House



LEGISLATIVE ACTION

Senate Comm: RCS 03/19/2015

The Committee on Children, Families, and Elder Affairs (Garcia) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

Section 1. Present subsections (16) through (32) and (34) through (38) of section 394.455, Florida Statutes, are redesignated as subsections (17) through (33) and (35) through (39), respectively, a new subsection (16) is added to that section, and present subsection (33) of that section is amended, to read:

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11 394.455 Definitions.-As used in this part, unless the 12 context clearly requires otherwise, the term: 13 (16) "Interested person" means, for the purposes of this 14 chapter, any person who may reasonably be expected to be affected by the outcome of the particular proceeding involved, 15 16 including anyone interested in the welfare of an incapacitated 17 person. 18 (34) (33) "Service provider" means any public or private 19 receiving facility, an entity under contract with the Department 20 of Children and Families to provide mental health services, a 21 clinical psychologist, a clinical social worker, a marriage and 22 family therapist, a mental health counselor, a physician, a 23 psychiatric nurse as defined in subsection (24) (23), or a 24 community mental health center or clinic as defined in this 25 part. 26 Section 2. Subsections (1) and (5) of section 394.4598, 27 Florida Statutes, are amended to read: 28 394.4598 Guardian advocate.-29 (1) The administrator, a family member of the patient, or 30 an interested party, may petition the court for the appointment 31 of a guardian advocate based upon the opinion of a psychiatrist 32 that the patient is incompetent to consent to treatment. If the 33 court finds that a patient is incompetent to consent to 34 treatment and has not been adjudicated incapacitated and a 35 guardian with the authority to consent to mental health 36 treatment appointed, it shall appoint a quardian advocate. The 37 patient has the right to have an attorney represent him or her 38 at the hearing. If the person is indigent, the court shall appoint the office of the public defender to represent him or 39

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40 her at the hearing. The patient has the right to testify, crossexamine witnesses, and present witnesses. The proceeding shall 41 be recorded either electronically or stenographically, and 42 43 testimony shall be provided under oath. One of the professionals authorized to give an opinion in support of a petition for 44 45 involuntary placement, as described in s. 394.4655 or s. 394.467, must testify. A quardian advocate must meet the 46 47 qualifications of a quardian contained in part IV of chapter 48 744, except that a professional referred to in this part, an employee of the facility providing direct services to the 49 patient under this part, a departmental employee, a facility 50 51 administrator, or member of the Florida local advocacy council 52 shall not be appointed. A person who is appointed as a guardian 53 advocate must agree to the appointment. 54 (5) In selecting a guardian advocate, the court shall give

55 preference to a health care, mental health care, or substance 56 abuse treatment surrogate, if one has already been designated by 57 the patient. If the patient has not previously selected a health 58 care, mental health care, or substance abuse treatment

surrogate, except for good cause documented in the court record, the selection shall be made from the following list in the order of listing:

(a) The patient's spouse.

(b) An adult child of the patient.

(c) A parent of the patient.

(d) The adult next of kin of the patient.

(e) An adult friend of the patient.

(f) An adult trained and willing to serve as guardian 67 68 advocate for the patient.

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69	Section 3. Section 397.803, Florida Statutes, is created to
70	read:
71	<u>397.803 Substance Abuse Assistance Pilot Program</u>
72	(1) PILOT PROGRAM.—
73	(a) There is created within the Department of Children and
74	Families the Substance Abuse Assistance Pilot Program in such
75	regions of the state as may be designated in the general
76	appropriations act.
77	(b) Within available funding, the department shall
78	determine a target number of participants in each pilot program
79	region.
80	(c) The pilot program is created to determine whether the
81	provision of comprehensive care through a coordinated system of
82	case management that offers a range of recovery support services
83	during and after treatment for acute episodes leads to increased
84	employment, stability in housing, and decreased involvement in
85	the criminal justice system on the part of participants.
86	(d) The pilot program shall provide a comprehensive
87	continuum of high-quality and accessible substance abuse
88	intervention, residential and outpatient treatment,
89	comprehensive case management, and recovery support services for
90	substance abuse impaired adults.
91	(e) The pilot program in each selected region shall develop
92	safe and cost efficient treatment alternatives and provide
93	comprehensive case management and continuum of care services for
94	eligible substance abuse impaired adults.
95	(f) Participation in the pilot program may be designated as
96	an alternative to criminal imprisonment for substance abuse
97	impaired adults, as appropriate.

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98	(g) Each pilot program region shall submit data to the
99	department on a monthly basis that, at a minimum, reports
100	characteristics of the participants, use of services, and such
101	data as necessary to measure changes in participants' status
102	with regard to housing, employment, and criminal activity.
103	(2) ELIGIBILITY AND ENROLLMENTMaximum enrollment shall be
104	determined by the department, based on funding. To be eligible
105	for participation in the pilot program a person must:
106	(a) Be 18 years of age or older with a history of chronic
107	substance abuse or addiction.
108	(b) Execute a mental health or substance abuse treatment
109	directive as defined in s. 765.403.
110	(c) Include in the mental health or substance abuse
111	treatment directive a self-binding arrangement provision that
112	must:
113	1. Be in writing.
114	2. Be dated and signed by the principal or the principal's
115	designated representative if the principal is unable to sign.
116	3. State whether the principal wishes to be able to revoke
117	the directive at any time or whether the directive remains
118	irrevocable when the principal is unable to consent to treatment
119	or is incapacitated. Failure to clarify whether the directive is
120	revocable does not render it unenforceable. If the directive
121	fails to state whether it is revocable, the principal may revoke
122	it at any time.
123	4. Contain a clear affirmation that the principal is aware
124	of the nature of the document signed and that the directive was
125	signed freely and voluntarily.
126	5. Be witnessed by at least two adults who, for the

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pur	poses of this section, may not be:
	a. A member of the principal's treatment team;
	b. Related to the principal by blood, adoption, or
mar	riage;
	c. Be in a romantic or dating relationship with the
<u>pri</u>	ncipal;
	d. The surrogate named by the principal in the signed
dir	ective; or
	e. The owner, operator, or employee of, or a relative of
the	owner, operator, or an employee of, a treatment facility in
whi	ch the principal is a patient.
	6. Be witnessed by persons who attest that:
	a. They were present when the principal signed the
dir	ective;
	b. The principal appeared to have capacity and not be under
und	ue influence or duress when he or she signed the directive;
and	
	c. The principal presented identification or the witness
per	sonally knows the principal.
	7. If the directive includes a provision that it is
irr	evocable, it must contain a written, signed attestation from
a m	ental health professional that the principal had capacity at
the	time the directive was executed. If the principal is free to
rev	oke the directive at any time, such attestation is not
req	uired.
	8. Be valid upon execution.
	9. Contain a designated activation standard other than the
<u>pri</u>	ncipal's inability to provide consent to treatment or
inc	apacity by describing circumstances or events under which the

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d	irective becomes active.
-	10. Affirmatively state that despite activation, a
d	irective does not prevail over contemporaneous preferences
	xpressed by a principal who has capacity or the ability to
	onsent to treatment and has not included a self-binding
-	rrangement provision in the directive.
	11. Appoint a surrogate to make all health care and
S	ubstance abuse treatment decisions for the principal, including
	ecisions to consent on behalf of the principal to inpatient
	ental health or substance abuse treatment.
_	12. Contain a provision that decisions made by a surrogate
f	or a principal's mental health care or substance abuse
t	reatment are effective without judicial approval.
	(d) Share responsibility for the costs of pilot program
S	ervices according to his or her ability to pay, based on a
S	liding scale.
	(3) SYSTEM OF CARE; CASE MANAGEMENT; PAYMENT METHOD
	(a) The department shall contract with the Medicaid managed
С	are organization or behavioral health managing entity operating
i	n the applicable geographic region to serve as program manager.
	(b) The program manager is responsible for the following
f	unctions:
	1. Network management including recruitment and retention
0	f an adequate number of qualified service providers to ensure
а	ccessibility and quality of care;
	2. Coordination of care, including the development and
i	mplementation of organizational structures and operational
p	olicies necessary to ensure that the network provides
С	ontinuity of care and avoids unnecessary duplication of

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86	services;
	3. Comprehensive case management, which may be provided by
	the program manager or by a contracted service provider,
88	including direct interaction with participants and other
	activities necessary to assess, plan, implement, and monitor the
90	needed services; and
1	4. Administrative functions for the network including, but
2	not limited to, data management, financial management, and
3	contract compliance.
4	(c) The department shall establish criteria for ensuring
5	that an adequate number of providers are included in the network
5	and for provider qualifications, which shall be specified in the
7	contract with the program manager. The pilot program shall be
3	limited to one network in the region for the duration of the
)	pilot program. The provider network shall:
)	1. Offer a comprehensive range of services for substance
	abuse impaired or drug addicted adults.
	2. Enter into agreements with law enforcement agencies and
	the criminal justice system to divert nonviolent offenders with
	histories of serious substance abuse or chronic addiction into
	intensive treatment, comprehensive case management, and
	rehabilitation services.
	3. Enter into an agreement with the appropriate
	neighborhood housing services program to provide housing
	assistance to eligible participants.
	4. Enter into an agreement with the entity under contract
	with the Statewide Public Guardianship Office in the pilot
	program region to provide guardians to act in the capacity of
	surrogates for eligible participants who do not have family

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214	members or other adults available to perform such duties.
215	5. Enter into an agreement with the applicable nonprofit
216	local legal services organization serving the pilot program
217	region to provide legal assistance to eligible participants.
218	(4) SERVICESThe network must be capable of providing, at
219	a minimum, the following services to substance abuse impaired or
220	drug addicted adults:
221	1. Comprehensive case management and continuum of care
222	coordination;
223	2. Outpatient treatment services;
224	3. Crisis care, including mobile response, and
225	detoxification in short-term residential facilities;
226	4. Inpatient treatment services;
227	5. Step-down residential treatment services;
228	6. Housing needs assessment and assistance;
229	7. Employment assistance programs;
230	8. Transportation needs assessment and assistance; and
231	9. Legal services.
232	(5) PAYMENT FOR SERVICES
233	(a) The general revenue funds appropriated by the
234	legislature for the purposes of this section shall be applied to
235	payment for services only after an eligible participant's
236	private pay or Medicaid insurance coverage has been exhausted.
237	(b) An eligible participant may share in the cost of
238	provided services based on his or her ability to pay.
239	(6) ACCOUNTABILITY; ANNUAL REPORTS.—
240	(a) By October 1 of each year, the department shall provide
241	a written report to the Governor, the President of the Senate,
242	and the Speaker of the House of Representatives which describes

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243	the operation and effectiveness of the pilot program. The report
244	must include, but is not limited to, an evaluation of the impact
245	of the following components of the program:
246	1. Comprehensive case management;
247	2. Care coordination and followup care;
248	3. Housing initiatives; and
249	4. Employment assistance.
250	(b) The report must include a recommendation regarding the
251	continuation, expansion, or termination of the pilot program.
252	Section 4. Section 765.401, Florida Statutes, is
253	transferred and renumbered as section 765.311, Florida Statutes.
254	Section 5. Section 765.404, Florida Statutes, is
255	transferred and renumbered as section 765.312, Florida Statutes.
256	Section 6. The Division of Law Revision and Information is
257	directed to rename part IV of chapter 765, Florida Statutes, as
258	"Mental Health and Substance Abuse Advance Directives."
259	Section 7. Section 765.4015, Florida Statutes, is created
260	to read:
261	765.4015 Short titleSections 765.402-765.411 may be cited
262	as the "Jennifer Act."
263	Section 8. Section 765.402, Florida Statutes, is created to
264	read:
265	765.402 Legislative findings
266	(1) The Legislature recognizes that an individual with
267	capacity has the ability to control decisions relating to his or
268	her own mental health care or substance abuse treatment. The
269	Legislature finds that:
270	(a) Substance abuse and some mental illnesses cause
271	individuals to fluctuate between capacity and incapacity;

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272	(b) During periods when an individual's capacity is
273	unclear, the individual may be unable to provide informed
274	consent necessary to access needed treatment;
275	(c) Early treatment may prevent an individual from becoming
276	so ill that involuntary treatment is necessary; and
277	(d) Individuals with substance abuse impairment or mental
278	illness need an established procedure to express their
279	instructions and preferences for treatment and provide advance
280	consent to or refusal of treatment. This procedure should be
281	less expensive and less restrictive than guardianship.
282	(2) The Legislature further recognizes that:
283	(a) A mental health or substance abuse treatment advance
284	directive must provide the individual with a full range of
285	choices.
286	(b) For a mental health or substance abuse directive to be
287	an effective tool, individuals must be able to choose how they
288	want their directives to be applied, including the right of
289	revocation, during periods when they are incompetent to consent
290	to treatment.
291	(c) There must be a clear process so that treatment
292	providers can abide by an individual's treatment choices.
293	Section 9. Section 765.403, Florida Statutes, is created to
294	read:
295	765.403 DefinitionsAs used in this section, the term:
296	(1) "Adult" means any individual who has attained the age
297	of majority or is an emancipated minor.
298	(2) "Capacity" means that an adult has not been found to be
299	incapacitated pursuant to s. 394.463.
300	(3) "Health care facility" means a hospital, nursing home,

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301	hospice, home health agency, or health maintenance organization
302	licensed in this state, or any facility subject to part I of
303	chapter 394.
304	(4) "Incapacity" or "incompetent" means an adult who is:
305	(a) Unable to understand the nature, character, and
306	anticipated results of proposed treatment or alternatives or the
307	recognized serious possible risks, complications, and
308	anticipated benefits of treatments and alternatives, including
309	nontreatment;
310	(b) Physically or mentally unable to communicate a willful
311	and knowing decision about mental health care or substance abuse
312	treatment;
313	(c) Unable to communicate his or her understanding or
314	treatment decisions; or
315	(d) Determined incompetent pursuant to s. 394.463.
316	(5) "Informed consent" means consent voluntarily given by a
317	person after a sufficient explanation and disclosure of the
318	subject matter involved to enable that person to have a general
319	understanding of the treatment or procedure and the medically
320	acceptable alternatives, including the substantial risks and
321	hazards inherent in the proposed treatment or procedures or
322	nontreatment, and to make knowing mental health care or
323	substance abuse treatment decisions without coercion or undue
324	influence.
325	(6) "Mental health or substance abuse treatment advance
326	directive" means a written document in which the principal makes
327	a declaration of instructions or preferences or appoints a
328	surrogate to make decisions on behalf of the principal regarding
329	the principal's mental health or substance abuse treatment, or

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330	both.
331	(7) "Mental health professional" means a psychiatrist,
332	psychologist, psychiatric nurse, or social worker, and such
333	other mental health professionals licensed pursuant to chapter
334	458, chapter 464, chapter 490, or chapter 491.
335	(8) "Principal" means a competent adult who executes a
336	mental health or substance abuse treatment advance directive and
337	on whose behalf mental health care or substance abuse treatment
338	decisions are to be made.
339	(9) "Surrogate" means any competent adult expressly
340	designated by a principal to make mental health care or
341	substance abuse treatment decisions on behalf of the principal
342	as set forth in the principal's mental health or substance abuse
343	treatment advance directive or self-binding arrangement as those
344	terms are defined in this section.
345	Section 10. Section 765.405, Florida Statutes, is created
346	to read:
347	765.405 Mental health or substance abuse treatment advance
348	directive; execution; allowable provisions
349	(1) An adult with capacity may execute a mental health or
350	substance abuse treatment advance directive.
351	(2) A directive executed in accordance with this section is
352	presumed to be valid. The inability to honor one or more
353	provisions of a directive does not affect the validity of the
354	remaining provisions.
355	(3) A directive may include any provision relating to
356	mental health or substance abuse treatment or the care of the
357	principal. Without limitation, a directive may include:
358	(a) The principal's preferences and instructions for mental

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359	health or substance abuse treatment.
360	(b) Consent to specific types of mental health or substance
361	abuse treatment.
362	(c) Refusal to consent to specific types of mental health
363	or substance abuse treatment.
364	(d) Consent to admission to and retention in a facility for
365	mental health or substance abuse treatment for up to 14 days.
366	Such consent must be an affirmative statement contained within
367	the directive and must clearly indicate whether such consent is
368	revocable by the principal during a mental health or substance
369	abuse crisis.
370	(e) Descriptions of situations that may cause the principal
371	to experience a mental health or substance abuse crisis.
372	(f) Suggested alternative responses that may supplement or
373	be in lieu of direct mental health or substance abuse treatment,
374	such as treatment approaches from other providers.
375	(g) The principal's nomination of a guardian, limited
376	guardian, or guardian advocate as provided chapter 744.
377	(4) A directive may be combined with or be independent of a
378	nomination of a guardian, other durable power of attorney, or
379	other advance directive.
380	Section 11. Section 765.406, Florida Statutes, is created
381	to read:
382	765.406 Execution of a mental health or substance abuse
383	advance directive; effective date; expiration
384	(1) A directive must:
385	(a) Be in writing.
386	(b) Contain language that clearly indicates that the
387	principal intends to create a directive.

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388	(c) Contain language that clearly indicates whether the
389	principal intends for the surrogate to have the authority to
390	provide consent on the principal's behalf to voluntary admission
391	to inpatient mental health or substance abuse treatment and
392	whether the principal's consent is revocable.
393	(d) Be dated and signed by the principal or, if the
394	principal is unable to sign, at the principal's direction in the
395	principal's presence.
396	(e) Be witnessed by two adults, each of whom must declare
397	that he or she personally knows the principal and was present
398	when the principal dated and signed the directive, and that the
399	principal did not appear to be incapacitated or acting under
400	fraud, undue influence, or duress. The person designated as the
401	surrogate may not act as a witness to the execution of the
402	document designating the mental health or substance abuse care
403	treatment surrogate. At least one person who acts as a witness
404	must be neither the principal's spouse nor his or her blood
405	relative.
406	(2) A directive is valid upon execution, but all or part of
407	the directive may take effect at a later date as designated by
408	the principal in the directive.
409	(3) A directive may:
410	(a) Be revoked, in whole or in part, pursuant to s.
411	<u>765.407; or</u>
412	(b) Expire under its own terms.
413	(4) A directive does not or may not:
414	(a) Create an entitlement to mental health, substance
415	abuse, or medical treatment or supersede a determination of
416	medical necessity.

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417	(b) Obligate any health care provider, professional person,
418	or health care facility to pay the costs associated with the
419	treatment requested.
420	(c) Obligate a health care provider, professional person,
421	or health care facility to be responsible for the nontreatment
422	or personal care of the principal or the principal's personal
423	affairs outside the scope of services the facility normally
424	provides.
425	(d) Replace or supersede any will or testamentary document
426	or supersede the provision of intestate succession.
427	(e) Be revoked by an incapacitated principal unless that
428	principal selected the option to permit revocation while
429	incapacitated at the time his or her directive was executed.
430	(f) Be used as the authority for inpatient admission for
431	more than 14 days.
432	Section 12. Section 765.407, Florida Statutes, is created
433	to read:
434	765.407 Revocation; waiver
435	(1)(a) A principal with capacity may, by written statement
436	of the principal or at the principal's direction in the
437	principal's presence, revoke a directive in whole or in part.
438	(b) A person incompetent to consent to treatment may revoke
439	a directive only if he or she elected at the time of executing
440	the directive to be able to revoke when incapacitated.
441	(2) The principal shall provide a copy of his or her
442	written statement of revocation to his or her agent, if any, and
443	to each health care provider, professional person, or health
444	care facility that received a copy of the directive from the
445	principal.

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446	(3) The written statement of revocation is effective as to
447	a health care provider, professional person, or health care
448	facility upon receipt. The professional person, health care
449	provider, or health care facility, or persons acting under their
450	direction, shall make the statement of revocation part of the
451	principal's medical record.
452	(4) A directive also may:
453	(a) Be revoked, in whole or in part, expressly or to the
454	extent of any inconsistency, by a subsequent directive; or
455	(b) Be superseded or revoked by a court order, including
456	any order entered in a criminal matter. The individual's family,
457	the health care facility, the attending physician, or any other
458	interested person who may be directly affected by the
459	surrogate's decision concerning any health care may seek
460	expedited judicial intervention pursuant to rule 5.900 of the
461	Florida Probate Rules, if that person believes:
462	1. The surrogate's decision is not in accord with the
463	individual's known desires;
464	2. The advance directive is ambiguous, or the individual
465	has changed his or her mind after execution of the advance
466	directive;
467	3. The surrogate was improperly designated or appointed, or
468	the designation of the surrogate is no longer effective or has
469	been revoked;
470	4. The surrogate has failed to discharge duties, or
471	incapacity or illness renders the surrogate incapable of
472	discharging duties;
473	5. The surrogate has abused powers; or
474	6. The individual has sufficient capacity to make his or

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475	her own health care decisions.
476	(5) A directive that would have otherwise expired but is
477	effective because the principal is incapacitated remains
478	effective until the principal is no longer incapacitated unless
479	the principal elected to be able to revoke while incapacitated
480	and has revoked the directive.
481	(6) When a principal with capacity consents to treatment
482	that differs from, or refuses treatment consented to in, his or
483	her directive, the consent or refusal constitutes a waiver of a
484	particular provision and does not constitute a revocation of the
485	provision or the directive unless that principal also revokes
486	the provision or directive.
487	Section 13. Section 765.410, Florida Statutes, is created
488	to read:
489	765.410 Immunity from liability; weight of proof;
490	presumption
491	(1) A health care facility, provider, or other person who
492	acts under the direction of a health care facility or provider
493	is not subject to criminal prosecution or civil liability, and
494	may not be deemed to have engaged in unprofessional conduct, as
495	a result of carrying out a mental health care or substance abuse
496	treatment decision made in accordance with this section. The
497	surrogate who makes a mental health care or substance abuse
498	treatment decision on a principal's behalf, pursuant to this
499	section, is not subject to criminal prosecution or civil
500	liability for such action.
501	(2) This section applies unless it is shown by a
502	preponderance of the evidence that the person authorizing or
503	effectuating a mental health or substance abuse treatment

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504	decision did not, in good faith, comply with this section.
505	Section 14. Section 765.411, Florida Statutes, is created
506	to read:
507	765.411 Recognition of mental health and substance abuse
508	treatment advance directive executed in another stateA mental
509	health or substance abuse treatment advance directive executed
510	in another state in compliance with the law of that state is
511	validly executed for the purposes of this chapter.
512	Section 15. Subsection (3) of section 394.495, Florida
513	Statutes, is amended to read:
514	394.495 Child and adolescent mental health system of care;
515	programs and services
516	(3) Assessments must be performed by:
517	(a) A professional as defined in s. 394.455(2), (4), <u>(22)</u>
518	(21) , <u>(24)</u> (23) , or <u>(25)</u> (24) ;
519	(b) A professional licensed under chapter 491; or
520	(c) A person who is under the direct supervision of a
521	professional as defined in s. 394.455(2), (4), (22) (21), (24)
522	(23), or (25) (24) or a professional licensed under chapter 491.
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524	The department shall adopt by rule statewide standards for
525	mental health assessments, which must be based on current
526	relevant professional and accreditation standards.
527	Section 16. Subsection (6) of section 394.496, Florida
528	Statutes, is amended to read:
529	394.496 Service planning
530	(6) A professional as defined in s. 394.455(2), (4), <u>(22)</u>
531	(21), (24) (23) , or (25) (24) or a professional licensed under
532	chapter 491 must be included among those persons developing the



533 services plan. Section 17. Subsection (6) of section 394.9085, Florida 534 535 Statutes, is amended to read: 536 394.9085 Behavioral provider liability.-537 (6) For purposes of this section, the terms "detoxification 538 services, " "addictions receiving facility," and "receiving 539 facility" have the same meanings as those provided in ss. 540 397.311(18)(a)4., 397.311(18)(a)1., and 394.455(27)(26), 541 respectively. 542 Section 18. Paragraph (d) of subsection (1) of section 543 395.0197, Florida Statutes, is amended to read: 544 395.0197 Internal risk management program.-545 (1) Every licensed facility shall, as a part of its 546 administrative functions, establish an internal risk management 547 program that includes all of the following components: (d) A system for informing a patient or an individual 548 identified pursuant to s. $765.311(1) \pm 765.401(1)$ that the 549 550 patient was the subject of an adverse incident, as defined in 551 subsection (5). Such notice shall be given by an appropriately 552 trained person designated by the licensed facility as soon as 553 practicable to allow the patient an opportunity to minimize 554 damage or injury. Section 19. Section 395.1051, Florida Statutes, is amended 555 to read: 556 557 395.1051 Duty to notify patients. - An appropriately trained 558 person designated by each licensed facility shall inform each 559 patient, or an individual identified pursuant to s. 765.311(1) 560 s. 765.401(1), in person about adverse incidents that result in

serious harm to the patient. Notification of outcomes of care

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562 that result in harm to the patient under this section shall not 563 constitute an acknowledgment or admission of liability, nor can 564 it be introduced as evidence.

Section 20. Paragraph (b) of subsection (1) of section 409.972, Florida Statutes, is amended to read:

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409.972 Mandatory and voluntary enrollment.-

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

(b) Medicaid recipients residing in residential commitment facilities operated through the Department of Juvenile Justice or mental health treatment facilities as defined by s.

394.455(33) s. 394.455(32).

Section 21. Section 456.0575, Florida Statutes, is amended to read:

456.0575 Duty to notify patients.-Every licensed health 579 care practitioner shall inform each patient, or an individual identified pursuant to s. $765.311(1) = \frac{765.401(1)}{1000}$, in person 580 about adverse incidents that result in serious harm to the 582 patient. Notification of outcomes of care that result in harm to 583 the patient under this section shall not constitute an acknowledgment of admission of liability, nor can such notifications be introduced as evidence. 585

Section 22. Subsection (7) of section 744.704, Florida 586 587 Statutes, is amended to read:

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744.704 Powers and duties.-

589 (7) A public guardian shall not commit a ward to a mental health treatment facility, as defined in <u>s. 394.455(33)</u> s. 590

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591 394.455(32), without an involuntary placement proceeding as 592 provided by law.

593 Section 23. Subsection (15) of section 765.101, Florida 594 Statutes, is amended to read:

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765.101 Definitions.-As used in this chapter:

(15) "Proxy" means a competent adult who has not been expressly designated to make health care decisions for a particular incapacitated individual, but who, nevertheless, is authorized pursuant to <u>s. 765.311</u> s. 765.401 to make health care decisions for such individual.

Section 24. Subsection (4) of section 765.104, Florida Statutes, is amended to read:

603

765.104 Amendment or revocation.-

604 (4) Any patient for whom a medical proxy has been 605 recognized under s. 765.311 s. 765.401 and for whom any previous 606 legal disability that precluded the patient's ability to consent 607 is removed may amend or revoke the recognition of the medical 608 proxy and any uncompleted decision made by that proxy. The 609 amendment or revocation takes effect when it is communicated to 610 the proxy, the health care provider, or the health care facility 611 in writing or, if communicated orally, in the presence of a 612 third person.

Section 25. Paragraph (b) of subsection (3) of s. 394.459,
subsections (6) and (7) of s. 394.4598, paragraph (d) of
subsection (6) and paragraph (f) of subsection (7) of s.
394.4655, paragraph (d) of subsection (6) of s. 394.467, s.
394.46715, and subsection (5) of s. 765.202, Florida Statutes,
are reenacted for the purpose of incorporating the amendments
made to s. 394.4598, Florida Statutes.

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620	Section 26. This act shall take effect July 1, 2015.
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622	=========== T I T L E A M E N D M E N T =================================
623	And the title is amended as follows:
624	Delete everything before the enacting clause
625	and insert:
626	A bill to be entitled
627	An act relating to mental health and substance abuse;
628	amending s. 394.455, F.S.; defining the term
629	"interested person"; amending s. 394.4598, F.S.;
630	authorizing a family member of a patient or an
631	interested party to petition a court for the
632	appointment of a guardian advocate; requiring a court
633	to give preference to certain specified surrogates if
634	such surrogate has already been designated by the
635	patient; creating s. 397.803, F.S.; establishing the
636	Substance Abuse Assistance Pilot Program within the
637	Department of Children and Families; requiring the
638	department to determine a target number of
639	participants within available funds; providing the
640	purpose of the pilot program; requiring the program to
641	develop safe and cost efficient treatment alternatives
642	and provide comprehensive case management services for
643	eligible substance abuse impaired adults; authorizing
644	participation in the program as an alternative to
645	criminal imprisonment; requiring that each pilot
646	program submit specified data to the department on a
647	monthly basis; providing eligibility criteria;
648	requiring that maximum enrollment be determined by the

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649 department based on available funding; requiring the 650 department to contract with specified entities to 651 serve as program managers; specifying the functions of 652 the program manager; requiring the department to 653 establish certain criteria and qualifications for the 654 project manager; requiring that a pilot program site 655 have only one network in a given region; providing 656 requirements for provider networks; specifying 657 services that must be provided by a provider network; 658 specifying that the primary payor for services 659 provided through the program is the participant's 660 private pay or Medicaid insurance coverage; allowing 661 eligible participants to share in the cost of provided 662 services based on ability to pay; requiring the 663 department to provide an annual report to the Governor 664 and Legislature evaluating the impact of the program; 665 requiring such report to include specified 666 information; transferring and renumbering s. 765.401, 667 F.S.; transferring and renumbering s. 765.404, F.S.; 668 providing a directive to the Division of Law Revision 669 and Information; creating s. 765.4015, F.S.; providing 670 a short title; creating s. 765.402, F.S.; providing 671 legislative findings; creating s. 765.403, F.S.; 672 defining terms; creating s. 765.405, F.S.; authorizing 673 an adult with capacity to execute a mental health or 674 substance abuse treatment advance directive; providing 675 a presumption of validity if certain requirements are 676 met; providing for execution of the mental health or 677 substance abuse treatment advance directive; creating

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678 s. 765.406, F.S.; establishing requirements for a 679 valid mental health or substance abuse treatment 680 advance directive; providing that a mental health or 681 substance abuse treatment directive is valid upon 682 execution even if a part of the mental health or substance abuse treatment directive takes effect at a 683 684 later date; allowing a mental health or substance 685 abuse treatment advance directive to be revoked, in 686 whole or in part, or to expire under its own terms; 687 specifying that a mental health or substance abuse 688 treatment advance directive does not or may not serve 689 specified purposes; creating s. 765.407, F.S.; 690 providing circumstances under which a mental health or 691 substance abuse treatment advance directive may be 692 revoked; providing circumstances under which a 693 principal may waive specific directive provisions 694 without revoking the directive; creating s. 765.410, F.S.; prohibiting criminal prosecution of a health 695 696 care facility, provider, or surrogate who acts 697 pursuant to a mental health or substance abuse 698 treatment decision; creating s. 765.411, F.S.; 699 providing for recognition of a mental health and 700 substance abuse treatment advance directive executed 701 in another state if it complies with the laws of this 702 state; amending ss. 394.495, 394.496, 394.9085 703 395.0197, 395.1051, 409.972, 456.0575, 744.704, 704 765.101, and 765.104, F.S.; conforming crossreferences; reenacting ss. 394.459(3)(b), 394.4598(6) 705 and (7), 394.4655(6)(d) and (7)(f), 394.467(6)(d), 706

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707 394.46715, and 765.202(5), F.S., to incorporate the
708 amendment made to s. 394.4598, F.S., in references
709 thereto; providing an effective date.