Bill No. <u>CS for SB 1578</u>

Amendment No. ____ Barcode 684128

	CHAMBER ACTION Senate House				
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11	Senator Smith moved the following amendment to amendment				
12	(030792):				
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14	Senate Amendment (with title amendment)				
15	On page 2, line 5,				
16					
17	insert:				
18	Section 2. Section 743.0645, Florida Statutes, is				
19	amended to read:				
20	743.0645 Other persons who may consent to medical care				
21	or treatment of a minor <u>; Center for Juvenile Psychotropic</u>				
22	Studies; creation; purpose; advisory board; report				
23	(1) As used in this section, the term:				
24	(a) "Blood testing" includes Early Periodic Screening,				
25	Diagnosis, and Treatment (EPSDT) testing and other blood				
26	testing deemed necessary by documented history or				
27	symptomatology but excludes HIV testing and controlled				
28	substance testing or any other testing for which separate				
29	court order or informed consent as provided by law is				
30	required.				
31	(b) "Medical care and treatment" includes ordinary and 1				
	8:28 PM 04/27/04 s1578clc-14t6t				

Bill No. <u>CS for SB 1578</u>

Amendment No. ____ Barcode 684128

1	necessary medical and dental examination and treatment,			
2	including blood testing, preventive care including ordinary			
3	immunizations, tuberculin testing, and well-child care, but			
4	does not include surgery, general anesthesia, provision of			
5	psychotropic medications, or other extraordinary procedures			
6	for which a separate court order, power of attorney, or			
7	informed consent as provided by law is required.			
8	(c) "Person who has the power to consent as otherwise			
9	provided by law" includes a natural or adoptive parent, legal			
10	custodian, or legal guardian.			
11	(d) "Psychotropic medication" means a medicine that may			
12	not be dispensed or administered without a prescription which			
13	is used for the treatment of medical disorders, and includes			
14	hypnotics, antipsychotics, antidepressants, antianxiety			
15	agents, sedatives, and mood stabilizers such as lithium,			
16	Depakote, and other anticonvulsants used as mood stabilizers			
	and psychomotor stimulants. This paragraph expires July 1,			
17	and psychomotor stimulants. This paragraph expires July 1,			
17 18	and psychomotor stimulants. This paragraph expires July 1, 2005.			
18	2005.			
18 19	2005. (2) Any of the following persons, in order of priority			
18 19 20	2005. (2) Any of the following persons, in order of priority listed, may consent to the medical care or treatment of a			
18 19 20 21	2005. (2) Any of the following persons, in order of priority listed, may consent to the medical care or treatment of a minor who is not committed to the Department of Children and			
18 19 20 21 22	2005. (2) Any of the following persons, in order of priority listed, may consent to the medical care or treatment of a minor who is not committed to the Department of Children and Family Services or the Department of Juvenile Justice or in			
18 19 20 21 22 23	2005. (2) Any of the following persons, in order of priority listed, may consent to the medical care or treatment of a minor who is not committed to the Department of Children and Family Services or the Department of Juvenile Justice or in their custody under chapter 39, chapter 984, or chapter 985			
18 19 20 21 22 23 24	2005. (2) Any of the following persons, in order of priority listed, may consent to the medical care or treatment of a minor who is not committed to the Department of Children and Family Services or the Department of Juvenile Justice or in their custody under chapter 39, chapter 984, or chapter 985 when, after a reasonable attempt, a person who has the power			
18 19 20 21 22 23 24 25	2005. (2) Any of the following persons, in order of priority listed, may consent to the medical care or treatment of a minor who is not committed to the Department of Children and Family Services or the Department of Juvenile Justice or in their custody under chapter 39, chapter 984, or chapter 985 when, after a reasonable attempt, a person who has the power to consent as otherwise provided by law cannot be contacted by			
 18 19 20 21 22 23 24 25 26 	2005. (2) Any of the following persons, in order of priority listed, may consent to the medical care or treatment of a minor who is not committed to the Department of Children and Family Services or the Department of Juvenile Justice or in their custody under chapter 39, chapter 984, or chapter 985 when, after a reasonable attempt, a person who has the power to consent as otherwise provided by law cannot be contacted by the treatment provider and actual notice to the contrary has			
 18 19 20 21 22 23 24 25 26 27 	2005. (2) Any of the following persons, in order of priority listed, may consent to the medical care or treatment of a minor who is not committed to the Department of Children and Family Services or the Department of Juvenile Justice or in their custody under chapter 39, chapter 984, or chapter 985 when, after a reasonable attempt, a person who has the power to consent as otherwise provided by law cannot be contacted by the treatment provider and actual notice to the contrary has not been given to the provider by that person:			
 18 19 20 21 22 23 24 25 26 27 28 	2005. (2) Any of the following persons, in order of priority listed, may consent to the medical care or treatment of a minor who is not committed to the Department of Children and Family Services or the Department of Juvenile Justice or in their custody under chapter 39, chapter 984, or chapter 985 when, after a reasonable attempt, a person who has the power to consent as otherwise provided by law cannot be contacted by the treatment provider and actual notice to the contrary has not been given to the provider by that person: (a) A person who possesses a power of attorney to			
 18 19 20 21 22 23 24 25 26 27 28 29 	2005. (2) Any of the following persons, in order of priority listed, may consent to the medical care or treatment of a minor who is not committed to the Department of Children and Family Services or the Department of Juvenile Justice or in their custody under chapter 39, chapter 984, or chapter 985 when, after a reasonable attempt, a person who has the power to consent as otherwise provided by law cannot be contacted by the treatment provider and actual notice to the contrary has not been given to the provider by that person: (a) A person who possesses a power of attorney to provide medical consent for the minor. A power of attorney			

Bill No. CS for SB 1578

Amendment No. ____ Barcode 684128

surgical and general anesthesia services for the minor unless 1 | 2 such services are excluded by the individual executing the 3 power of attorney. 4 (b) The stepparent. 5 (c) The grandparent of the minor. (d) An adult brother or sister of the minor. 6 7 (e) An adult aunt or uncle of the minor. 8 There shall be maintained in the treatment provider's records 9 of the minor documentation that a reasonable attempt was made 10 11 to contact the person who has the power to consent. (3) The Department of Children and Family Services or 12 13 the Department of Juvenile Justice caseworker, juvenile 14 probation officer, or person primarily responsible for the 15 case management of the child, the administrator of any 16 facility licensed by the department under s. 393.067, s. 394.875, or s. 409.175, or the administrator of any 17 18 state-operated or state-contracted delinquency residential 19 treatment facility may consent to the medical care or treatment of any minor committed to it or in its custody under 20 chapter 39, chapter 984, or chapter 985, when the person who 21 has the power to consent as otherwise provided by law cannot 22 23 be contacted and such person has not expressly objected to 24 such consent. There shall be maintained in the records of the 25 minor documentation that a reasonable attempt was made to 26 contact the person who has the power to consent as otherwise 27 provided by law. (4) The medical provider shall notify the parent or 28 other person who has the power to consent as otherwise 29 provided by law as soon as possible after the medical care or 30 31 | treatment is administered pursuant to consent given under this 8:28 PM 04/27/04 s1578c1c-14t6t

Bill No. <u>CS for SB 1578</u>

Amendment No. ____ Barcode 684128

1	section. The medical records shall reflect the reason consent				
2	as otherwise provided by law was not initially obtained and				
3	shall be open for inspection by the parent or other person who				
4	has the power to consent as otherwise provided by law.				
5	(5) The person who gives consent; a physician,				
б	dentist, nurse, or other health care professional licensed to				
7	practice in this state; or a hospital or medical facility,				
8	including, but not limited to, county health departments,				
9	shall not incur civil liability by reason of the giving of				
10	consent, examination, or rendering of treatment, provided that				
11	such consent, examination, or treatment was given or rendered				
12	as a reasonable prudent person or similar health care				
13	professional would give or render it under the same or similar				
14	circumstances.				
15	(6) The Center for Juvenile Psychotropic Studies is				
16	created within the Department of Psychiatry of the College of				
	Medicine of the University of Florida. The purpose of the				
17	Medicine of the University of Florida. The purpose of the				
17 18	Medicine of the University of Florida. The purpose of the center is to collect, track, and assess information regarding				
18	center is to collect, track, and assess information regarding				
18 19	center is to collect, track, and assess information regarding minors in state custody held pursuant to chapter 39, chapter				
18 19 20	center is to collect, track, and assess information regarding minors in state custody held pursuant to chapter 39, chapter 984, or chapter 985 who have been or are currently being				
18 19 20 21	center is to collect, track, and assess information reqarding minors in state custody held pursuant to chapter 39, chapter 984, or chapter 985 who have been or are currently being prescribed psychotropic medications.				
18 19 20 21 22	<pre>center is to collect, track, and assess information regarding minors in state custody held pursuant to chapter 39, chapter 984, or chapter 985 who have been or are currently being prescribed psychotropic medications.</pre>				
18 19 20 21 22 23	<pre>center is to collect, track, and assess information regarding minors in state custody held pursuant to chapter 39, chapter 984, or chapter 985 who have been or are currently being prescribed psychotropic medications.</pre>				
18 19 20 21 22 23 24	<pre>center is to collect, track, and assess information regarding minors in state custody held pursuant to chapter 39, chapter 984, or chapter 985 who have been or are currently being prescribed psychotropic medications. (a) In addition to determining the number of children in state custody who are receiving psychotropic medications, the types and dosages of medication being prescribed to those</pre>				
18 19 20 21 22 23 24 25	<pre>center is to collect, track, and assess information regarding minors in state custody held pursuant to chapter 39, chapter 984, or chapter 985 who have been or are currently being prescribed psychotropic medications. (a) In addition to determining the number of children in state custody who are receiving psychotropic medications, the types and dosages of medication being prescribed to those children, and any other data relevant to scientifically</pre>				
 18 19 20 21 22 23 24 25 26 	<pre>center is to collect, track, and assess information regarding minors in state custody held pursuant to chapter 39, chapter 984, or chapter 985 who have been or are currently being prescribed psychotropic medications. (a) In addition to determining the number of children in state custody who are receiving psychotropic medications, the types and dosages of medication being prescribed to those children, and any other data relevant to scientifically assessing the status of minors in state custody who are</pre>				
 18 19 20 21 22 23 24 25 26 27 	<pre>center is to collect, track, and assess information reqarding minors in state custody held pursuant to chapter 39, chapter 984, or chapter 985 who have been or are currently being prescribed psychotropic medications. (a) In addition to determining the number of children in state custody who are receiving psychotropic medications, the types and dosages of medication being prescribed to those children, and any other data relevant to scientifically assessing the status of minors in state custody who are receiving psychotropic medications, the center shall evaluate:</pre>				
 18 19 20 21 22 23 24 25 26 27 28 	<pre>center is to collect, track, and assess information regarding minors in state custody held pursuant to chapter 39, chapter 984, or chapter 985 who have been or are currently being prescribed psychotropic medications. (a) In addition to determining the number of children in state custody who are receiving psychotropic medications, the types and dosages of medication being prescribed to those children, and any other data relevant to scientifically assessing the status of minors in state custody who are receiving psychotropic medications, the center shall evaluate: 1. Whether the child received a full and complete</pre>				
 18 19 20 21 22 23 24 25 26 27 28 29 	<pre>center is to collect, track, and assess information reqarding minors in state custody held pursuant to chapter 39, chapter 984, or chapter 985 who have been or are currently being prescribed psychotropic medications. (a) In addition to determining the number of children in state custody who are receiving psychotropic medications, the types and dosages of medication being prescribed to those children, and any other data relevant to scientifically assessing the status of minors in state custody who are receiving psychotropic medications, the center shall evaluate: 1. Whether the child received a full and complete medical evaluation and, to the extent that the medication was</pre>				

Bill No. CS for SB 1578 Amendment No. Barcode 684128 possible physical causes had been ruled out prior to the 1 1 prescribing of psychotropic medication. 2 3 2. What other treatments and services were recommended for the child in addition to psychotropic medication and 4 5 whether or not those services were offered or delivered. 3. Whether or not informed consent was received from a б 7 parent, legal quardian, or the court prior to initiating 8 treatment. 4. Whether or not followup monitoring and treatment 9 appropriate to the child's diagnosis and prescribed medication 10 11 were provided to the child. 5. In cases where court authorization was sought, 12 13 whether a full and complete child resource record was provided to the court for decisionmaking purposes. 14 15 6. Whether or not the prescription for and type of 16 psychotropic medications prescribed for the child were appropriate for the age and diagnosis of the child and 17 consistent with the medical standard of care for the treatment 18 19 of the child's condition. 20 (b) The director of the Center for Juvenile Psychotropic Studies shall be appointed by the Dean of the 21 2.2 College of Medicine of the University of Florida. (c) There is created an advisory board that shall 23 periodically and objectively review and advise the center on 24 the academic rigor and research parameters of all actions 25 taken pursuant to this subsection. The board shall consist of 26 27 the following nine members who have backgrounds in psychiatric 28 health: 1. The Secretary of Children and Family Services or 29 his or her designee; 30 31 2. The Secretary of Juvenile Justice or his or her 5 8:28 PM 04/27/04 s1578c1c-14t6t

Bill No. CS for SB 1578 Amendment No. Barcode 684128 1 | designee; 3. The Secretary of Health Care Administration or his 2 3 or her designee; 4. The Secretary of Health or his or her designee; 4 5 5. One member appointed by the President of the Senate from the Florida Psychiatric Society who specializes in 6 7 treating children and adolescents; 6. One member appointed by the Speaker of the House of 8 Representatives who is a pediatrician experienced in treating 9 children and adolescents with psychiatric diseases; 10 11 7. One member appointed by the President of the University of Florida who is an epidemiologist; and 12 13 8. Two members appointed by the Governor, one of whom has experience serving as a guardian ad litem to children and 14 adolescents in the custody of the state who have psychiatric 15 16 diseases, and one of whom is employed by the Louis de la Parte 17 Florida Mental Health Institute and has experience in the academic study of children and adolescents with psychiatric 18 19 diseases. (d) The center shall work in conjunction with the 20 Department of Children and Family Services, the Department of 21 2.2 Juvenile Justice, the Agency for Health Care Administration, and the Department of Health, and, to the extent allowed by 23 the privacy requirements of federal and state laws, those 24 25 agencies shall work with the center and make available to the 26 center data regarding such dependent minors, including, but 27 not limited to: 1. Demographic information, including, but not limited 2.8 to, age, geographic location, and economic status. 29 2. A family history of each dependent minor, 30 31 including, but not limited to, the minor's involvement with 8:28 PM 04/27/04 s1578c1c-14t6t

Bill No. CS for SB 1578 Amendment No. Barcode 684128 the child welfare system or the juvenile justice system, all 1 1 applicable social service records, and all applicable court 2 3 records. 3. A medical history of each dependent minor, 4 5 including, but not limited to, the minor's medical condition. 4. All information regarding the medications б prescribed or administered to each minor, including, but not 7 8 limited to, information contained in each minor's medication administration record. 9 5. Practice patterns, licensure, and board 10 11 certification of prescribing physicians. (e) All oral and written records, information, 12 13 letters, and reports received, made, or maintained by the center shall be maintained in a manner consistent with all 14 15 applicable state and federal law. 16 (f) A privilege against civil liability is granted to any person furnishing medical records in furtherance of the 17 charge of the center, unless such person furnishing medical 18 19 records acted in bad faith or with malice in providing such 20 information. A person who participates in the center's 21 research activities or provides information to the center with regard to the incompetence, impairment, or unprofessional 2.2 conduct of any health care provider licensed under chapter 23 458, chapter 459, chapter 460, chapter 461, chapter 462, 24 25 chapter 463, chapter 464, chapter 465, or chapter 466 may not be held liable in any civil action for furnishing such medical 26 27 records if such person acts without intentional fraud or 28 malice. (q) By January 1, 2005, the center shall report its 29 findings regarding psychotropic medications prescribed to 30 31 dependent minors in state custody to the President of the 8:28 PM 04/27/04 s1578c1c-14t6t

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Bill No. CS for SB 1578
   Amendment No. Barcode 684128
   Senate, the Speaker of the House of Representatives, and the
1
   appropriate committee chairs of the Senate and the House of
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   Representatives.
         (h) This subsection expires July 1, 2005.
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         (7)(6) The Department of Children and Family Services
   and the Department of Juvenile Justice may adopt rules to
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   implement this section.
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         (8) (7) This section does not affect other statutory
   provisions of this state that relate to medical consent for
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   minors.
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   And the title is amended as follows:
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          On page 2, line 21, after the semicolon,
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17
   insert:
          amending s. 743.0645, F.S.; defining the term
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19
          "psychotropic medication"; creating the Center
20
          for Juvenile Psychotropic Studies within the
21
          Department of Psychiatry of the College of
2.2
          Medicine of the University of Florida;
23
          providing the purpose of the center; providing
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          for the appointment of a director; creating an
25
          advisory board; providing for board membership;
26
          requiring the center to work with the
27
          Department of Children and Family Services, the
28
          Department of Juvenile Justice, the Agency for
29
          Health Care Administration, and the Department
          of Health; requiring certain data relating to
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          dependent minors for whom psychotropic
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8:28 PM 04/27/04

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	Bill No. <u>CS for SB 1578</u>					
	Amendment No Barcode 684128					
1	n	nedications have been prescribed to be made				
2	a	vailable to the center, as legally allowed;				
3	r	equiring the center to report to legislative				
4	1	eaders by a specified date; providing for				
5	f	uture repeal;				
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