1 A bill to be entitled 2 An act relating to mental health and substance use 3 disorders; amending s. 394.455, F.S.; defining the 4 term "peer specialist"; amending s. 394.4572, F.S.; 5 requiring a specific level of screening for peer 6 specialists working in mental health programs and 7 facilities; amending s. 394.4573, F.S.; specifying 8 that the use of peer specialists for recovery support 9 is an essential element of a coordinated system of 10 behavioral health care; amending s. 397.311, F.S.; 11 defining the term "peer specialist"; amending s. 12 397.4073, F.S.; conforming provisions to changes made by the act; creating s. 397.417, F.S.; providing 13 14 legislative findings and intent; authorizing a person to seek certification as a peer specialist if he or 15 she meets specified qualifications; requiring a 16 17 background screening, completion of a training program, and a passing score on a competency exam for 18 19 a qualified person to obtain certification as a peer specialist; requiring the Department of Children and 20 21 Families to develop a training program for peer specialists and to give preference to trainers who are 22 23 certified peer specialists; requiring the training 24 program to coincide with a competency exam and to be 25 based on current practice standards; requiring the

Page 1 of 26

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department to certify peer specialists directly or by designating a nonprofit certification organization; requiring that a person providing peer specialist services be certified or supervised by a licensed behavioral health care professional or a certified peer specialist; authorizing the department, a behavioral health managing entity, or the Medicaid program to reimburse a peer specialist service as a recovery service; encouraging Medicaid managed care plans to use peer specialists in providing recovery services; requiring peer specialists to meet the requirements of a background screening as a condition of initial employment and continued employment; requiring the department to forward fingerprints to the Department of Law Enforcement; requiring that fees for state and federal fingerprint processing be borne by the peer specialist applying for employment; providing that any arrest record identified through background screening be forwarded to the department; authorizing the Department of Children and Families or the agency to contract with certain vendors for fingerprinting; specifying requirements for vendors; specifying offenses to be considered in the background screening of a peer specialist; authorizing a person who does not meet background screening requirements to

Page 2 of 26

request an exemption from disqualification from the department or the agency; providing that all peer specialists certified as of the effective date of this act are recognized as having met the requirements of this act; amending s. 435.07, F.S.; authorizing the exemption of certain persons from disqualification from employment; amending ss. 212.055, 394.495, 394.496, 394.9085, 397.416, 409.972, 440.102, 464.012, and 744.2007, F.S.; conforming cross-references; making technical changes; providing an effective date.

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

Section 1. Subsections (32) through (48) of section 394.455, Florida Statutes, are renumbered as subsections (33) through (49), respectively, and a new subsection (32) is added to that section to read:

394.455 Definitions.—As used in this part, the term:

(32) "Peer specialist" means a person who has been in recovery from a substance use disorder or mental illness for the past 2 years or a family member or caregiver of a person with a substance use disorder or mental illness and who is certified

under s. 397.417.

Section 2. Paragraph (a) of subsection (1) of section 394.4572, Florida Statutes, is amended to read:

Page 3 of 26

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394.4572 Screening of mental health personnel.-The department and the Agency for Health Care Administration shall require level 2 background screening pursuant to chapter 435 for mental health personnel. "Mental health personnel" includes all program directors, professional clinicians, staff members, and volunteers working in public or private mental health programs and facilities who have direct contact with individuals held for examination or admitted for mental health treatment. For purposes of this chapter, employment screening of mental health personnel also includes, but is not limited to, employment screening as provided under chapter 435 and s. 408.809. The department and the Agency for Health Care Administration shall require a level 2 background screening pursuant to s. 397.417(5) for persons working as peer specialists in public or private mental health programs or facilities and who have direct contact with individuals held for involuntary examination or admitted for mental health treatment. Section 3. Paragraph (1) of subsection (2) of section

Section 3. Paragraph (1) of subsection (2) of section 394.4573, Florida Statutes, is amended to read:

394.4573 Coordinated system of care; annual assessment; essential elements; measures of performance; system improvement grants; reports.—On or before December 1 of each year, the department shall submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives an assessment of the behavioral health services in this state. The

Page 4 of 26

assessment shall consider, at a minimum, the extent to which designated receiving systems function as no-wrong-door models, the availability of treatment and recovery services that use recovery-oriented and peer-involved approaches, the availability of less-restrictive services, and the use of evidence-informed practices. The department's assessment shall consider, at a minimum, the needs assessments conducted by the managing entities pursuant to s. 394.9082(5). Beginning in 2017, the department shall compile and include in the report all plans submitted by managing entities pursuant to s. 394.9082(8) and the department's evaluation of each plan.

- (2) The essential elements of a coordinated system of care include:
- (1) Recovery support, including, but not limited to, the use of peer specialists as described in s. 397.417 to assist in the individual's recovery from a substance use disorder or mental illness, support for competitive employment, educational attainment, independent living skills development, family support and education, wellness management and self-care, and assistance in obtaining housing that meets the individual's needs. Such housing may include mental health residential treatment facilities, limited mental health assisted living facilities, adult family care homes, and supportive housing. Housing provided using state funds must provide a safe and decent environment free from abuse and neglect.

126	Section 4. Subsections (30) through (49) of section
127	397.311, Florida Statutes, are renumbered as subsections (31)
128	through (50), respectively, and a new subsection (30) is added
129	to that section to read:
130	397.311 Definitions.—As used in this chapter, except part
131	VIII, the term:
132	(30) "Peer specialist" means a person who has been in
133	recovery from a substance use disorder or mental illness for the
134	past 2 years or a family member or caregiver of a person with a
135	substance use disorder or mental illness and who is certified
136	under s. 397.417.
137	Section 5. Paragraph (f) of subsection (1) and paragraphs
138	(b) and (c) of subsection (4) of section 397.4073, Florida
139	Statutes, are amended to read:
140	397.4073 Background checks of service provider personnel.—
141	(1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND
142	EXCEPTIONS.—
143	(f) Service provider personnel who request an exemption
144	from disqualification must submit the request within 30 days
145	after being notified of the disqualification. If 5 years or more
146	have elapsed since the most recent disqualifying offense,

Page 6 of 26

under the supervision of a qualified professional licensed under

service provider personnel may work with adults with mental

health or substance use disorders or co-occurring disorders

chapter 490 or chapter 491 or a master's-level-certified

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addictions professional until the agency makes a final determination regarding the request for an exemption from disqualification.

(4) EXEMPTIONS FROM DISQUALIFICATION.-

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- (b) Since rehabilitated substance abuse impaired persons are effective in the successful treatment and rehabilitation of individuals with substance use disorders, for service providers which treat adolescents 13 years of age and older, service provider personnel whose background checks indicate crimes under s. 817.563, s. 893.13, or s. 893.147 may be exempted from disqualification from employment pursuant to this paragraph.
- (c) The department may grant exemptions from disqualification which would limit service provider personnel to working with adults in substance <u>use disorder</u> abuse treatment facilities.
- Section 6. Section 397.417, Florida Statutes, is created to read:
 - 397.417 Behavioral health peer specialists.-
 - (1) LEGISLATIVE FINDINGS AND INTENT.—
 - (a) The Legislature finds that:
- 1. The ability to provide adequate behavioral health services is limited by a shortage of professionals and paraprofessionals.
- 2. The state is experiencing an increase in opioid addictions, which prove fatal to persons in many cases.

Page 7 of 26

3.	Peer	speci	ialists	provi	ide	effectiv	re sup	port	service	S
because	they	share	common	life	exp	periences	with	the	persons	they
assist.										

- 4. Peer specialists promote a sense of community among those in recovery.
- 5. Research has shown that peer support facilitates recovery and reduces health care costs.
- 6. Peer specialists may have a criminal history that prevents them from meeting background screening requirements.
- (b) The Legislature intends to expand the use of peer specialists as a cost-effective means of providing services by ensuring that peer specialists meet specified qualifications, meet modified background screening requirements, and are adequately reimbursed for their services.
 - (2) QUALIFICATIONS.—

- (a) A person may seek certification as a peer specialist if he or she has been in recovery from a substance use disorder or mental illness for the past 2 years or if he or she is a family member or caregiver of a person with a substance use disorder or mental illness.
- (b) To obtain certification as a peer specialist, a person must meet the background screening requirements of subsection (5), complete the training program, and achieve a passing score on the competency exam described in paragraph (3)(a).
 - (3) DUTIES OF THE DEPARTMENT.—

Page 8 of 26

(a) The department shall develop a training program for persons seeking certification as peer specialists. The department must give preference to trainers who are certified peer specialists. The training program must coincide with a competency exam and be based on current practice standards.

- (b) The department shall certify peer specialists. The department may certify peer specialists directly or may designate a private, nonprofit certification organization to certify peer specialists, implement the training program, and administer the competency exam.
- (c) The department must require that a person providing peer specialist services be certified or be supervised by a licensed behavioral health care professional or a certified peer specialist.
- (4) PAYMENT.—Peer specialist services may be reimbursed as a recovery service through the department, a behavioral health managing entity, or the Medicaid program. Medicaid managed care plans are encouraged to use peer specialists in providing recovery services.
 - (5) BACKGROUND SCREENING.-

(a) A peer specialist must have completed or have been lawfully released from confinement, supervision, or any nonmonetary condition imposed by the court for any felony and must undergo a background screening as a condition of employment and continued employment. The applicant must submit a full set

Page 9 of 26

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of fingerprints to the department or to a vendor, entity, or agency authorized by s. 943.053(13). The department, vendor, entity, or agency shall forward the fingerprints to the Department of Law Enforcement for state processing and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for national processing. Fees for state and federal fingerprint processing and retention shall be borne by the applicant. The state cost for fingerprint processing shall be as provided in s. 943.053(3)(e) for records provided to persons or entities other than those specified as exceptions therein. Fingerprints submitted to the Department of Law Enforcement pursuant to this paragraph shall be retained as provided by s. 435.12 and, when the Department of Law Enforcement begins participation in the program, enrolled in the Federal Bureau of Investigation's fingerprint retention program as provided in s. 943.05(4). Any arrest record identified shall be reported to the department. The department or the Agency for Health Care Administration, as applicable, may contract with one or more vendors to perform all or part of the electronic fingerprinting pursuant to this section. Such contracts must ensure that the owners and personnel of the vendor performing the electronic fingerprinting are qualified and will ensure the integrity and security of all personal identifying information.

Page 10 of 26

(c) Vendors who submit fingerprints on behalf of employers

251 must:

- 1. Meet the requirements of s. 943.053; and
- 2. Have the ability to communicate electronically with the department or the Agency for Health Care Administration, as applicable, and to accept screening results from the Department of Law Enforcement and provide the applicant's full first name, middle initial, and last name; social security number or individual taxpayer identification number; date of birth; mailing address; sex; and race.
- (d) The background screening under this section must ensure that a peer specialist has not, during the previous 3 years, been arrested for and is awaiting final disposition of, been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or been adjudicated delinquent and the record has not been sealed or expunged for, any felony.
- (e) The background screening under this section must ensure that a peer specialist has not been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following state laws or similar laws of another jurisdiction:
- 1. Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such

Page 11 of 26

276	sexual misconduct.
277	2. Section 394.4593, relating to sexual misconduct with
278	certain mental health patients and reporting of such sexual
279	misconduct.
280	3. Section 409.9201, relating to Medicaid fraud.
281	4. Section 415.111, relating to adult abuse, neglect, or
282	exploitation of aged persons or disabled adults.
283	5. Section 741.28, relating to domestic violence.
284	6. Section 777.04, relating to attempts, solicitation, and
285	conspiracy to commit an offense listed in this paragraph.
286	7. Section 782.04, relating to murder.
287	8. Section 782.07, relating to manslaughter, aggravated
288	manslaughter of an elderly person or disabled adult, aggravated
289	manslaughter of a child, or aggravated manslaughter of an
290	officer, a firefighter, an emergency medical technician, or a
291	<pre>paramedic.</pre>
292	9. Section 782.071, relating to vehicular homicide.
293	10. Section 782.09, relating to killing of an unborn child
294	by injury to the mother.
295	11. Chapter 784, relating to assault, battery, and
296	culpable negligence, if the offense was a felony.
297	12. Section 787.01, relating to kidnapping.
298	13. Section 787.02, relating to false imprisonment.
299	14. Section 787.025, relating to luring or enticing a

Page 12 of 26

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child.

301	15. Section 787.04(2), relating to leading, taking,
302	enticing, or removing a minor beyond the state limits, or
303	concealing the location of a minor, with criminal intent pending
304	custody proceedings.
305	16. Section 787.04(3), relating to leading, taking,
306	enticing, or removing a minor beyond the state limits, or
307	concealing the location of a minor, with criminal intent pending
308	dependency proceedings or proceedings concerning alleged abuse
309	or neglect of a minor.
310	17. Section 790.115(1), relating to exhibiting firearms or
311	weapons within 1,000 feet of a school.
312	18. Section 790.115(2)(b), relating to possessing an
313	electric weapon or device, destructive device, or other weapon
314	on school property.
315	19. Section 794.011, relating to sexual battery.
316	20. Former s. 794.041, relating to prohibited acts of
317	persons in familial or custodial authority.
318	21. Section 794.05, relating to unlawful sexual activity
319	with certain minors.
320	22. Section 794.08, relating to female genital mutilation.
321	23. Section 798.02, relating to lewd and lascivious
322	behavior.
323	24. Chapter 800, relating to lewdness and indecent
324	exposure.
325	25 Section 806 01 relating to argon

Page 13 of 26

326	26. Section 810.02, relating to burglary, if the offense
327	was a felony of the first degree.
328	27. Section 810.14, relating to voyeurism, if the offense
329	was a felony.
330	28. Section 810.145, relating to video voyeurism, if the
331	offense was a felony.
332	29. Section 812.13, relating to robbery.
333	30. Section 812.131, relating to robbery by sudden
334	snatching.
335	31. Section 812.133, relating to carjacking.
336	32. Section 812.135, relating to home-invasion robbery.
337	33. Section 817.50, relating to fraudulently obtaining
338	goods or services from a health care provider and false reports
339	of a communicable disease.
340	34. Section 817.505, relating to patient brokering.
341	35. Section 825.102, relating to abuse, aggravated abuse,
342	or neglect of an elderly person or disabled adult.
343	36. Section 825.1025, relating to lewd or lascivious
344	offenses committed upon or in the presence of an elderly person
345	or disabled person.
346	37. Section 825.103, relating to exploitation of an
347	elderly person or disabled adult, if the offense was a felony.
348	38. Section 826.04, relating to incest.
349	39. Section 827.03, relating to child abuse, aggravated
350	child abuse or neglect of a child

Page 14 of 26

351	40. Section 827.04, relating to contributing to the
352	delinquency or dependency of a child.
353	41. Former s. 827.05, relating to negligent treatment of
354	children.
355	42. Section 827.071, relating to sexual performance by a
356	child.
357	43. Section 831.30, relating to fraud in obtaining
358	medicinal drugs.
359	44. Section 831.31, relating to sale, manufacture,
360	delivery, or possession with intent to sell, manufacture, or
361	deliver any counterfeit controlled substance, if the offense was
362	a felony.
363	45. Section 843.01, relating to resisting arrest with
364	violence.
365	46. Section 843.025, relating to depriving a law
366	enforcement, correctional, or correctional probation officer of
367	the means of protection or communication.
368	47. Section 843.12, relating to aiding in an escape.
369	48. Section 843.13, relating to aiding in the escape of
370	juvenile inmates of correctional institutions.
371	49. Chapter 847, relating to obscene literature.
372	50. Section 874.05, relating to encouraging or recruiting
373	another to join a criminal gang.
374	51. Chapter 893, relating to drug abuse prevention and
375	control, if the offense was a felony of the second degree or

Page 15 of 26

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greater severity.

377	52. Section 895.03, relating to racketeering and
378	collection of unlawful debts.
379	53. Section 896.101, relating to the Florida Money
380	Laundering Act.
381	54. Section 916.1075, relating to sexual misconduct with
382	certain forensic clients and reporting of such sexual
383	misconduct.
384	55. Section 944.35(3), relating to inflicting cruel or
385	inhuman treatment on an inmate resulting in great bodily harm.
386	56. Section 944.40, relating to escape.
387	57. Section 944.46, relating to harboring, concealing, or
388	aiding an escaped prisoner.
389	58. Section 944.47, relating to introduction of contraband
390	into a correctional facility.
391	59. Section 985.701, relating to sexual misconduct in
392	juvenile justice programs.
393	60. Section 985.711, relating to contraband introduced
394	into detention facilities.
395	(6) EXEMPTION REQUESTS.—A person who wishes to become a
396	peer specialist and is disqualified under subsection (5) may
397	request an exemption from disqualification pursuant to s. 435.07
398	from the department or the Agency for Health Care
399	Administration, as applicable.
400	(7) GRANDFATHER CLAUSE.—All peer specialists certified as

Page 16 of 26

of the effective date of this act are recognized as having met the requirements of this act.

Section 7. Subsection (2) of section 435.07, Florida Statutes, is amended to read:

- 435.07 Exemptions from disqualification.—Unless otherwise provided by law, the provisions of this section apply to exemptions from disqualification for disqualifying offenses revealed pursuant to background screenings required under this chapter, regardless of whether those disqualifying offenses are listed in this chapter or other laws.
- (2) Persons employed, or applicants for employment, by treatment providers who treat adolescents 13 years of age and older, and who are disqualified from employment solely because of crimes under s. 796.07(2)(e), s. 810.02(4), s. 812.014(2)(c), s. 817.563, s. 831.01, s. 831.02, s. 893.13, or s. 893.147, and any related criminal attempt, solicitation, or conspiracy under s. 777.04, may be exempted from disqualification from employment pursuant to this chapter without application of the waiting period in subparagraph (1)(a)1.

Section 8. Paragraph (e) of subsection (5) of section 212.055, Florida Statutes, is amended to read:

212.055 Discretionary sales surtaxes; legislative intent; authorization and use of proceeds.—It is the legislative intent that any authorization for imposition of a discretionary sales surtax shall be published in the Florida Statutes as a

Page 17 of 26

subsection of this section, irrespective of the duration of the levy. Each enactment shall specify the types of counties authorized to levy; the rate or rates which may be imposed; the maximum length of time the surtax may be imposed, if any; the procedure which must be followed to secure voter approval, if required; the purpose for which the proceeds may be expended; and such other requirements as the Legislature may provide. Taxable transactions and administrative procedures shall be as provided in s. 212.054.

- (5) COUNTY PUBLIC HOSPITAL SURTAX.—Any county as defined in s. 125.011(1) may levy the surtax authorized in this subsection pursuant to an ordinance either approved by extraordinary vote of the county commission or conditioned to take effect only upon approval by a majority vote of the electors of the county voting in a referendum. In a county as defined in s. 125.011(1), for the purposes of this subsection, "county public general hospital" means a general hospital as defined in s. 395.002 which is owned, operated, maintained, or governed by the county or its agency, authority, or public health trust.
- (e) A governing board, agency, or authority shall be chartered by the county commission upon this act becoming law. The governing board, agency, or authority shall adopt and implement a health care plan for indigent health care services. The governing board, agency, or authority shall consist of no

Page 18 of 26

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more than seven and no fewer than five members appointed by the county commission. The members of the governing board, agency, or authority shall be at least 18 years of age and residents of the county. A No member may not be employed by or affiliated with a health care provider or the public health trust, agency, or authority responsible for the county public general hospital. The following community organizations shall each appoint a representative to a nominating committee: the South Florida Hospital and Healthcare Association, the Miami-Dade County Public Health Trust, the Dade County Medical Association, the Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade County. This committee shall nominate between 10 and 14 county citizens for the governing board, agency, or authority. The slate shall be presented to the county commission and the county commission shall confirm the top five to seven nominees, depending on the size of the governing board. Until such time as the governing board, agency, or authority is created, the funds provided for in subparagraph (d)2. shall be placed in a restricted account set aside from other county funds and not disbursed by the county for any other purpose.

1. The plan shall divide the county into a minimum of four and maximum of six service areas, with no more than one participant hospital per service area. The county public general hospital shall be designated as the provider for one of the service areas. Services shall be provided through participants'

Page 19 of 26

476 primary acute care facilities.

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The plan and subsequent amendments to it shall fund a defined range of health care services for both indigent persons and the medically poor, including primary care, preventive care, hospital emergency room care, and hospital care necessary to stabilize the patient. For the purposes of this section, "stabilization" means stabilization as defined in s. 397.311 s.397.311(45). Where consistent with these objectives, the plan may include services rendered by physicians, clinics, community hospitals, and alternative delivery sites, as well as at least one regional referral hospital per service area. The plan shall provide that agreements negotiated between the governing board, agency, or authority and providers shall recognize hospitals that render a disproportionate share of indigent care, provide other incentives to promote the delivery of charity care to draw down federal funds where appropriate, and require cost containment, including, but not limited to, case management. From the funds specified in subparagraphs (d)1. and 2. for indigent health care services, service providers shall receive reimbursement at a Medicaid rate to be determined by the governing board, agency, or authority created pursuant to this paragraph for the initial emergency room visit, and a per-member per-month fee or capitation for those members enrolled in their service area, as compensation for the services rendered following the initial emergency visit. Except for provisions of

Page 20 of 26

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emergency services, upon determination of eligibility, enrollment shall be deemed to have occurred at the time services were rendered. The provisions for specific reimbursement of emergency services shall be repealed on July 1, 2001, unless otherwise reenacted by the Legislature. The capitation amount or rate shall be determined before program implementation by an independent actuarial consultant. In no event shall such reimbursement rates exceed the Medicaid rate. The plan must also provide that any hospitals owned and operated by government entities on or after the effective date of this act must, as a condition of receiving funds under this subsection, afford public access equal to that provided under s. 286.011 as to any meeting of the governing board, agency, or authority the subject of which is budgeting resources for the retention of charity care, as that term is defined in the rules of the Agency for Health Care Administration. The plan shall also include innovative health care programs that provide cost-effective alternatives to traditional methods of service and delivery funding.

- 3. The plan's benefits shall be made available to all county residents currently eligible to receive health care services as indigents or medically poor as defined in paragraph (4)(d).
- 4. Eligible residents who participate in the health care plan shall receive coverage for a period of 12 months or the

Page 21 of 26

period extending from the time of enrollment to the end of the current fiscal year, per enrollment period, whichever is less.

- 5. At the end of each fiscal year, the governing board, agency, or authority shall prepare an audit that reviews the budget of the plan, delivery of services, and quality of services, and makes recommendations to increase the plan's efficiency. The audit shall take into account participant hospital satisfaction with the plan and assess the amount of poststabilization patient transfers requested, and accepted or denied, by the county public general hospital.
- Section 9. Subsection (3) of section 394.495, Florida Statutes, is amended to read:
- 394.495 Child and adolescent mental health system of care; programs and services.—
 - (3) Assessments must be performed by:
- 541 (a) A professional as defined in s. 394.455(5), (7), $\underline{(33)}$ 542 $\underline{(32)}$, (36) $\underline{(35)}$, or (37) $\underline{(36)}$;
 - (b) A professional licensed under chapter 491; or
 - (c) A person who is under the direct supervision of a qualified professional as defined in s. 394.455(5), (7), (33) (32), (36) (35), or (37) or a professional licensed under chapter 491.
- Section 10. Subsection (5) of section 394.496, Florida 549 Statutes, is amended to read:
- 394.496 Service planning.

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Page 22 of 26

(5) A professional as defined in s. 394.455(5), (7), (33) (32), (36) (35), or (37) (36) or a professional licensed under chapter 491 must be included among those persons developing the services plan.

Section 11. Subsection (6) of section 394.9085, Florida Statutes, is amended to read:

394.9085 Behavioral provider liability.-

"detoxification services," has the same meaning as the term "detoxification" as defined in s. 397.311(26)(a)4., "addictions receiving facility," has the same meaning as provided in s. 397.311(26)(a)1., and "receiving facility" has have the same meaning meaning meanings as those provided in s. 394.455 ss. 397.311(26)(a)4., 397.311(26)(a)1., and 394.455(39), respectively.

Section 12. Section 397.416, Florida Statutes, is amended to read:

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

Page 23 of 26

576 397.311(35) s. 397.311(34).

Section 13. Paragraph (b) of subsection (1) of section 409.972, Florida Statutes, is amended to read:

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 $\underline{\text{in}}$ a treatment facility as defined in $\underline{\text{s. 394.455}}$ $\underline{\text{s.}}$ 394.455(47).

Section 14. Paragraphs (d) and (g) of subsection (1) of section 440.102, Florida Statutes, are amended to read:

- 440.102 Drug-free workplace program requirements.—The following provisions apply to a drug-free workplace program implemented pursuant to law or to rules adopted by the Agency for Health Care Administration:
- (1) DEFINITIONS.—Except where the context otherwise requires, as used in this act:
- (d) "Drug rehabilitation program" means a service provider as defined in s. 397.311 which, established pursuant to s. 397.311(43), that provides confidential, timely, and expert identification, assessment, and resolution of employee drug abuse.

Page 24 of 26

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

Section 15. Paragraph (e) of subsection (4) of section 464.012, Florida Statutes, is amended to read:

464.012 Licensure of advanced practice registered nurses; fees; controlled substance prescribing.—

- (4) In addition to the general functions specified in subsection (3), an advanced practice registered nurse may perform the following acts within his or her specialty:
- (e) A psychiatric nurse, who meets the requirements in \underline{s} . $\underline{394.455(36)}$ \underline{s} . $\underline{394.455(35)}$, within the framework of an established protocol with a psychiatrist, may prescribe psychotropic controlled substances for the treatment of mental disorders.

Section 16. Subsection (7) of section 744.2007, Florida Statutes, is amended to read:

Page 25 of 26

626	744.2007 Powers and duties.—
627	(7) A public guardian may not commit a ward to a treatment
628	facility, as defined in s. 394.455 s. $394.455(47)$, without an
629	involuntary placement proceeding as provided by law.
630	Section 17. This act shall take effect July 1, 2019.

Page 26 of 26