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

**Senate Amendment (with title amendment)**

Delete lines 413 - 697 and insert:

Section 8. Effective January 1, 2021, paragraph (b) of subsection (8) of section 627.6675, Florida Statutes, is amended to read:

627.6675 Conversion on termination of eligibility.—Subject to all of the provisions of this section, a group policy delivered or issued for delivery in this state by an insurer or
nonprofit health care services plan that provides, on an 
expense-incurred basis, hospital, surgical, or major medical 
expense insurance, or any combination of these coverages, shall 
provide that an employee or member whose insurance under the 
group policy has been terminated for any reason, including 
discontinuance of the group policy in its entirety or with 
respect to an insured class, and who has been continuously 
insured under the group policy, and under any group policy 
providing similar benefits that the terminated group policy 
replaced, for at least 3 months immediately prior to 
termination, shall be entitled to have issued to him or her by 
the insurer a policy or certificate of health insurance, 
referred to in this section as a “converted policy.” A group 
insurer may meet the requirements of this section by contracting 
with another insurer, authorized in this state, to issue an 
individual converted policy, which policy has been approved by 
the office under s. 627.410. An employee or member shall not be 
entitled to a converted policy if termination of his or her 
insurance under the group policy occurred because he or she 
failed to pay any required contribution, or because any 
discontinued group coverage was replaced by similar group 
coverage within 31 days after discontinuance.

(8) BENEFITS OFFERED.—

(b) An insurer shall offer the benefits specified in s. 
627.4193, s. 627.668 and the benefits specified in s. 627.669 if 
those benefits were provided in the group plan.

Section 9. Effective January 1, 2021, section 627.668, 
Florida Statutes, is transferred, renumbered as section 
627.4193, Florida Statutes, and amended to read:
627.4193 627.66 Requirements for mental health and
substance use disorder benefits; reporting requirements
Optional
coverage for mental and nervous disorders required; exception.—
(1) Every insurer issuing, delivering, or issuing for
delivery comprehensive major medical individual or health
maintenance organization, and nonprofit hospital and medical
service plan corporation transacting group health insurance
policies or providing prepaid health care in this state must
comply with the federal Paul Wellstone and Pete Domenici Mental
Health Parity and Addiction Equity Act of 2008 (MHPAEA) and any
regulations relating to MHPAEA, including, but not limited to,
45 C.F.R. s. 146.136, 45 C.F.R. s. 147.160, and 45 C.F.R. s.
156.115(a)(3); and must provide shall make available to the
policyholder as part of the application, for an appropriate
additional premium under a group hospital and medical expense-
incurred insurance policy, under a group prepaid health care
contract, and under a group hospital and medical service plan
contract, the benefits or level of benefits specified in
subsection (2) for the medically necessary care and treatment of
mental and nervous disorders, including substance use disorders,
as described defined in the Diagnostic and Statistical Manual of
Mental Disorders, Fifth Edition, published by standard
omenclature of the American Psychiatric Association, subject to
the right of the applicant for a group policy or contract to
select any alternative benefits or level of benefits as may be
offered by the insurer, health maintenance organization, or
service plan corporation provided that, if alternate inpatient,
outpatient, or partial hospitalization benefits are selected,
such benefits shall not be less than the level of benefits
required under paragraph (2)(a), paragraph (2)(b), or paragraph (2)(c), respectively.

(2) Under individual or group policies described in subsection (1) or contracts, inpatient hospital benefits, partial hospitalization benefits, and outpatient benefits consisting of durational limits, dollar amounts, deductibles, and coinsurance factors may not be provided in a manner that is more restrictive than medical and surgical benefits, and limits on the scope or duration of treatments which are not expressed numerically, also known as nonquantitative treatment limitations, must be provided in a manner that is comparable and may not be applied more stringently than limits on medical and surgical benefits, in accordance with 45 C.F.R. s. 146.136(c)(2), (3), and (4) shall not be less favorable than for physical illness generally, except that:

(a) Inpatient benefits may be limited to not less than 30 days per benefit year as defined in the policy or contract. If inpatient hospital benefits are provided beyond 30 days per benefit year, the durational limits, dollar amounts, and coinsurance factors thereto need not be the same as applicable to physical illness generally.

(b) Outpatient benefits may be limited to $1,000 for consultations with a licensed physician, a psychologist licensed pursuant to chapter 490, a mental health counselor licensed pursuant to chapter 491, a marriage and family therapist licensed pursuant to chapter 491, and a clinical social worker licensed pursuant to chapter 491. If benefits are provided beyond the $1,000 per benefit year, the durational limits, dollar amounts, and coinsurance factors thereof need not be the
same as applicable to physical illness generally.

(e) Partial hospitalization benefits shall be provided under the direction of a licensed physician. For purposes of this part, the term "partial hospitalization services" is defined as those services offered by a program that is accredited by an accrediting organization whose standards incorporate comparable regulations required by this state. Alcohol rehabilitation programs accredited by an accrediting organization whose standards incorporate comparable regulations required by this state or approved by the state and licensed drug abuse rehabilitation programs shall also be qualified providers under this section. In a given benefit year, if partial hospitalization services or a combination of inpatient and partial hospitalization are used, the total benefits paid for all such services may not exceed the cost of 30 days after inpatient hospitalization for psychiatric services, including physician fees, which prevail in the community in which the partial hospitalization services are rendered. If partial hospitalization services benefits are provided beyond the limits set forth in this paragraph, the durational limits, dollar amounts, and coinsurance factors thereof need not be the same as those applicable to physical illness generally.

(3) Insurers must maintain strict confidentiality regarding psychiatric and psychotherapeutic records submitted to an insurer for the purpose of reviewing a claim for benefits payable under this section. These records submitted to an insurer are subject to the limitations of s. 456.057, relating to the furnishing of patient records.

(4) Every insurer shall submit an annual affidavit
attesting to compliance with the applicable provisions of the MHPAEA.

(5) The office shall implement and enforce applicable provisions of MHPAEA and federal guidance or regulations relating to MHPAEA, including, but not limited to, 45 C.F.R. s. 146.136, 45 C.F.R. s. 147.160, and 45 C.F.R. s. 156.115(a)(3), and this section.

(6) The Financial Services Commission may adopt rules to implement this section.

Section 10. Subsection (4) is added to section 627.669, Florida Statutes, to read:

627.669 Optional coverage required for substance abuse impaired persons; exception.—

(4) This section is repealed January 1, 2021.

Section 11. Effective January 1, 2021, present subsection (17) of section 627.6699, Florida Statutes, is redesignated as subsection (18), and a new subsection (17) is added to that section, to read:

627.6699 Employee Health Care Access Act.—

(17) MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS.—A health benefit plan that provides coverage to employees of a small employer is subject to s. 627.4193.

Section 12. Effective January 1, 2021, subsection (9) is added to section 641.26, Florida Statutes, to read:

641.26 Annual and quarterly reports.—

(9) Every health maintenance organization issuing, delivering, or issuing for delivery contracts providing comprehensive major medical coverage shall annually submit an affidavit to the office attesting to compliance with the
requirements of s. 627.4193. The office may adopt rules to implement this subsection.

Section 13. Effective January 1, 2021, subsection (48) is added to section 641.31, Florida Statutes, to read:

641.31 Health maintenance contracts.—
(48) All health maintenance contracts that provide comprehensive medical coverage must comply with the coverage provisions of s. 627.4193. The commission may adopt rules to implement this subsection.

Section 14. Section 786.1516, Florida Statutes, is created to read:

786.1516 Immunity for providing assistance in a suicide emergency.—
(1) As used in this section, the term:
   (a) “Emergency care” means assistance or advice offered to avoid, mitigate, or attempt to mitigate the effects of a suicide emergency.
   (b) “Suicide emergency” means an occurrence that reasonably indicates an individual is at risk of dying or attempting to die by suicide.

(2) A person who provides emergency care at or near the scene of a suicide emergency, gratuitously and in good faith, is not liable for any civil damages or penalties as a result of any act or omission by the person providing the emergency care unless the person is grossly negligent or caused the suicide emergency.

Section 15. Present subsection (28) of section 1002.33, Florida Statutes, is redesignated as subsection (29), and a new subsection (28) is added to that section, to read:
1002.33 Charter schools.—

(28) CONTINUING EDUCATION AND INSERVICE TRAINING FOR YOUTH SUICIDE AWARENESS AND PREVENTION.—

(a) By October 1, 2020, every charter school must:

1. Incorporate 2 hours of training offered pursuant to s. 1012.583. The training must be included in the existing continuing education or inservice training requirements for instructional personnel and may not add to the total hours currently required by the department. Every charter school must require all instructional personnel to participate.

2. Have at least two school-based staff members certified or otherwise deemed competent in the use of a suicide screening instrument approved under s. 1012.583(1) and have a policy to use such suicide risk screening instrument to evaluate a student’s suicide risk before requesting the initiation of, or initiating, an involuntary examination due to concerns about that student’s suicide risk.

(b) Every charter school must report its compliance with this subsection to the department.

Section 16. Subsections (2) and (3) of section 1012.583, Florida Statutes, are amended to read:

1012.583 Continuing education and inservice training for youth suicide awareness and prevention.—

(2) By October 1, 2020, every public school shall be considered a “Suicide Prevention Certified School” if it:

(a) Incorporates 2 hours of training offered pursuant to this section. The training must be included in the existing continuing education or inservice training requirements...
for instructional personnel and may not add to the total hours
currently required by the department. Every public school A
school that chooses to participate in the training must require
all instructional personnel to participate.

(b) Have Hae at least two school-based staff members
certified or otherwise deemed competent in the use of a suicide
screening instrument approved under subsection (1) and have has
a policy to use such suicide risk screening instrument to
evaluate a student’s suicide risk before requesting the
initiation of, or initiating, an involuntary examination due to
concerns about that student’s suicide risk.

(3) Every public school A school that meets the criteria in
subsection (2) must report its compliance with this section to
the department. The department shall keep an updated record of
all Suicide Prevention Certified Schools and shall post the list
of these schools on the department’s website. Each school shall
also post on its own website whether it is a Suicide Prevention
Certified School, and each school district shall post on its
district website a list of the Suicide Prevention Certified
Schools in that district.

Section 17. Paragraphs (a) and (c) of subsection (3) of
section 394.495, Florida Statutes, are amended to read:

394.495 Child and adolescent mental health system of care;
programs and services.—

(3) Assessments must be performed by:

(a) A professional as defined in s. 394.455(5), (7), (33)
(32), (36) (35), or (37) (36);

(c) A person who is under the direct supervision of a
qualified professional as defined in s. 394.455(5), (7), (33)
Section 18. Subsection (5) of section 394.496, Florida Statutes, is amended to read:

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

Section 19. Subsection (6) of section 394.9085, Florida Statutes, is amended to read:

394.9085 Behavioral provider liability.—
(6) For purposes of this section, the terms “detoxification services,” “addictions receiving facility,” and “receiving facility” have the same meanings as those provided in ss. 397.311(26)(a)4., 397.311(26)(a)1., and 394.455(40), respectively.

Section 20. 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 a treatment facility as defined in s. 394.455(47).

Section 21. 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 s. 394.455(36) or 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 22. Subsection (7) of section 744.2007, Florida Statutes, is amended to read:

744.2007 Powers and duties.—

(7) A public guardian may not commit a ward to a treatment facility, as defined in s. 394.455(47), without an involuntary placement proceeding as provided by law.

Section 23. The Office of Program Policy Analysis and Government Accountability shall perform a review of suicide prevention programs and efforts made by other states and make recommendations on their applicability to this state. The office shall submit a report containing the findings and recommendations to the President of the Senate and the Speaker of the House of Representatives by January 1, 2021.

Section 24. Except as otherwise expressly provided in this act, this act shall take effect July 1, 2020.

And the title is amended as follows:

Delete line 77
and insert:

specified date; providing effective dates.