An act relating to mental health; amending s. 14.2019, F.S.; providing additional duties for the Statewide Office for Suicide Prevention; establishing the First Responders Suicide Deterrence Task Force adjunct to the office; specifying the task force’s purpose; providing for the composition and the duties of the task force; requiring the task force to submit reports to the Governor and the Legislature on an annual basis; providing for future repeal; amending s. 14.20195, F.S.; providing additional duties for the Suicide Prevention Coordinating Council; revising the composition of the council; amending s. 334.044, F.S.; requiring the Department of Transportation to work with the office in developing a plan relating to evidence-based suicide deterrents in certain locations; amending s. 394.455, F.S.; defining the term “first episode psychosis program”; amending s. 394.4573, F.S.; revising the requirements for the annual state behavioral health services assessment; revising the essential elements of a coordinated system of care; amending s. 394.463, F.S.; requiring that certain information be provided to the guardian or representative of a minor patient released from involuntary examination; creating s. 456.0342, F.S.; providing applicability; requiring specified persons to complete certain suicide prevention education
courses by a specified date; requiring certain boards to include the hours for such courses in the total hours of continuing education required for the profession; amending s. 627.6675, F.S.; conforming a provision to changes made by the act; transferring, renumbering, and amending s. 627.668, F.S.; requiring certain entities issuing, delivering, or issuing for delivery certain health insurance policies to comply with specified federal provisions that prohibit the imposition of less favorable benefit limitations on mental health and substance use disorder benefits than on medical and surgical benefits; deleting provisions relating to optional coverage for mental and nervous disorders by such entities; revising the standard for defining substance use disorders; requiring such entities to submit an annual affidavit attesting to compliance with federal law; requiring the office to implement and enforce certain federal laws in a specified manner; authorizing the Financial Services Commission to adopt rules; repealing s. 627.669, F.S., relating to optional coverage required for substance abuse impaired persons; amending s. 627.6699, F.S.; providing applicability; amending s. 641.26, F.S.; requiring certain entities to submit an annual affidavit to the Office of Insurance Regulation attesting to compliance with certain requirements; authorizing the office to adopt rules; amending s. 641.31, F.S.; requiring that certain health maintenance contracts comply with certain
requirements; authorizing the commission to adopt rules; creating s. 786.1516, F.S.; defining the terms “emergency care” and “suicide emergency”; providing that persons providing certain emergency care are not liable for civil damages or penalties under certain circumstances; amending ss. 1002.33 and 1012.583, F.S.; requiring charter schools and public schools, respectively, to incorporate certain training on suicide prevention in continuing education and inservice training requirements; providing that such schools must require all instructional personnel to participate in the training; requiring such schools to have a specified minimum number of staff members who are certified or deemed competent in the use of suicide screening instruments; requiring such schools to have a policy for such instruments; requiring such schools to report certain compliance to the Department of Education; conforming provisions to changes made by the act; amending ss. 394.495, 394.496, 394.9085, 409.972, 464.012, and 744.2007, F.S.; conforming cross-references; requiring the Office of Program Policy Analysis and Government Accountability to perform a review of certain programs and efforts relating to suicide prevention programs in other states and make certain recommendations; requiring the office to submit a report to the Legislature by a specified date; providing effective dates.

Be It Enacted by the Legislature of the State of Florida:
Section 1. Paragraphs (a) and (d) of subsection (2) of section 14.2019, Florida Statutes, are amended, paragraphs (e) and (f) are added to that subsection, and subsection (5) is added to that section, to read:

14.2019 Statewide Office for Suicide Prevention.—
(2) The statewide office shall, within available resources:

(a) Develop a network of community-based programs to improve suicide prevention initiatives. The network shall identify and work to eliminate barriers to providing suicide prevention services to individuals who are at risk of suicide. The network shall consist of stakeholders advocating suicide prevention, including, but not limited to, not-for-profit suicide prevention organizations, faith-based suicide prevention organizations, law enforcement agencies, first responders to emergency calls, veterans, servicemembers, suicide prevention community coalitions, schools and universities, mental health agencies, substance abuse treatment agencies, health care providers, and school personnel.

(d) Coordinate education and training curricula in suicide prevention efforts for law enforcement personnel, first responders to emergency calls, veterans, servicemembers, health care providers, school employees, and other persons who may have contact with persons at risk of suicide.

(e) Act as a clearinghouse for information and resources related to suicide prevention by:

1. Disseminating and sharing evidence-based best practices relating to suicide prevention;

2. Collecting and analyzing data on trends in suicide and
suicide attempts annually by county, age, gender, profession,
and other demographics as designated by the statewide office.

(f) Advise the Department of Transportation on the
implementation of evidence-based suicide deterrents in the
design elements and features of infrastructure projects
throughout the state.

(5) The First Responders Suicide Deterrence Task Force, a
task force as defined in s. 20.03(8), is created adjunct to the
Statewide Office for Suicide Prevention.

(a) The purpose of the task force is to make
recommendations on how to reduce the incidence of suicide and
attempted suicide among employed or retired first responders in
this state.

(b) The task force is composed of a representative of the
statewide office and a representative of each of the following
first responder organizations, nominated by the organization and
appointed by the Secretary of Children and Families:

1. The Florida Professional Firefighters.

(c) The task force shall elect a chair from among its
membership. Except as otherwise provided, the task force shall
operate in a manner consistent with s. 20.052.

(d) The task force shall identify or make recommendations
on developing training programs and materials that would better
enable first responders to cope with personal life stressors and
stress related to their profession and foster an organizational culture that:

1. Promotes mutual support and solidarity among active and retired first responders;
2. Trains agency supervisors and managers to identify suicidal risk among active and retired first responders;
3. Improves the use and awareness of existing resources among active and retired first responders; and
4. Educates active and retired first responders on suicide awareness and help-seeking.

(e) The task force shall identify state and federal public resources, funding and grants, first responder association resources, and private resources to implement identified training programs and materials.

(f) The task force shall report on its findings and recommendations for training programs and materials to deter suicide among active and retired first responders to the Governor, the President of the Senate, and the Speaker of the House of Representatives by each July 1, beginning in 2021, and through 2023.

(g) This subsection is repealed July 1, 2023.

Section 2. Paragraph (c) of subsection (1) and subsection (2) of section 14.20195, Florida Statutes, are amended, and paragraph (d) is added to subsection (1) of that section, to read:

14.20195 Suicide Prevention Coordinating Council; creation; membership; duties.—There is created within the Statewide Office for Suicide Prevention a Suicide Prevention Coordinating Council. The council shall develop strategies for preventing
suicide.

(1) SCOPE OF ACTIVITY.—The Suicide Prevention Coordinating Council is a coordinating council as defined in s. 20.03 and shall:

(c) Make findings and recommendations regarding suicide prevention programs and activities, including, but not limited to, the implementation of evidence-based mental health awareness and assistance training programs and gatekeeper training in municipalities throughout the state. The council shall prepare an annual report and present it to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, each year. The annual report must describe the status of existing and planned initiatives identified in the statewide plan for suicide prevention and any recommendations arising therefrom.

(d) In conjunction with the Department of Children and Families, advise members of the public on the locations and availability of local behavioral health providers.

(2) MEMBERSHIP.—The Suicide Prevention Coordinating Council shall consist of 32 voting members and one nonvoting member.

(a) Eighteen members shall be appointed by the director of the Statewide Office for Suicide Prevention and shall represent the following organizations:

1. The Florida Association of School Psychologists.
2. The Florida Sheriffs Association.
3. The Suicide Prevention Action Network USA.
4. The Florida Initiative of Suicide Prevention.
5. The Florida Suicide Prevention Coalition.
6. The American Foundation of Suicide Prevention.
9. The state chapter of AARP.
10. The Florida Behavioral Health Association.
    The Florida Alcohol and Drug Abuse Association.
13. NAMI Florida.
17. The Florida Psychological Association.
18. Veterans Florida.
(b) The following state officials or their designees shall serve on the coordinating council:
1. The Secretary of Elderly Affairs.
2. The State Surgeon General.
3. The Commissioner of Education.
4. The Secretary of Health Care Administration.
5. The Secretary of Juvenile Justice.
6. The Secretary of Corrections.
7. The executive director of the Department of Law Enforcement.
8. The executive director of the Department of Veterans’ Affairs.
9. The Secretary of Children and Families.
10. The executive director of the Department of Economic Opportunity.
(c) The Governor shall appoint four additional members to the coordinating council. The appointees must have expertise that is critical to the prevention of suicide or represent an organization that is not already represented on the coordinating council.

(d) For the members appointed by the director of the Statewide Office for Suicide Prevention, seven members shall be appointed to initial terms of 3 years, and seven members shall be appointed to initial terms of 4 years. For the members appointed by the Governor, two members shall be appointed to initial terms of 4 years, and two members shall be appointed to initial terms of 3 years. Thereafter, such members shall be appointed to terms of 4 years. Any vacancy on the coordinating council shall be filled in the same manner as the original appointment, and any member who is appointed to fill a vacancy occurring because of death, resignation, or ineligibility for membership shall serve only for the unexpired term of the member’s predecessor. A member is eligible for reappointment.

(e) The director of the Statewide Office for Suicide Prevention shall be a nonvoting member of the coordinating council and shall act as chair.

(f) Members of the coordinating council shall serve without compensation. Any member of the coordinating council who is a public employee is entitled to reimbursement for per diem and travel expenses as provided in s. 112.061.

Section 3. Present paragraph (c) of subsection (10) of section 334.044, Florida Statutes, is redesignated as paragraph (d), and a new paragraph (c) is added to that subsection, to read:
334.044 Powers and duties of the department.—The department shall have the following general powers and duties:

(10) (c) The department shall work with the Statewide Office for Suicide Prevention in developing a plan to consider the implementation of evidence-based suicide deterrents on all new infrastructure projects.

Section 4. Present subsections (17) through (48) of section 394.455, Florida Statutes, are redesignated as subsections (18) through (49), respectively, and a new subsection (17) is added to that section, to read:

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

(17) “First episode psychosis program” means an evidence-based program for individuals between 14 and 30 years of age who are experiencing early indications of serious mental illness, especially a first episode of psychotic symptoms. The program includes, but is not limited to, intensive case management, individual or group therapy, supported employment, family education and supports, and appropriate psychotropic medication, as indicated.

Section 5. 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 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 assessment must also describe the availability of and access to first episode psychosis programs, and any gaps in the availability and access of such programs, in all areas of the state. 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.

(1) As used in this section:

(a) “Care coordination” means the implementation of deliberate and planned organizational relationships and service procedures that improve the effectiveness and efficiency of the behavioral health system by engaging in purposeful interactions with individuals who are not yet effectively connected with services to ensure service linkage. Examples of care coordination activities include development of referral agreements, shared protocols, and information exchange procedures. The purpose of care coordination is to enhance the delivery of treatment services and recovery supports and to improve outcomes among priority populations.

(b) “Case management” means those direct services provided to a client in order to assess his or her needs, plan or arrange services, coordinate service providers, link the service system to a client, monitor service delivery, and evaluate patient
outcomes to ensure the client is receiving the appropriate services.

(c) “Coordinated system of care” means the full array of behavioral and related services in a region or community offered by all service providers, whether participating under contract with the managing entity or by another method of community partnership or mutual agreement.

(d) “No-wrong-door model” means a model for the delivery of acute care services to persons who have mental health or substance use disorders, or both, which optimizes access to care, regardless of the entry point to the behavioral health care system.

(2) The essential elements of a coordinated system of care include:

(a) Community interventions, such as prevention, primary care for behavioral health needs, therapeutic and supportive services, crisis response services, and diversion programs.

(b) A designated receiving system that consists of one or more facilities serving a defined geographic area and responsible for assessment and evaluation, both voluntary and involuntary, and treatment or triage of patients who have a mental health or substance use disorder, or co-occurring disorders.

1. A county or several counties shall plan the designated receiving system using a process that includes the managing entity and is open to participation by individuals with behavioral health needs and their families, service providers, law enforcement agencies, and other parties. The county or counties, in collaboration with the managing entity, shall
document the designated receiving system through written
memoranda of agreement or other binding arrangements. The county
or counties and the managing entity shall complete the plan and
implement the designated receiving system by July 1, 2017, and
the county or counties and the managing entity shall review and
update, as necessary, the designated receiving system at least
once every 3 years.

2. To the extent permitted by available resources, the
designated receiving system shall function as a no-wrong-door
model. The designated receiving system may be organized in any
manner which functions as a no-wrong-door model that responds to
individual needs and integrates services among various
providers. Such models include, but are not limited to:

a. A central receiving system that consists of a designated
central receiving facility that serves as a single entry point
for persons with mental health or substance use disorders, or
co-occurring disorders. The central receiving facility shall be
capable of assessment, evaluation, and triage or treatment or
stabilization of persons with mental health or substance use
disorders, or co-occurring disorders.

b. A coordinated receiving system that consists of multiple
entry points that are linked by shared data systems, formal
referral agreements, and cooperative arrangements for care
coordination and case management. Each entry point shall be a
designated receiving facility and shall, within existing
resources, provide or arrange for necessary services following
an initial assessment and evaluation.

c. A tiered receiving system that consists of multiple
entry points, some of which offer only specialized or limited
services. Each service provider shall be classified according to its capabilities as either a designated receiving facility or another type of service provider, such as a triage center, a licensed detoxification facility, or an access center. All participating service providers shall, within existing resources, be linked by methods to share data, formal referral agreements, and cooperative arrangements for care coordination and case management.

An accurate inventory of the participating service providers which specifies the capabilities and limitations of each provider and its ability to accept patients under the designated receiving system agreements and the transportation plan developed pursuant to this section shall be maintained and made available at all times to all first responders in the service area.

(c) Transportation in accordance with a plan developed under s. 394.462.

(d) Crisis services, including mobile response teams, crisis stabilization units, addiction receiving facilities, and detoxification facilities.

(e) Case management. Each case manager or person directly supervising a case manager who provides Medicaid-funded targeted case management services shall hold a valid certification from a department-approved credentialing entity as defined in s. 397.311(10) by July 1, 2017, and, thereafter, within 6 months after hire.

(f) Care coordination that involves coordination with other local systems and entities, public and private, which are
involved with the individual, such as primary care, child welfare, behavioral health care, and criminal and juvenile justice organizations.

(g) Outpatient services.
(h) Residential services.
(i) Hospital inpatient care.
(j) Aftercare and other postdischarge services.
(k) Medication-assisted treatment and medication management.
(l) Recovery support, including, but not limited to, 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.
(m) Care plans shall assign specific responsibility for initial and ongoing evaluation of the supervision and support needs of the individual and the identification of housing that meets such needs. For purposes of this paragraph, the term “supervision” means oversight of and assistance with compliance with the clinical aspects of an individual’s care plan.

(n) First episode psychosis programs.

(3) SYSTEM IMPROVEMENT GRANTS.—Subject to a specific appropriation by the Legislature, the department may award system improvement grants to managing entities based on a
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detailed plan to enhance services in accordance with the no-
wrong-door model as defined in subsection (1) and to address
specific needs identified in the assessment prepared by the
department pursuant to this section. Such a grant must be
awarded through a performance-based contract that links payments
to the documented and measurable achievement of system
improvements.

Section 6. Subsection (3) of section 394.463, Florida
Statutes, is amended to read:

394.463 Involuntary examination.—
(3) NOTICE OF RELEASE.—Notice of the release shall be given
to the patient’s guardian or representative, to any person who
executed a certificate admitting the patient to the receiving
facility, and to any court which ordered the patient’s
evaluation. If the patient is a minor, information regarding the
availability of a local mobile response service, suicide
prevention resources, social supports, and local self-help
groups must also be provided to the patient’s guardian or
representative along with the notice of the release.

Section 7. Section 456.0342, Florida Statutes, is created
to read:

456.0342 Required instruction on suicide prevention.—The
requirements of this section apply to each person licensed or
certified under chapter 458, chapter 459, or part I of chapter
464.

(1) By January 1, 2022, each licensed or certified
practitioner shall complete a board-approved 2-hour continuing
education course on suicide prevention. The course must address
suicide risk assessment, treatment, and management.
(2) Each licensing board that requires a licensee or certificate holder to complete a course pursuant to this section must include the hours required for completion in the total hours of continuing education required by law for such profession.

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 627.668 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 nomenclature 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.

(c) 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:
608 627.6699 Employee Health Care Access Act.—
609 (17) MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS.—A health
610 benefit plan that provides coverage to employees of a small
611 employer is subject to s. 627.4193.
612 Section 12. Effective January 1, 2021, subsection (9) is
613 added to section 641.26, Florida Statutes, to read:
614 641.26 Annual and quarterly reports.—
615 (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.
616 Section 13. Effective January 1, 2021, subsection (48) is
added to section 641.31, Florida Statutes, to read:
617 641.31 Health maintenance contracts.—
618 (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.
619 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 must A 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) Has 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 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
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), (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), (32), (36), (35), or (37) (36) or a professional licensed under chapter 491.

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), (32), (36), (35), or (37) (36) 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) 394.455(39), respectively.

Section 20. Paragraph (b) of subsection (1) of section
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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.