal year, the governing board, agency, or authority shall prepare an audit that reviews the budget of the plan, delivery of services, and quality of services, and makes recommendations to increase the plan's efficiency. The audit shall take into account participant

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hospital satisfaction with the plan and assess the amount of poststabilization patient transfers requested, and accepted or denied, by the county public general hospital.

Section 8. Section 397.416, Florida Statutes, is amended to read:

397.416 Substance abuse treatment services; qualified professional.—Notwithstanding any other provision of law, a person who was certified through a certification process recognized by the former Department of Health and Rehabilitative Services before January 1, 1995, may perform the duties of a qualified professional with respect to substance abuse treatment services as defined in this chapter, and need not meet the certification requirements contained in s.397.311(34).

Section 9. Paragraphs (d) and (g) of subsection (1) of section 440.102, Florida Statutes, are amended to read:

440.102 Drug-free workplace program requirements.—The following provisions apply to a drug-free workplace program implemented pursuant to law or to rules adopted by the Agency for Health Care Administration:

- (1) DEFINITIONS.—Except where the context otherwise requires, as used in this act:
- (d) "Drug rehabilitation program" means a service provider, established pursuant to $\underline{s.397.311(44)}$ $\underline{s.397.311(43)}$, that provides confidential, timely, and expert identification,

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assessment, and resolution of employee drug abuse.

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(g) "Employee assistance program" means an established program capable of providing expert assessment of employee personal concerns; confidential and timely identification services with regard to employee drug abuse; referrals of employees for appropriate diagnosis, treatment, and assistance; and followup services for employees who participate in the program or require monitoring after returning to work. If, in addition to the above activities, an employee assistance program provides diagnostic and treatment services, these services shall in all cases be provided by service providers pursuant to \underline{s} . $\underline{397.311(44)}$ \underline{s} . $\underline{397.311(43)}$.

Section 10. This act shall take effect July 1, 2018.

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