By Senator Latvala

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A bill to be entitled

An act relating to mental health and substance abuse; amending s. 394.4598, F.S.; authorizing a family member of a patient or an interested party to petition a court for the appointment of a quardian advocate; requiring a court to give preference to certain specified surrogates if such surrogate has already been designated by the patient; creating s. 397.803, F.S.; establishing the Substance Abuse Assistance Pilot Program within the Department of Children and Families; requiring the department to determine a target number of participants within available funds; providing the purpose of the pilot program; requiring the program to develop safe and cost efficient treatment alternatives and provide comprehensive case management services for eligible substance abuse impaired adults; authorizing participation in the program as an alternative to criminal imprisonment; requiring that each pilot program submit specified data to the department on a monthly basis; providing eligibility criteria; requiring that maximum enrollment be determined on the basis of available funding; requiring the department to contract with specified entities to serve as program managers; specifying the functions of the program manager; requiring the department to establish certain criteria and qualifications for the project manager; requiring a pilot program site to only have one network in the region; providing requirements for provider networks;

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specifying services that must be provided by a provider network; specifying that the primary payor for services provided through the program is the participant's private pay or Medicaid insurance coverage; allowing eligible participants to share in the cost of provided services based on ability to pay; requiring the department to provide an annual report to the Governor and Legislature evaluating the impact of the program; requiring such report to include specified information; transferring and renumbering s. 765.401, F.S.; transferring and renumbering s. 765.404, F.S.; providing a directive to the Division of Law Revision and Information; creating s. 765.4015, F.S.; providing a short title; creating s. 765.402, F.S.; providing legislative findings; creating s. 765.403, F.S.; defining terms; creating s. 765.405, F.S.; authorizing an adult with capacity to execute a mental health or substance abuse treatment advance directive; providing a presumption of validity if certain requirements are met; providing for execution of the mental health or substance abuse treatment advanced directive; creating s. 765.406, F.S.; establishing requirements for a valid mental health or substance abuse treatment advance directive; providing that a mental health or substance abuse treatment directive is valid upon execution even if a part of the mental health or substance abuse treatment directive takes effect at a later date; allowing a mental health or substance abuse treatment directive

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to be revoked, in whole or in part, or to expire under its own terms; specifying that a mental health or substance abuse treatment advance directive does not or may not serve specified purposes; creating s. 765.407, F.S.; providing circumstances under which a mental health or substance abuse treatment advance directive may be revoked; providing circumstances under which a principal may waive specific directive provisions without revoking the directive; creating s. 765.408, F.S.; providing legislative findings and legislative intent for self-binding arrangements; providing requirements for creating such arrangements; creating s. 765.409, F.S.; specifying the conditions under which a principal may be admitted for inpatient mental health or substance abuse treatment; providing that creation of an irrevocable directive of consent to inpatient treatment creates a rebuttable presumption of incapacity; authorizing a principal to be admitted to, or remain in, inpatient treatment for up to 14 days; requiring express consent in a directive for the administration of psychotropic medication; requiring conditions for administering such medication; prohibiting a principal from authorizing psychosurgery or electroconvulsive therapy in a directive; authorizing a principal to seek specified injunctive relief; creating s. 765.410, F.S.; prohibiting criminal prosecution of a health care facility, provider, or surrogate who acts pursuant to a mental health or substance abuse

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treatment decision; creating s. 765.411, F.S.; providing for recognition of a mental health and substance abuse treatment advanced directive executed in another state if it complies with the laws of this state; amending ss. 395.0197, 395.1051, 456.0575, 765.101, and 765.104, F.S.; conforming cross-references; reenacting ss. 394.459(3)(b), 394.4598(6) and (7), 394.4655(6)(d) and (7)(f), 394.467(6)(d), 394.46715, and 765.202(5), F.S., to incorporate the amendment made to s. 394.4598, F.S., in references thereto; providing an effective date.

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

Section 1. Subsections (1) and (5) of section 394.4598, Florida Statutes, are amended to read:

394.4598 Guardian advocate.-

an interested party, may petition the court for the appointment of a guardian advocate based upon the opinion of a psychiatrist that the patient is incompetent to consent to treatment. If the court finds that a patient is incompetent to consent to treatment to treatment and has not been adjudicated incapacitated and a guardian with the authority to consent to mental health treatment appointed, it shall appoint a guardian advocate. The patient has the right to have an attorney represent him or her at the hearing. If the person is indigent, the court shall appoint the office of the public defender to represent him or her at the hearing. The patient has the right to testify, cross-

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117 examine witnesses, and present witnesses. The proceeding shall 118 be recorded either electronically or stenographically, and 119 testimony shall be provided under oath. One of the professionals 120 authorized to give an opinion in support of a petition for 121 involuntary placement, as described in s. 394.4655 or s. 122 394.467, must testify. A guardian advocate must meet the 123 qualifications of a guardian contained in part IV of chapter 124 744, except that a professional referred to in this part, an 125 employee of the facility providing direct services to the 126 patient under this part, a departmental employee, a facility 127 administrator, or member of the Florida local advocacy council 128 shall not be appointed. A person who is appointed as a quardian 129 advocate must agree to the appointment.

- (5) In selecting a guardian advocate, the court shall give preference to a health care, mental health care, or substance abuse treatment surrogate, if one has already been designated by the patient. If the patient has not previously selected a health 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 advocate for the patient.
 - Section 2. Section 397.803, Florida Statutes, is created to

146 read:

397.803 Substance Abuse Assistance Pilot Program.-

- (1) PILOT PROGRAM.—
- (a) There is created within the Department of Children and Families the Substance Abuse Assistance Pilot Program in such regions of the state as may be designated in the general appropriations act.
- (b) Within available funding, the department shall determine a target number of participants in each pilot program region.
- (c) The pilot program is created to determine whether the provision of comprehensive care through a coordinated system of case management that offers a range of recovery support services during and after treatment for acute episodes leads to increased employment, stability in housing, and decreased involvement in the criminal justice system on the part of participants.
- (d) The pilot program shall provide a comprehensive continuum of high-quality and accessible substance abuse intervention, residential and outpatient treatment, comprehensive case management, and recovery support services for substance abuse impaired adults.
- (e) The pilot program in each selected region shall develop safe and cost efficient treatment alternatives and provide comprehensive case management and continuum of care services for eligible substance abuse impaired adults.
- (f) Participation in the pilot program may be designated as an alternative to criminal imprisonment for substance abuse impaired adults, as appropriate.
 - (g) Each pilot program region shall submit data to the

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department on a monthly basis that, at a minimum, reports

characteristics of the participants, use of services, and such
data as necessary to measure changes in participants' status

with regard to housing, employment, and criminal activity.

- (2) ELIGIBILITY AND ENROLLMENT.-
- (a) To be eligible for participation in the pilot program, a person must:
- 1. Be 18 years of age or older with a history of chronic substance abuse or addiction.
- 2. Execute a mental health or substance abuse treatment directive as defined in s. 765.403. The directive must include a self-binding arrangement as specified in s. 765.408. In the event that an eligible participant does not have a family member or other adult available to serve as a surrogate as defined in s. 765.403, the entity under contract with the Statewide Public Guardianship Office in that region shall be appointed to serve as the surrogate.
- 3. Eligible participants shall share responsibility for the costs of pilot program services according to their ability to pay, based on a sliding fee scale.
- (b) Maximum enrollment shall be determined by the department, based on available funding.
 - (3) SYSTEM OF CARE; CASE MANAGEMENT; PAYMENT METHOD.-
- (a) The department shall contract with the Medicaid managed care organization or behavioral health managing entity operating in the applicable geographic region to serve as program manager.
- (b) The program manager is responsible for the following functions:
 - 1. Network management including recruitment and retention

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of an adequate number of qualified service providers to ensure accessibility and quality of care;

- 2. Coordination of care, including the development and implementation of organizational structures and operational policies necessary to ensure that the network provides continuity of care and avoids unnecessary duplication of services;
- 3. Comprehensive case management, which may be provided by the program manager or by a contracted service provider, including direct interaction with participants and other activities necessary to assess, plan, implement, and monitor the needed services; and
- 4. Administrative functions for the network including, but not limited to, data management, financial management, and contract compliance.
- (c) The department shall establish criteria for ensuring that an adequate number of providers are included in the network and for provider qualifications, which shall be specified in the contract with the program manager. The pilot program shall be 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

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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 members or other adults available to perform such duties.
- 5. Enter into an agreement with the applicable nonprofit local legal services organization serving the pilot program region to provide legal assistance to eligible participants.
- (4) SERVICES.—The network must be capable of providing, at a minimum, the following services to substance abuse impaired or drug addicted adults:
- 1. Comprehensive case management and continuum of care
 coordination;
 - 2. Outpatient treatment services;
- 3. Crisis care, including mobile response, and detoxification in short-term residential facilities;
 - 4. Inpatient treatment services;
 - 5. Step-down residential treatment services;
 - 6. Housing needs assessment and assistance;
 - 7. Employment assistance programs;
 - 8. Transportation needs assessment and assistance; and
 - 9. Legal services.
 - (5) PAYMENT FOR SERVICES.—
- (a) The general revenue funds appropriated by the legislature for the purposes of this section shall be applied to payment for services only after an eligible participant's private pay or Medicaid insurance coverage has been exhausted.

20-00160-15 20151340 262 (b) An eligible participant may share in the cost of 263 provided services based on his or her ability to pay. 264 (6) ACCOUNTABILITY; ANNUAL REPORTS.-265 (a) By October 1 of each year, the department shall provide 266 a written report to the Governor, the President of the Senate, 267 and the Speaker of the House of Representatives which describes 268 the operation and effectiveness of the pilot program. The report must include, but is not limited to, an evaluation of the impact 269 270 of the following components of the program: 271 1. Comprehensive case management; 272 2. Care coordination and followup care; 273 3. Housing initiatives; and 274 4. Employment assistance. 275 (b) The report must include a recommendation regarding the continuation, expansion, or termination of the pilot program. 276 277 Section 3. Section 765.401, Florida Statutes, is 278 transferred and renumbered as section 765.311, Florida Statutes. Section 4. Section 765.404, Florida Statutes, is 279 280 transferred and renumbered as section 765.312, Florida Statutes. 281 Section 5. The Division of Law Revision and Information is 282 directed to rename part IV of chapter 765, Florida Statutes, as 283 "Mental Health and Substance Abuse Advance Directives." 284 Section 6. Section 765.4015 is created to read: 285 765.4015 Short title.—Sections 765.402-765.411 may be cited 286 as the "Jennifer Act." 287 Section 7. Section 765.402, Florida Statutes, is created to 288 read: 289 765.402 Legislative findings.-290 (1) The Legislature recognizes that an individual with

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(1) "Adult" means any individual who has attained the age

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of majority or is an emancipated minor.

- (2) "Capacity" means that an adult has not been found to be incapacitated pursuant to s. 394.463.
- (3) "Health care facility" means a hospital, nursing home, hospice, home health agency, or health maintenance organization licensed in this state, or any facility subject to part I of chapter 394.
 - (4) "Incapacity" or "incompetent" means an adult who is:
- (a) Unable to understand the nature, character, and anticipated results of proposed treatment or alternatives or the recognized serious possible risks, complications, and anticipated benefits of treatments and alternatives, including nontreatment;
- (b) Physically or mentally unable to communicate a willful and knowing decision about mental health care or substance abuse treatment;
- (c) Unable to communicate his or her understanding or treatment decisions; or
 - (d) Determined incompetent pursuant to s. 394.463.
- (5) "Informed consent" means consent voluntarily given by a person after a sufficient explanation and disclosure of the subject matter involved to enable that person to have a general understanding of the treatment or procedure and the medically acceptable alternatives, including the substantial risks and hazards inherent in the proposed treatment or procedures or nontreatment, and to make knowing mental health care or substance abuse treatment decisions without coercion or undue influence.
 - (6) "Mental health or substance abuse treatment advance

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directive" means a written document in which the principal makes a declaration of instructions or preferences or appoints a surrogate to make decisions on behalf of the principal regarding the principal's mental health or substance abuse treatment, or both.

- (7) "Mental health professional" means a psychiatrist, psychologist, psychiatric nurse, or social worker, and such other mental health professionals licensed pursuant to chapter 458, chapter 464, chapter 490, or chapter 491.
- (8) "Principal" means a competent adult who executes a mental health or substance abuse treatment directive and on whose behalf mental health care or substance abuse treatment decisions are to be made.
- statement, also known as a Ulysses Arrangement, contained within a mental health or substance abuse treatment directive, executed voluntarily by the principal, which allows the principal to form self-binding arrangements for mental health or substance abuse treatment as a means of ensuring early intervention and to avoid involuntary commitment. The inclusion of a self-binding arrangement is limited to directives executed by participants in a substance abuse assistance pilot program created pursuant to s. 397.803.
- (10) "Surrogate" means any competent adult expressly designated by a principal to make mental health care or substance abuse treatment decisions on behalf of the principal as set forth in the principal's mental health or substance abuse treatment advance directive or self-binding arrangement as those terms are defined in this section.

Section 9. Section 765.405, Florida Statutes, is created to read:

765.405 Mental health or substance abuse treatment advance directive; execution; allowable provisions.—

- (1) An adult with capacity may execute a mental health or substance abuse treatment advance directive.
- (2) A directive executed in accordance with this section is presumed to be valid. The inability to honor one or more provisions of a directive does not affect the validity of the remaining provisions.
- (3) A directive may include any provision relating to mental health or substance abuse treatment or the care of the principal or the principal's personal affairs. Without limitation, a directive may include:
- (a) The principal's preferences and instructions for mental health or substance abuse treatment.
- (b) Consent to specific types of mental health or substance abuse treatment.
- (c) Refusal to consent to specific types of mental health or substance abuse treatment.
- (d) Consent to admission to and retention in a facility for mental health or substance abuse treatment for up to 14 days.

 Such consent must be an affirmative statement contained within the directive and must clearly indicate whether such consent is revocable by the principal during a mental health or substance abuse crisis.
- (e) Descriptions of situations that may cause the principal to experience a mental health or substance abuse crisis.

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(f) Suggested alternative responses that may supplement or be in lieu of direct mental health or substance abuse treatment, such as treatment approaches from other providers.

- (g) Appointment of a surrogate to make mental health or substance abuse treatment decisions on the principal's behalf.

 In the event the directive includes a self-binding arrangement allowing the surrogate authority to consent on the principal's behalf to voluntary admission to inpatient mental health or substance abuse treatment, such authority must be clearly stated in the directive.
- (h) The principal's nomination of a guardian, limited guardian, or guardian advocate as provided chapter 744.
- (4) A directive may be combined with or be independent of a nomination of a guardian or other durable power of attorney.
- Section 10. Section 765.406, Florida Statutes, is created to read:
- 765.406 Execution of a mental health or substance abuse advanced directive; effective date; expiration.—
 - (1) A directive must:
 - (a) Be in writing.
- (b) Contain language that clearly indicates that the principal intends to create a directive.
- (c) Contain language that clearly indicates whether the principal intends for the surrogate to have the authority to provide consent on the principal's behalf to voluntary admission to inpatient mental health or substance abuse treatment and whether the principal's consent is revocable.
- (d) Be dated and signed by the principal or, if the principal is unable to sign, at the principal's direction in the

principal's presence.

(e) Be witnessed by two adults, each of whom must declare that he or she personally knows the principal and was present when the principal dated and signed the directive, and that the principal did not appear to be incapacitated or acting under fraud, undue influence, or duress. The person designated as the surrogate may not act as a witness to the execution of the document designating the mental health or substance abuse care treatment surrogate. At least one person who acts as a witness must be neither the principal's spouse nor his or her blood relative.

- (2) A directive is valid upon execution, but all or part of the directive may take effect at a later date as designated by the principal in the directive.
 - (3) A directive may:
- (a) Be revoked, in whole or in part, pursuant to s. 765.407; or
 - (b) Expire under its own terms.
 - (4) A directive does not or may not:
- (a) Create an entitlement to mental health, substance abuse, or medical treatment or supersede a determination of medical necessity.
- (b) Obligate any health care provider, professional person, or health care facility to pay the costs associated with the treatment requested.
- (c) Obligate a health care provider, professional person, or health care facility to be responsible for the nontreatment or personal care of the principal or the principal's personal affairs outside the scope of services the facility normally

provides.

- (d) Replace or supersede any will or testamentary document or supersede the provision of intestate succession.
- (e) Be revoked by an incapacitated principal unless that principal selected the option to permit revocation while incapacitated at the time his or her directive was executed.

Section 11. Section 765.407, Florida Statutes, is created to read:

765.407 Revocation; waiver.-

- (1) (a) A principal with capacity may, by written statement of the principal or at the principal's direction in the principal's presence, revoke a directive in whole or in part.
- (b) An incapacitated principal may revoke a directive only if he or she elected at the time of executing the directive to be able to revoke when incapacitated.
- (2) The principal shall provide a copy of his or her written statement of revocation to his or her agent, if any, and to each health care provider, professional person, or health care facility that received a copy of the directive from the principal.
- (3) The written statement of revocation is effective as to a health care provider, professional person, or health care facility upon receipt. The professional person, health care provider, or health care facility, or persons acting under their direction, shall make the statement of revocation part of the principal's medical record.
 - (4) A directive also may:

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(a) Be revoked, in whole or in part, expressly or to the extent of any inconsistency, by a subsequent directive; or

- (b) Be superseded or revoked by a court order, including any order entered in a criminal matter. A directive may be superseded by a court order regardless of whether the order contains an explicit reference to the directive. A directive may not be interpreted in a manner that interferes with:
- 1. Incarceration or detention by the Department of Corrections or in a municipal or county jail; or
- 2. Treatment of a principal who is a subject to involuntary treatment pursuant to chapter 394.
- (5) A directive that would have otherwise expired but is effective because the principal is incapacitated remains effective until the principal is no longer incapacitated unless the principal elected to be able to revoke while incapacitated and has revoked the directive.
- (6) When a principal with capacity consents to treatment that differs from, or refuses treatment consented to in, his or her directive, the consent or refusal constitutes a waiver of a particular provision and does not constitute a revocation of the provision or the directive unless that principal also revokes the provision or directive.
- Section 12. Section 765.408, Florida Statutes, is created to read:
 - 765.408 Self-binding arrangements.
- (1) The Legislature finds that each competent adult has the fundamental right of self-determination regarding decisions pertaining to his or her own mental health care or substance abuse treatment decisions.

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(2) The Legislature further finds that the facilitation of advance planning helps:

- (a) Prevent unnecessary involuntary commitment and incarceration;
 - (b) Improve patient safety and health; and
- (c) Improve care and enable patients to exercise control
 over their treatment.
- (3) To ensure such right is not lost or diminished, the Legislature intends that a procedure be established to allow a person to plan for episodes that compromise his or her ability to recognize his or her need for treatment before meeting involuntary commitment criteria. The principal must include a specific provision in his or her mental health and substance abuse advance directive authorizing the surrogate to direct the course of his or her mental health or substance abuse treatment.
- (4) A principal has a right to form a self-binding arrangement for care, which allows the principal to obtain treatment in the event that an acute episode renders him or her unable to provide consent to or induces the principal to refuse treatment. Such arrangement must be affirmatively stated in the directive and include whether the principal has the right of revocation during an acute episode.
- (5) To create an arrangement under this section, the principal must obtain a written, signed attestation of capacity from a health care professional, mental health care provider, or health care facility.
 - (6) A self-binding arrangement must:
 - (a) Be in writing.
 - (b) Be dated and signed by the principal or the principal's

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designated representative if the principal is unable to sign.

- (c) State whether the principal wishes to be able to revoke the directive at any time or whether directive remains irrevocable when the principal is unable to consent to treatment or is incapacitated. Failure to clarify whether the directive is revocable does not render it unenforceable. If the directive fails to state whether it is revocable, the principal may revoke it at any time.
- (d) Contain a clear affirmation that the principal is aware of the nature of the document signed and that the directive was signed freely and voluntarily.
- (e) Be witnessed by at least two adults. A witness may not be:
 - 1. A member of the principal's treatment team;
- 2. Related to the principal by blood, adoption, or marriage;
- 3. Be in a romantic or dating relationship with the principal;
- 4. The surrogate named by the principal in the signed directive; or
- 5. The owner, operator, or employee of, or a relative of the owner or operator of, a treatment facility in which the principal is a patient.
 - (f) Be witnessed by persons who attest that:
- 1. They were present when the principal signed the directive;
- 2. The principal did not appear incapacitated or under undue influence or duress when the principal signed the directive; and

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3. The principal presented identification or the witness personally knows the principal.

- (g) If it contains a provision that the directive is irrevocable, contain a written, signed attestation from a mental health professional that the principal had capacity at the time the directive was executed. If the principal is free to revoke the directive at any time, such attestation is not required.
 - (h) Be valid upon execution.
- (i) Contain a designated activation standard other than the principal's inability to provide consent or incapacity by describing the circumstances under which the directive becomes active.
- (j) Affirmatively state that despite activation, a directive does not prevail over contemporaneous preferences expressed by a principal who has the ability to consent to treatment or capacity and has not included a self-binding arrangement provision in the directive.
- (k) Appoint a surrogate to make all health care and substance abuse treatment decisions for the principal, including decisions to consent on behalf of the principal to inpatient mental health or substance abuse treatment.
- (1) Contain a provision that decisions made by a surrogate for a principal's mental health care or substance abuse treatment are effective without judicial approval.
- Section 13. Section 765.409, Florida Statutes, is created to read:
- $\underline{765.409}$ Admission to inpatient treatment; effect of directive.—
 - (1) A principal may be admitted for inpatient mental health

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20151340 20-00160-15 or substance abuse treatment only if he or she: (a) Chose not to be able to revoke his or her directive during any period of inability to provide consent or incapacity; (b) Consented to voluntary admission to inpatient mental health or substance abuse treatment, or authorized a surrogate to consent on the principal's behalf; (c) At the time of admission to inpatient treatment, refuses to be admitted; and (d) The principal created an irrevocable directive that consents to treatment and which the principal is refusing under the influence of a mental health or substance abuse crisis. (2) The creation of an irrevocable directive of consent to inpatient treatment creates a rebuttable presumption of incapacity. (3) (a) The principal may only be admitted to, or remain in, inpatient treatment for a period of up to 14 days. (b) The principal's directive must contain express consent to the administration of psychotropic medication in contravention of illness-induced objections. Such medication may be administered by licensed psychiatrists and only if two psychiatrists recommend, in writing, the specific medication. (c) The principal is prohibited from authorizing psychosurgery or electroconvulsive therapy in his or her directive. (d) The principal may seek injunctive relief for release from the inpatient facility. Section 14. Section 765.410, Florida Statutes, is created to read:

765.410 Immunity from liability; weight of proof;

presumption.-

(1) A health care facility, provider, or other person who acts under the direction of a health care facility or provider is not subject to criminal prosecution or civil liability, and may not be deemed to have engaged in unprofessional conduct, as a result of carrying out a mental health care or substance abuse treatment decision made in accordance with this section. The surrogate who makes a mental health care or substance abuse treatment decision on a principal's behalf, pursuant to this section, is not subject to criminal prosecution or civil liability for such action.

(2) This section applies unless it is shown by a preponderance of the evidence that the person authorizing or effectuating a mental health or substance abuse treatment decision did not, in good faith, comply with this section.

Section 15. Section 765.411, Florida Statutes, is created to read:

765.411 Recognition of mental health and substance abuse treatment advance directive executed in another state.—A mental health or substance abuse treatment advance directive executed in another state in compliance with the law of that state is validly executed for the purposes of this chapter.

Section 16. Paragraph (d) of subsection (1) of section 395.0197, Florida Statutes, is amended to read:

395.0197 Internal risk management program.-

- (1) Every licensed facility shall, as a part of its administrative functions, establish an internal risk management program that includes all of the following components:
 - (d) A system for informing a patient or an individual

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identified pursuant to s. 765.311(1) 765.401(1) that the patient was the subject of an adverse incident, as defined in subsection (5). Such notice shall be given by an appropriately trained person designated by the licensed facility as soon as practicable to allow the patient an opportunity to minimize damage or injury.

Section 17. Section 395.1051, Florida Statutes, is amended to read:

395.1051 Duty to notify patients.—An appropriately trained person designated by each licensed facility shall inform each patient, or an individual identified pursuant to s. $\underline{765.311(1)}$ $\underline{765.401(1)}$, in person about adverse incidents that result in serious harm to the patient. Notification of outcomes of care that result in harm to the patient under this section shall not constitute an acknowledgment or admission of liability, nor can it be introduced as evidence.

Section 18. Section 456.0575, Florida Statutes, is amended to read:

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

Section 19. Subsection (15) of section 765.101, Florida Statutes, is amended to read:

765.101 Definitions.—As used in this chapter:

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(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 s. 765.311 765.401 to make health care decisions for such individual.

Section 20. Subsection (4) of section 765.104, Florida Statutes, is amended to read:

765.104 Amendment or revocation.

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

Section 21. 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.

Section 22. This act shall take effect July 1, 2015.