1 A bill to be entitled 2 An act relating to mental health and substance abuse; 3 amending s. 394.455, F.S.; conforming a cross-4 reference; amending s. 394.459, F.S.; revising review 5 requirements for specified restrictions relating to a 6 patient's right to communicate or to receive visitors; 7 requiring facilities to inform respondents with a 8 serious mental illness of the essential elements of 9 recovery and provide them assistance in accessing a continuum of care regimen; authorizing the Department 10 11 of Children and Families to adopt certain rules; 12 amending s. 394.461, F.S.; authorizing the state to 13 establish that a transfer evaluation was performed by 14 providing the court with a copy of the evaluation before the close of the state's case in chief; 15 16 prohibiting the court from considering substantive information in the transfer evaluation unless the 17 18 evaluator testifies at the hearing; amending s. 19 394.462, F.S.; conforming cross-references; amending s. 394.4625, F.S.; revising provisions relating to the 20 21 voluntary admission of minors to a facility for 22 examination and treatment; requiring that a minor's 23 assent to voluntary care be verified and the minor's 24 attorney be consulted before a transfer to voluntary 25 status may occur; amending s. 394.463, F.S.; revising

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the requirements for when a person may be taken to a receiving facility for involuntary examination; requiring law enforcement officers transporting individuals for involuntary treatment to take certain actions; revising requirements for annual reports relating to involuntary treatment; revising when a patient may be released by a receiving facility; requiring a facility to inform the department of certain persons who have been examined or committed under certain circumstances; amending s. 394.467, F.S.; revising the requirements for when a person may be ordered for involuntary inpatient placement; revising requirements for continuances of hearings; revising the conditions under which a court may waive the requirement for a patient to be present at an involuntary inpatient placement hearing; authorizing the court to permit all witnesses to attend and testify remotely at the hearing through certain means; requiring facilities to make certain clinical records available to a state attorney within a specified timeframe; specifying that such records remain confidential and may not be used for certain purposes; revising when the court may appoint a magistrate; requiring the court to allow certain testimony from individuals; revising the amount of time a court may

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require a patient to receive services; requiring facilities to discharge patients after the patient no longer meets the criteria for involuntary treatment; prohibiting courts from ordering that individuals with developmental disabilities be involuntarily placed in a state treatment facility; requiring such individuals to be referred to certain agencies for evaluation and services; authorizing facilities to hold such individuals under certain circumstances; amending ss. 394.495 and 394.496, F.S.; conforming provisions to changes made by the act; amending s. 394.499, F.S.; making a technical change; conforming a provision to changes made by the act; amending s. 397.305, F.S.; revising the purpose of ch. 397, F.S.; amending s. 397.311, F.S.; revising definitions; creating s. 397.341, F.S.; requiring law enforcement officers transporting individuals for treatment to take certain actions; amending s. 397.501, F.S.; requiring that respondents with serious substance use disorders be informed of the essential elements of recovery and provided with assistance accessing a continuum of care regimen; authorizing the department to adopt certain rules; amending s. 397.675, F.S.; revising the criteria for involuntary admissions; amending s. 397.6751, F.S.; revising the responsibilities of a

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service provider; amending s. 397.681, F.S.; revising where involuntary treatment petitions for substance abuse impaired persons may be filed; revising what part of such proceedings a general or special magistrate may preside over; requiring that the state attorney represent the state as the real party of interest in an involuntary proceeding, subject to legislative appropriation; providing that the petitioner has the right to be heard; specifying that certain records obtained by a state attorney must remain confidential and may not be used for certain purposes; conforming provisions to changes made by the act; repealing s. 397.6811, F.S., relating to involuntary assessment and stabilization; repealing s. 397.6814, F.S., relating to petitions for involuntary assessment and stabilization; repealing s. 397.6815, F.S., relating to involuntary assessment and stabilization procedures; repealing s. 397.6818, F.S., relating to court determinations for petitions for involuntary assessment and stabilization; repealing s. 397.6819, F.S., relating to the responsibilities of licensed service providers with regard to involuntary assessment and stabilization; repealing s. 397.6821, F.S., relating to extensions of time for completion of involuntary assessment and stabilization; repealing s.

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397.6822, F.S., relating to the disposition of individuals after involuntary assessment; amending s. 397.693, F.S.; revising the circumstances under which a person is eligible for court-ordered involuntary treatment; amending s. 397.695, F.S.; authorizing the court or clerk of the court to waive or prohibit any service of process fees for an indigent petitioner; amending s. 397.6951, F.S.; revising the requirements for the contents of a petition for involuntary treatment services; authorizing a petitioner to include with the petition a certificate or report of a qualified professional; requiring the certificate or report to contain certain information; requiring that certain additional information be included if an emergency exists; amending s. 397.6955, F.S.; requiring the clerk of the court to notify the state attorney's office upon the receipt of a petition filed for involuntary treatment services; revising when the office of criminal conflict and civil regional counsel represents a person; revising when a hearing must be held on the petition; requiring law enforcement agencies to effect service for initial treatment hearings unless certain requirements are met; providing requirements for when a petitioner asserts that emergency circumstances exist or the court

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determines that an emergency exists; conforming provisions to changes made by the act; amending s. 397.6957, F.S.; expanding the exemption from the requirement that a respondent be present at a hearing on a petition for involuntary treatment services; authorizing the court to order drug tests and permit all witnesses to remotely attend and testify at the hearing through certain means; deleting a provision requiring the court to appoint a quardian advocate under certain circumstances; prohibiting a respondent from being involuntarily ordered into treatment unless certain requirements are met; providing requirements relating to involuntary assessment and stabilization orders; providing requirements relating to involuntary treatment hearings; requiring that the assessment of a respondent occur before a specified time unless certain requirements are met; requiring the service provider to discharge the respondent after a specified time unless certain requirements are met; requiring a qualified professional to provide copies of his or her report to the court and all relevant parties and counsel; providing requirements for the report; authorizing a court to order certain persons to take a respondent into custody and transport him or her to or from certain service providers and the court; revising

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the petitioner's burden of proof in the hearing; authorizing the court to initiate involuntary proceedings under certain circumstances; requiring that, if a treatment order is issued, it must include certain findings; amending s. 397.697, F.S.; requiring that an individual meet certain requirements to qualify for involuntary outpatient treatment; specifying that certain hearings may be set by the motion of a party or under the court's own authority; specifying that a service provider's authority is separate and distinct from the court's jurisdiction; requiring the department to receive and maintain copies of certain documents and prepare annual reports obtained from the documents; requiring the department to provide copies of the reports to the Governor and the Legislature; amending s. 397.6971, F.S.; revising when an individual receiving involuntary treatment services may be determined eligible for discharge; conforming provisions to changes made by the act; amending s. 397.6975, F.S.; authorizing certain entities to file a petition for renewal of involuntary treatment services; revising the timeframe during which the court is required to schedule a hearing; conforming provisions to changes made by the act; amending s. 397.6977, F.S.; conforming provisions to

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changes made by the act; repealing s. 397.6978, F.S.,

177 relating to the appointment of guardian advocates; 178 amending s. 790.065, F.S.; conforming provisions to 179 changes made by the act; providing an effective date. 180 181 Be It Enacted by the Legislature of the State of Florida: 182 183 Section 1. Subsection (23) of section 394.455, Florida 184 Statutes, is amended to read: 185 394.455 Definitions.—As used in this part, the term: 186 (23) "Involuntary examination" means an examination performed under s. 394.463, s. 397.6772, s. 397.679, s. 187 397.6798, or s. $397.6957 \frac{\text{s. } 397.6811}{\text{s. } 397.6811}$ to determine whether a 188 189 person qualifies for involuntary services. 190 Section 2. Paragraph (c) of subsection (5) of section 191 394.459, Florida Statutes, is amended and subsection (13) is 192 added to that section read:

394.459 Rights of patients.-

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- (5) COMMUNICATION, ABUSE REPORTING, AND VISITS. -
- (c) Each facility must permit immediate access to any patient, subject to the patient's right to deny or withdraw consent at any time, by the patient's family members, guardian, guardian advocate, representative, Florida statewide or local advocacy council, or attorney, unless such access would be detrimental to the patient. If a patient's right to communicate

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or to receive visitors is restricted by the facility, written notice of such restriction and the reasons for the restriction shall be served on the patient, the patient's attorney, and the patient's guardian, guardian advocate, or representative; and such restriction shall be recorded on the patient's clinical record with the reasons therefor. The restriction of a patient's right to communicate or to receive visitors shall be reviewed at least every 72 hours, or no later than the next working day if such period ends on a weekend or holiday 7 days. The right to communicate or receive visitors shall not be restricted as a means of punishment. Nothing in this paragraph shall be construed to limit the provisions of paragraph (d).

(13) POST-DISCHARGE CONTINUUM OF CARE.—Upon discharge, the facility must inform a respondent with a serious mental illness of the essential elements of recovery and provide assistance with accessing a continuum of care regimen. The department may adopt rules specifying the services that may be provided to such respondents.

Section 3. Subsection (2) of section 394.461, Florida Statutes, is amended to read:

394.461 Designation of receiving and treatment facilities and receiving systems.—The department is authorized to designate and monitor receiving facilities, treatment facilities, and receiving systems and may suspend or withdraw such designation for failure to comply with this part and rules adopted under

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this part. Unless designated by the department, facilities are not permitted to hold or treat involuntary patients under this part.

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- (2)TREATMENT FACILITY.—The department may designate any state-owned, state-operated, or state-supported facility as a state treatment facility. A civil patient may shall not be admitted to a state treatment facility without previously undergoing a transfer evaluation. Before the close of the state's case in chief in a court hearing for involuntary placement in a state treatment facility, the state may establish that the transfer evaluation was performed and the document properly executed by providing the court with a copy of the transfer evaluation. The court may not court shall receive and consider the substantive information documented in the transfer evaluation unless the evaluator testifies at the hearing. Any other facility, including a private facility or a federal facility, may be designated as a treatment facility by the department, provided that such designation is agreed to by the appropriate governing body or authority of the facility.
- Section 4. Section 394.462, Florida Statutes, is amended to read:
- 394.462 Transportation.—A transportation plan shall be developed and implemented by each county in collaboration with the managing entity in accordance with this section. A county may enter into a memorandum of understanding with the governing

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boards of nearby counties to establish a shared transportation plan. When multiple counties enter into a memorandum of understanding for this purpose, the counties shall notify the managing entity and provide it with a copy of the agreement. The transportation plan shall describe methods of transport to a facility within the designated receiving system for individuals subject to involuntary examination under s. 394.463 or involuntary admission under s. 397.6772, s. 397.679, s. 397.6798, or s. 397.6957 s. 397.6811, and may identify responsibility for other transportation to a participating facility when necessary and agreed to by the facility. The plan may rely on emergency medical transport services or private transport companies, as appropriate. The plan shall comply with the transportation provisions of this section and ss. 397.6772, 397.6795, 397.6822, and 397.697.

- (1) TRANSPORTATION TO A RECEIVING FACILITY.-
- (a) Each county shall designate a single law enforcement agency within the county, or portions thereof, to take a person into custody upon the entry of an ex parte order or the execution of a certificate for involuntary examination by an authorized professional and to transport that person to the appropriate facility within the designated receiving system pursuant to a transportation plan.
- (b)1. The designated law enforcement agency may decline to transport the person to a receiving facility only if:

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a. The jurisdiction designated by the county has contracted on an annual basis with an emergency medical transport service or private transport company for transportation of persons to receiving facilities pursuant to this section at the sole cost of the county; and

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- b. The law enforcement agency and the emergency medical transport service or private transport company agree that the continued presence of law enforcement personnel is not necessary for the safety of the person or others.
- 2. The entity providing transportation may seek reimbursement for transportation expenses. The party responsible for payment for such transportation is the person receiving the transportation. The county shall seek reimbursement from the following sources in the following order:
- a. From a private or public third-party payor, if the person receiving the transportation has applicable coverage.
 - b. From the person receiving the transportation.
- c. From a financial settlement for medical care, treatment, hospitalization, or transportation payable or accruing to the injured party.
- (c) A company that transports a patient pursuant to this subsection is considered an independent contractor and is solely liable for the safe and dignified transport of the patient. Such company must be insured and provide no less than \$100,000 in liability insurance with respect to the transport of patients.

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(d) Any company that contracts with a governing board of a county to transport patients shall comply with the applicable rules of the department to ensure the safety and dignity of patients.

- (e) When a law enforcement officer takes custody of a person pursuant to this part, the officer may request assistance from emergency medical personnel if such assistance is needed for the safety of the officer or the person in custody.
- (f) When a member of a mental health overlay program or a mobile crisis response service is a professional authorized to initiate an involuntary examination pursuant to s. 394.463 or s. 397.675 and that professional evaluates a person and determines that transportation to a receiving facility is needed, the service, at its discretion, may transport the person to the facility or may call on the law enforcement agency or other transportation arrangement best suited to the needs of the patient.
- (g) When any law enforcement officer has custody of a person based on either noncriminal or minor criminal behavior that meets the statutory guidelines for involuntary examination pursuant to s. 394.463, the law enforcement officer shall transport the person to the appropriate facility within the designated receiving system pursuant to a transportation plan. Persons who meet the statutory guidelines for involuntary admission pursuant to s. 397.675 may also be transported by law

enforcement officers to the extent resources are available and as otherwise provided by law. Such persons shall be transported to an appropriate facility within the designated receiving system pursuant to a transportation plan.

- (h) When any law enforcement officer has arrested a person for a felony and it appears that the person meets the statutory guidelines for involuntary examination or placement under this part, such person must first be processed in the same manner as any other criminal suspect. The law enforcement agency shall thereafter immediately notify the appropriate facility within the designated receiving system pursuant to a transportation plan. The receiving facility shall be responsible for promptly arranging for the examination and treatment of the person. A receiving facility is not required to admit a person charged with a crime for whom the facility determines and documents that it is unable to provide adequate security, but shall provide examination and treatment to the person where he or she is held.
- (i) If the appropriate law enforcement officer believes that a person has an emergency medical condition as defined in s. 395.002, the person may be first transported to a hospital for emergency medical treatment, regardless of whether the hospital is a designated receiving facility.
- (j) The costs of transportation, evaluation, hospitalization, and treatment incurred under this subsection by persons who have been arrested for violations of any state law

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or county or municipal ordinance may be recovered as provided in s. 901.35.

- (k) The appropriate facility within the designated receiving system pursuant to a transportation plan must accept persons brought by law enforcement officers, or an emergency medical transport service or a private transport company authorized by the county, for involuntary examination pursuant to s. 394.463.
- (1) The appropriate facility within the designated receiving system pursuant to a transportation plan must provide persons brought by law enforcement officers, or an emergency medical transport service or a private transport company authorized by the county, pursuant to s. 397.675, a basic screening or triage sufficient to refer the person to the appropriate services.
- (m) Each law enforcement agency designated pursuant to paragraph (a) shall establish a policy that reflects a single set of protocols for the safe and secure transportation and transfer of custody of the person. Each law enforcement agency shall provide a copy of the protocols to the managing entity.
- (n) When a jurisdiction has entered into a contract with an emergency medical transport service or a private transport company for transportation of persons to facilities within the designated receiving system, such service or company shall be given preference for transportation of persons from nursing

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homes, assisted living facilities, adult day care centers, or adult family-care homes, unless the behavior of the person being transported is such that transportation by a law enforcement officer is necessary.

- (o) This section may not be construed to limit emergency examination and treatment of incapacitated persons provided in accordance with s. 401.445.
 - (2) TRANSPORTATION TO A TREATMENT FACILITY.-

- (a) If neither the patient nor any person legally obligated or responsible for the patient is able to pay for the expense of transporting a voluntary or involuntary patient to a treatment facility, the transportation plan established by the governing board of the county or counties must specify how the hospitalized patient will be transported to, from, and between facilities in a safe and dignified manner.
- (b) A company that transports a patient pursuant to this subsection is considered an independent contractor and is solely liable for the safe and dignified transportation of the patient. Such company must be insured and provide no less than \$100,000 in liability insurance with respect to the transport of patients.
- (c) A company that contracts with one or more counties to transport patients in accordance with this section shall comply with the applicable rules of the department to ensure the safety and dignity of patients.

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(d) County or municipal law enforcement and correctional personnel and equipment may not be used to transport patients adjudicated incapacitated or found by the court to meet the criteria for involuntary placement pursuant to s. 394.467, except in small rural counties where there are no cost-efficient alternatives.

- (3) TRANSFER OF CUSTODY.—Custody of a person who is transported pursuant to this part, along with related documentation, shall be relinquished to a responsible individual at the appropriate receiving or treatment facility.
- Section 5. Paragraph (a) of subsection (1) and subsection (4) of section 394.4625, Florida Statutes, are amended to read:

 394.4625 Voluntary admissions.—
 - (1) AUTHORITY TO RECEIVE PATIENTS.-

(a) A facility may receive for observation, diagnosis, or treatment any person 18 years of age or older who applies making application by express and informed consent for admission or any person age 17 or under whose parent or legal guardian applies for admission whom such application is made by his or her guardian. If found to show evidence of mental illness, to be competent to provide express and informed consent, and to be suitable for treatment, such person 18 years of age or older may be admitted to the facility. A person age 17 or under may be admitted only after a clinical hearing, as defined by the department, to verify the voluntariness of the minor's assent

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426 consent.

- (4) TRANSFER TO VOLUNTARY STATUS.—An involuntary patient who applies to be transferred to voluntary status shall be transferred to voluntary status immediately, unless the patient has been charged with a crime, or has been involuntarily placed for treatment by a court pursuant to s. 394.467 and continues to meet the criteria for involuntary placement. When transfer to voluntary status occurs, notice shall be given as provided in s. 394.4599, and if the patient is a minor, the minor's assent to voluntary care must be verified as provided in paragraph (1) (a) and the minor's attorney must be consulted before the transfer to voluntary status may occur.
- Section 6. Subsection (1) and paragraphs (a), (e), (f), (g), and (h) of subsection (2) of section 394.463, Florida Statutes, are amended to read:
 - 394.463 Involuntary examination. -
- (1) CRITERIA.—A person may be taken to a receiving facility for involuntary examination if there is reason to believe that the person has a mental illness and because of his or her mental illness:
- (a)1. The person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; or
- 2. The person is unable to determine for himself or herself whether examination is necessary; and

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(b)1. Without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself; such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and it is not apparent that such harm may be avoided through the help of willing, able, and responsible family members or friends or the provision of other services; or

- 2. There is a substantial likelihood that in the near future and without care or treatment, the person will inflict serious cause serious bodily harm to self himself or herself or others in the near future, as evidenced by recent acts, omissions, or behavior causing, attempting, or threatening such harm.
 - (2) INVOLUNTARY EXAMINATION. -

- (a) An involuntary examination may be initiated by any one of the following means:
- 1. A circuit or county court may enter an ex parte order stating that a person appears to meet the criteria for involuntary examination and specifying the findings on which that conclusion is based. The ex parte order for involuntary examination must be based on written or oral sworn testimony that includes specific facts that support the findings. If other less restrictive means are not available, such as voluntary appearance for outpatient evaluation, a law enforcement officer, or other designated agent of the court, shall take the person

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into custody and deliver him or her to an appropriate, or the nearest, facility within the designated receiving system pursuant to s. 394.462 for involuntary examination. The order of the court shall be made a part of the patient's clinical record. A fee may not be charged for the filing of an order under this subsection. A facility accepting the patient based on this order must send a copy of the order to the department within 5 working days. The order may be submitted electronically through existing data systems, if available. The order shall be valid only until the person is delivered to the facility or for the period specified in the order itself, whichever comes first. If a time limit is not specified in the order, the order is valid for 7 days after the date that the order was signed.

2. A law enforcement officer <u>may shall</u> take a person who appears to meet the criteria for involuntary examination into custody and deliver the person or have him or her delivered to an appropriate, or the nearest, facility within the designated receiving system pursuant to s. 394.462 for examination. <u>A law enforcement officer transporting a person pursuant to this subparagraph shall consider the person's mental and behavioral state and restrain him or her in the least restrictive manner necessary under the circumstances, especially if the person is a <u>minor</u>. The officer shall execute a written report detailing the circumstances under which the person was taken into custody, which must be made a part of the patient's clinical record. Any</u>

facility accepting the patient based on this report must send a copy of the report to the department within 5 working days.

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A physician, a physician assistant, a clinical psychologist, a psychiatric nurse, an advanced practice registered nurse registered under s. 464.0123, a mental health counselor, a marriage and family therapist, or a clinical social worker may execute a certificate stating that he or she has examined a person within the preceding 48 hours and finds that the person appears to meet the criteria for involuntary examination and stating the observations upon which that conclusion is based. If other less restrictive means, such as voluntary appearance for outpatient evaluation, are not available, a law enforcement officer shall take into custody the person named in the certificate and deliver him or her to the appropriate, or nearest, facility within the designated receiving system pursuant to s. 394.462 for involuntary examination. The law enforcement officer shall execute a written report detailing the circumstances under which the person was taken into custody. The report and certificate shall be made a part of the patient's clinical record. Any facility accepting the patient based on this certificate must send a copy of the certificate to the department within 5 working days. The document may be submitted electronically through existing data systems, if applicable.

When sending the order, report, or certificate to the department, a facility shall, at a minimum, provide information about which action was taken regarding the patient under paragraph (g), which information shall also be made a part of the patient's clinical record.

- (e) The department shall receive and maintain the copies of ex parte orders, involuntary outpatient services orders issued pursuant to s. 394.4655, involuntary inpatient placement orders issued pursuant to s. 394.467, professional certificates, and law enforcement officers' reports. These documents shall be considered part of the clinical record, governed by the provisions of s. 394.4615. These documents shall be used to prepare annual reports analyzing the data obtained from these documents, without information identifying patients, and the department shall provide copies of the reports to the Governor department, the President of the Senate, the Speaker of the House of Representatives, and the minority leaders of the Senate and the House of Representatives.
- (f) A patient shall be examined by a physician or a clinical psychologist, or by a psychiatric nurse performing within the framework of an established protocol with a psychiatrist at a facility without unnecessary delay to determine if the criteria for involuntary services are met. Emergency treatment may be provided upon the order of a physician if the physician determines that such treatment is

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necessary for the safety of the patient or others. The patient may not be released by the receiving facility or its contractor without the documented approval of a psychiatrist, or a clinical psychologist, or, if the receiving facility is owned or operated by a hospital or health system, the release may also be approved by a psychiatric nurse performing within the framework of an established protocol with a psychiatrist, or an attending emergency department physician with experience in the diagnosis and treatment of mental illness after completion of an involuntary examination pursuant to this subsection. A psychiatric nurse may not approve the release of a patient if the involuntary examination was initiated by a psychiatrist unless the release is approved by the initiating psychiatrist.

- begins when a patient arrives at the receiving facility. For a minor, the examination shall be initiated within 12 hours after the patient's arrival at the facility. The facility must inform the department of any person who has been examined or committed three or more times under this chapter within a 12-month period. Within the examination period or, if the examination period ends on a weekend or holiday, no later than the next working day thereafter, one of the following actions must be taken, based on the individual needs of the patient:
- 1. The patient shall be released, unless he or she is charged with a crime, in which case the patient shall be

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returned to the custody of a law enforcement officer;

- The patient shall be released, subject to subparagraph
 for voluntary outpatient treatment;
- 3. The patient, unless he or she is charged with a crime, shall be asked to give express and informed consent to placement as a voluntary patient and, if such consent is given, the patient shall be admitted as a voluntary patient; or
- 4. A petition for involuntary services shall be filed in the circuit court if inpatient treatment is deemed necessary or with the criminal county court, as defined in s. 394.4655(1), as applicable. When inpatient treatment is deemed necessary, the least restrictive treatment consistent with the optimum improvement of the patient's condition shall be made available. When a petition is to be filed for involuntary outpatient placement, it shall be filed by one of the petitioners specified in s. 394.4655(4)(a). A petition for involuntary inpatient placement shall be filed by the facility administrator.
- (h) A person for whom an involuntary examination has been initiated who is being evaluated or treated at a hospital for an emergency medical condition specified in s. 395.002 must be examined by a facility within the examination period specified in paragraph (g). The examination period begins when the patient arrives at the hospital and ceases when the attending physician documents that the patient has an emergency medical condition. If the patient is examined at a hospital providing emergency

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medical services by a professional qualified to perform an involuntary examination and is found as a result of that examination not to meet the criteria for involuntary outpatient services pursuant to s. 394.4655(2) or involuntary inpatient placement pursuant to s. 394.467(1), the patient may be offered voluntary services or placement, if appropriate, or released directly from the hospital providing emergency medical services. The finding by the professional that the patient has been examined and does not meet the criteria for involuntary inpatient services or involuntary outpatient placement must be entered into the patient's clinical record. This paragraph is not intended to prevent a hospital providing emergency medical services from appropriately transferring a patient to another hospital before stabilization if the requirements of s. 395.1041(3)(c) have been met.

Section 7. Subsections (1) and (5), paragraphs (a), (b), and (c) of subsection (6), and paragraph (d) of subsection (7) of section 394.467, Florida Statutes, are amended to read:

394.467 Involuntary inpatient placement.-

- (1) CRITERIA.—A person may be ordered for involuntary inpatient placement for treatment upon a finding of the court by clear and convincing evidence that:
- (a) He or she has a mental illness and because of his or her mental illness:
 - 1.a. He or she has refused voluntary inpatient placement

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for treatment after sufficient and conscientious explanation and disclosure of the purpose of inpatient placement for treatment; or

- b. He or she is unable to determine for himself or herself whether inpatient placement is necessary; and
- 2.a. He or she is incapable of surviving alone or with the help of willing, able, and responsible family or friends, including available alternative services, and, without treatment, is likely to suffer from neglect or refuse to care for himself or herself, and such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; or
- b. There is substantial likelihood that in the near future and without services, he or she will inflict serious bodily harm to on self or others, as evidenced by recent acts, omissions, or behavior causing, attempting, or threatening such harm; and
- (b) All available less restrictive treatment alternatives that would offer an opportunity for improvement of his or her condition have been judged to be inappropriate.
- independently entitled is entitled, with the concurrence of the patient's counsel, to at least one continuance of the hearing.

 The patient's continuance may be for a period of for up to 4 weeks and requires the concurrence of his or her counsel. The state's continuance may be for a period of up to 5 court working

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days and requires a showing of good cause and due diligence by the state before requesting the continuance. The state's failure to timely review any readily available document or failure to attempt to contact a known witness does not warrant a continuance.

(6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.-

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- (a)1. The court shall hold the hearing on involuntary inpatient placement within 5 court working days, unless a continuance is granted.
- Except for good cause documented in the court file, the hearing must be held in the county or the facility, as appropriate, where the patient is located, must be as convenient to the patient as is consistent with orderly procedure, and shall be conducted in physical settings not likely to be injurious to the patient's condition. If the court finds that the patient's attendance at the hearing is not consistent with the best interests of, or is likely to be injurious to, the patient, or the patient knowingly, intelligently, and voluntarily waives his or her right to be present, and the patient's counsel does not object, the court may waive the presence of the patient from all or any portion of the hearing. Absent a showing of good cause, such as specific symptoms of the respondent's condition, the court may permit all witnesses, including, but not limited to, any medical professionals or personnel who are or have been involved with the patient's

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treatment, to remotely attend and testify at the hearing under oath via audio-video teleconference. Any witness intending to remotely attend and testify at the hearing must provide the parties with all relevant documents by the close of business on the day before the hearing. The state attorney for the circuit in which the patient is located shall represent the state, rather than the petitioning facility administrator, as the real party in interest in the proceeding. The facility shall make the respondent's clinical records available to the state attorney within 24 hours of the involuntary placement petition's filing so that the state can evaluate and prepare its case before the hearing. However, these records shall remain confidential, and the state attorney may not use any record obtained under this part for criminal investigation or prosecution purposes, or for any purpose other than the patient's civil commitment under this chapter.

3. The court may appoint a magistrate to preside at the hearing on the petition and any ancillary proceedings thereto, which include, but are not limited to, writs of habeas corpus issued pursuant to s. 394.459(8). One of the professionals who executed the petition for involuntary inpatient placement certificate shall be a witness. The court shall allow testimony deemed relevant by the court under state law from individuals, including family members, regarding the person's prior history and how that history relates to the person's current condition.

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The patient and the patient's guardian or representative shall be informed by the court of the right to an independent expert examination. If the patient cannot afford such an examination, the court shall ensure that one is provided, as otherwise provided for by law. The independent expert's report is confidential and not discoverable, unless the expert is to be called as a witness for the patient at the hearing. The testimony in the hearing must be given under oath, and the proceedings must be recorded. The patient may refuse to testify at the hearing.

If the court concludes that the patient meets the (b) criteria for involuntary inpatient placement, it may order that the patient be transferred to a treatment facility or, if the patient is at a treatment facility, that the patient be retained there or be treated at any other appropriate facility, or that the patient receive services, on an involuntary basis, for up to 90 days. However, any order for involuntary mental health services in a treatment facility may be for up to 6 months. The order shall specify the nature and extent of the patient's mental illness, and, unless the patient has transferred to a voluntary status, the facility must discharge the patient at any time he or she no longer meets the criteria for involuntary inpatient treatment. The court may not order an individual with a developmental disability as defined in s. 393.063, traumatic brain injury, or dementia who lacks a co-occurring mental

illness to be involuntarily placed in a state treatment facility. These individuals must be referred to the Agency for Persons with Disabilities or the Department of Elderly Affairs for further evaluation and the provision of appropriate services for their individual needs The facility shall discharge a patient any time the patient no longer meets the criteria for involuntary inpatient placement, unless the patient has transferred to voluntary status.

- involuntary placement hearing on involuntary inpatient placement it appears to the court that the person does not meet the criteria of for involuntary inpatient placement under this section, but instead meets the criteria for involuntary outpatient services, the court may order the person evaluated for involuntary outpatient services pursuant to s. 394.4655. The petition and hearing procedures set forth in s. 394.4655 shall apply. If the person instead meets the criteria for involuntary assessment, protective custody, or involuntary admission or treatment pursuant to s. 397.675, then the court may order the person to be admitted for involuntary assessment for a period of 5 days pursuant to s. 397.6957 s. 397.6811. Thereafter, all proceedings are governed by chapter 397.
- (7) PROCEDURE FOR CONTINUED INVOLUNTARY INPATIENT PLACEMENT.—
 - (d) If at a hearing it is shown that the patient continues

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to meet the criteria for involuntary inpatient placement, the administrative law judge shall sign the order for continued involuntary inpatient placement for up to 90 days. However, any order for involuntary mental health services in a treatment facility may be for up to 6 months. The same procedure shall be repeated before the expiration of each additional period the patient is retained.

The procedure required in this subsection must be followed before the expiration of each additional period the patient is involuntarily receiving services.

Section 8. 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:
- (a) A <u>clinical psychologist</u>, <u>clinical social worker</u>, <u>physician</u>, <u>psychiatric nurse</u>, <u>or psychiatrist</u>, <u>as those terms</u> <u>are defined in s. 394.455</u> <u>professional as defined in s. 394.455(5)</u>, (7), (33), (36), <u>or (37)</u>;
 - (b) A professional licensed under chapter 491; or
- (c) A person who is under the direct supervision of a clinical psychologist, clinical social worker, physician, psychiatric nurse, or psychiatrist, as those terms are defined in s. 394.455, qualified professional as defined in s.

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776 394.455(5), (7), (33), (36), or (37) or a professional licensed under chapter 491.

Section 9. Subsection (5) of section 394.496, Florida Statutes, is amended to read:

394.496 Service planning.-

(5) A <u>clinical psychologist</u>, <u>clinical social worker</u>, <u>physician</u>, <u>psychiatric nurse</u>, <u>or psychiatrist</u>, <u>as those terms</u> <u>are defined in s. 394.455</u>, <u>professional as defined in s. 394.455(5)</u>, (7), (33), (36), <u>or (37)</u> or a professional licensed under chapter 491 must be included among those persons developing the services plan.

Section 10. Paragraph (a) of subsection (2) of section 394.499, Florida Statutes, is amended to read:

394.499 Integrated children's crisis stabilization unit/juvenile addictions receiving facility services.—

- (2) Children eligible to receive integrated children's crisis stabilization unit/juvenile addictions receiving facility services include:
- (a) A person under 18 years of age for whom voluntary application is made by his or her <u>parent or legal</u> guardian, if such person is found to show evidence of mental illness and to be suitable for treatment pursuant to s. 394.4625. A person under 18 years of age may be admitted for integrated facility services only after a hearing to verify that the consent to admission is voluntary is conducted pursuant to s. 394.4625.

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Section 11. Subsection (3) of section 397.305, Florida Statutes, is amended to read:

397.305 Legislative findings, intent, and purpose.-

- (3) It is the purpose of this chapter to provide for a comprehensive continuum of accessible and quality substance abuse prevention, intervention, clinical treatment, and recovery support services in the most appropriate and least restrictive environment which promotes long-term recovery while protecting and respecting the rights of individuals, primarily through community-based private not-for-profit providers working with local governmental programs involving a wide range of agencies from both the public and private sectors.
- Section 12. Subsections (19) and (23) of section 397.311, Florida Statutes, are amended to read:
- 397.311 Definitions.—As used in this chapter, except part VIII, the term:
- (19) "Impaired" or "substance abuse impaired" means <u>having</u> a <u>substance use disorder or</u> a condition involving the use of alcoholic beverages, illicit or prescription drugs, or any psychoactive or mood-altering substance in such a manner as to induce mental, emotional, or physical problems <u>or</u> and cause socially dysfunctional behavior.
- (23) "Involuntary <u>treatment</u> services" means an array of behavioral health services that may be ordered by the court for persons with substance abuse impairment or co-occurring

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826 substance abuse impairment and mental health disorders.

Section 13. Section 397.341, Florida Statutes, is created to read:

397.341 Transportation of individuals by law enforcement officers.—A law enforcement officer transporting an individual pursuant to this chapter shall consider the person's mental and behavioral state and restrain him or her in the least restrictive manner necessary under the circumstances, especially if the individual is a minor.

Section 14. Subsection (11) is added to section 397.501, Florida Statutes, to read:

397.501 Rights of individuals.—Individuals receiving substance abuse services from any service provider are guaranteed protection of the rights specified in this section, unless otherwise expressly provided, and service providers must ensure the protection of such rights.

(11) POST-DISCHARGE CONTINUUM OF CARE.—Upon discharge, the facility must inform a respondent with a serious substance use disorder of the essential elements of recovery and provide assistance with accessing a continuum of care regimen. The department may adopt rules specifying the services that may be provided to such respondents.

Section 15. Section 397.675, Florida Statutes, is amended to read:

397.675 Criteria for involuntary admissions, including

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protective custody, emergency admission, and other involuntary assessment, involuntary treatment, and alternative involuntary assessment for minors, for purposes of assessment and stabilization, and for involuntary treatment.—A person meets the criteria for involuntary admission if there is good faith reason to believe that the person is substance abuse impaired or has a substance use disorder and a co-occurring mental health disorder and, because of such impairment or disorder:

- (1) Has lost the power of self-control with respect to substance abuse, or has a history of noncompliance with substance abuse treatment with continued substance use; and
- (2) $\frac{1}{4}$ Is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so impaired that he or she is refusing voluntary care after a sufficient and conscientious explanation and disclosure of the purpose for such services, or is incapable of appreciating his or her need for such services and of making a rational decision in that regard, although mere refusal to receive such services does not constitute evidence of lack of judgment with respect to his or her need for such services; and $\frac{1}{2}$
- (3)(a)(b) Without care or treatment, is likely to suffer from neglect or refuse to care for himself or herself; that such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and that it is not apparent that such harm may be avoided through the help of

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willing, able, and responsible family members or friends or the provision of other services: τ

- (b) There is substantial likelihood that in the near future and without services, the person will inflict serious harm to self or others, as evidenced by recent acts, omissions, or behavior causing, attempting, or threatening such harm has inflicted, or threatened to or attempted to inflict, or, unless admitted, is likely to inflict, physical harm on himself, herself, or another.
- Section 16. Subsection (1) of section 397.6751, Florida Statutes, is amended to read:
- 397.6751 Service provider responsibilities regarding involuntary admissions.—
 - (1) It is the responsibility of the service provider to:
- (a) Ensure that a person who is admitted to a licensed service component meets the admission criteria specified in s. 397.675;
- (b) Ascertain whether the medical and behavioral conditions of the person, as presented, are beyond the safe management capabilities of the service provider;
- (c) Provide for the admission of the person to the service component that represents the <u>most appropriate and</u> least restrictive available setting that is responsive to the person's treatment needs;
 - (d) Verify that the admission of the person to the service

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component does not result in a census in excess of its licensed service capacity;

- (e) Determine whether the cost of services is within the financial means of the person or those who are financially responsible for the person's care; and
- (f) Take all necessary measures to ensure that each individual in treatment is provided with a safe environment, and to ensure that each individual whose medical condition or behavioral problem becomes such that he or she cannot be safely managed by the service component is discharged and referred to a more appropriate setting for care.

Section 17. Section 397.681, Florida Statutes, is amended to read:

- 397.681 Involuntary petitions; general provisions; court jurisdiction and right to counsel.—
- (1) JURISDICTION.—The courts have jurisdiction of involuntary assessment and stabilization petitions and involuntary treatment petitions for substance abuse impaired persons, and such petitions must be filed with the clerk of the court in the county where the person is located or resides. The clerk of the court may not charge a fee for the filing of a petition under this section. The chief judge may appoint a general or special magistrate to preside over all or part of the proceedings related to the petition or any ancillary matters thereto, which include, but are not limited to, writs of habeas

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<u>corpus issued pursuant to s. 397.501(9)</u>. The alleged impaired person is named as the respondent.

- (2) RIGHT TO COUNSEL.—A respondent has the right to counsel at every stage of a proceeding relating to a petition for his or her involuntary assessment and a petition for his or her involuntary treatment for substance abuse impairment. A respondent who desires counsel and is unable to afford private counsel has the right to court-appointed counsel and to the benefits of s. 57.081. If the court believes that the respondent needs the assistance of counsel, the court shall appoint such counsel for the respondent without regard to the respondent's wishes. If the respondent is a minor not otherwise represented in the proceeding, the court shall immediately appoint a guardian ad litem to act on the minor's behalf.
- appropriation, for all court-involved involuntary proceedings under this chapter in which the petitioner has not retained private counsel, the state attorney for the circuit in which the respondent is located shall represent the state rather than the petitioner as the real party of interest in the proceeding, but the petitioner has the right to be heard. Furthermore, the state attorney may not use any record obtained under this part for criminal investigation or prosecution purposes or for any purpose other than the respondent's civil commitment under this chapter. Any record obtained under this subsection must remain

951	<pre>confidential.</pre>
952	Section 18. Section 397.6811, Florida Statutes, is
953	repealed.
954	Section 19. Section 397.6814, Florida Statutes, is
955	repealed.
956	Section 20. Section 397.6815, Florida Statutes, is
957	repealed.
958	Section 21. Section 397.6818, Florida Statutes, is
959	repealed.
960	Section 22. Section 397.6819, Florida Statutes, is
961	repealed.
962	Section 23. Section 397.6821, Florida Statutes, is
963	repealed.
964	Section 24. Section 397.6822, Florida Statutes, is
965	repealed.
966	Section 25. Section 397.693, Florida Statutes, is amended
967	to read:
968	397.693 Involuntary treatment.—A person may be the subject
969	of a petition for court-ordered involuntary treatment pursuant
970	to this part, if that person $\underline{:}$
971	(1) Reasonably appears to meet meets the criteria for
972	involuntary admission provided in s. 397.675; and:
973	(2) (1) Has been placed under protective custody pursuant
974	to s. 397.677 within the previous 10 days;
975	(3) (2) Has been subject to an emergency admission pursuant

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976	to s. 397.679 within the previous 10 days; or
977	(4) (3) Has been assessed by a qualified professional
978	within <u>30</u> 5 days ;
979	(4) Has been subject to involuntary assessment and
980	stabilization pursuant to s. 397.6818 within the previous 12
981	days; or
982	(5) Has been subject to alternative involuntary admission
983	pursuant to s. 397.6822 within the previous 12 days.
984	Section 26. Section 397.695, Florida Statutes, is amended
985	to read:
986	397.695 Involuntary <u>treatment</u> services; persons who may
987	petition
988	(1) If the respondent is an adult, a petition for
989	involuntary <u>treatment</u> services may be filed by the respondent's
990	spouse or legal guardian, any relative, a service provider, or
991	an adult who has direct personal knowledge of the respondent's
992	substance abuse impairment and his or her prior course of
993	assessment and treatment.
994	(2) If the respondent is a minor, a petition for
995	involuntary treatment may be filed by a parent, legal guardian,
996	or service provider.
997	(3) The court or the clerk of the court may waive or
998	prohibit any service of process fees if a petitioner is
999	determined to be indigent under s. 57.082.

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Section 27. Section 397.6951, Florida Statutes, is amended

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1001 to read:

397.6951 Contents of petition for involuntary <u>treatment</u> services.—

- (1) A petition for involuntary <u>treatment</u> services must contain the name of the respondent; the name of the petitioner or petitioners; the relationship between the respondent and the petitioner; the name of the respondent's attorney, if known; the findings and recommendations of the assessment performed by the qualified professional; and the factual allegations presented by the petitioner establishing the need for involuntary outpatient services for substance abuse impairment. The factual allegations must demonstrate the reason for the petitioner's belief that the respondent:
- (1) The reason for the petitioner's belief that the respondent is substance abuse impaired;
- (a) (2) The reason for the petitioner's belief that because of such impairment the respondent Has lost the power of self-control with respect to substance abuse, or has a history of noncompliance with substance abuse treatment with continued substance use; and
- (b) Needs substance abuse services, but his or her judgment is so impaired by substance abuse that he or she either is refusing voluntary care after a sufficient and conscientious explanation and disclosure of the purpose of such services, or is incapable of appreciating his or her need for such services

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and of making a rational decision in that regard; and Without services, is likely to suffer from neglect or refuse to care for himself or herself; that the neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and that it is not apparent that the harm may be avoided through the help of willing, able, and responsible family members or friends or the provision of other services; or 2. There is a substantial likelihood that in the near future and without services, the respondent will inflict serious harm to self or others, as evidenced by recent acts, omissions, or behavior causing, attempting, or threatening such harm (3) (a) The reason the petitioner believes that the respondent has inflicted or is likely to inflict physical harm on himself or herself or others unless the court orders the involuntary services; or (b) The reason the petitioner believes that the respondent's refusal to voluntarily receive care is based on so impaired by reason of substance abuse respondent is incapable of appreciating his or her need for care and of making a rational decision regarding that need for care. (2) The petition may be accompanied by a certificate or report of a qualified professional or a licensed physician who examined the respondent within 30 days before the petition was

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filed. This certificate or report must include the qualified

professional's or physician's findings relating to his or her assessment of the patient and his or her treatment recommendations. If the respondent was not assessed before the filing of a treatment petition or refused to submit to an evaluation, the lack of assessment or refusal must be noted in the petition.

(3) If there is an emergency, the petition must also describe the respondent's exigent circumstances and include a request for an ex parte assessment and stabilization order that must be executed pursuant to s. 397.6955(4).

Section 28. Section 397.6955, Florida Statutes, is amended to read:

397.6955 Duties of court upon filing of petition for involuntary treatment services.—

treatment services for a substance abuse impaired person with the clerk of the court which does not indicate that the petitioner has retained private counsel, the clerk must notify the state attorney's office. In addition, the court shall immediately determine whether the respondent is represented by an attorney or whether the appointment of counsel for the respondent is appropriate. If, based on the contents of the petition, the court appoints counsel for the person, the clerk of the court shall immediately notify the office of criminal conflict and civil regional counsel, created pursuant to s.

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27.511, of the appointment. The office of criminal conflict and civil regional counsel shall represent the person until the petition is dismissed, the court order expires, or the person is discharged from involuntary treatment services, or the office is otherwise discharged by the court. An attorney that represents the person named in the petition shall have access to the person, witnesses, and records relevant to the presentation of the person's case and shall represent the interests of the person, regardless of the source of payment to the attorney.

- (2) The court shall schedule a hearing to be held on the petition within 10 court working 5 days unless a continuance is granted. The court may appoint a magistrate to preside at the hearing.
- (3) A copy of the petition and notice of the hearing must be provided to the respondent; the respondent's parent, guardian, or legal custodian, in the case of a minor; the respondent's attorney, if known; the petitioner; the respondent's spouse or guardian, if applicable; and such other persons as the court may direct. If the respondent is a minor, a copy of the petition and notice of the hearing must be personally delivered to the respondent. The clerk court shall also issue a summons to the person whose admission is sought, and unless a circuit court's chief judge authorizes disinterested private process servers to serve parties under this chapter, a law enforcement agency must effect service for

1101	the	initial	treatment	hearing

- (4) (a) When the petitioner asserts that emergency circumstances exist, or when upon review of the petition the court determines that an emergency exists, the court may rely solely on the contents of the petition and, without the appointment of an attorney, enter an exparte order for the respondent's involuntary assessment and stabilization which must be executed during the period when the hearing on the petition for treatment is pending. The court may further order a law enforcement officer or other designated agent of the court to:
- 1. Take the respondent into custody and deliver him or her to either the nearest appropriate licensed service provider or a licensed service provider designated by the court to be evaluated; and
- 2. Serve the respondent with the notice of hearing and a copy of the petition.
- (b) The service provider must promptly inform the court and parties of the respondent's arrival and may not hold the respondent for longer than 72 hours of observation thereafter, unless:
- 1. The service provider seeks additional time under s.

 397.6957(1)(c) and the court, after a hearing, grants that
 motion;
- 1124 <u>2. The respondent shows signs of withdrawal, or a need to</u>
 1125 be either detoxified or treated for a medical condition, which

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shall extend the amount of time the respondent may be held for observation until the issue is resolved; or

- 3. The original or extended observation period ends on a weekend or holiday, in which case the provider may hold the respondent until the next court working day.
- (c) If the ex parte order was not executed by the initial hearing date, it shall be deemed void. However, should the respondent not appear at the hearing for any reason, including lack of service, and upon reviewing the petition, testimony, and evidence presented, the court reasonably believes the respondent meets this chapter's commitment criteria and that a substance abuse emergency exists, the court may issue or reissue an exparte assessment and stabilization order that is valid for 90 days. If the respondent's location is known at the time of the hearing, the court:
- 1. Shall continue the case for no more than 10 court working days; and
- 2. May order a law enforcement officer or other designated agent of the court to:
- a. Take the respondent into custody and deliver him or her to be evaluated either by the nearest appropriate licensed service provider or by a licensed service provider designated by the court; and
- b. If a hearing date is set, serve the respondent with notice of the rescheduled hearing and a copy of the involuntary

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1151 treatment petition if the respondent has not already been 1152 served. 1153 1154 Otherwise, the petitioner and the service provider must promptly inform the court that the respondent has been assessed so that 1155 1156 the court may schedule a hearing as soon as practicable. The 1157 service provider must serve the respondent, before his or her 1158 discharge, with the notice of hearing and a copy of the 1159 petition. However, if the respondent has not been assessed 1160 within 90 days, the court must dismiss the case. 1161 Section 29. Section 397.6957, Florida Statutes, is amended 1162 to read: 1163 397.6957 Hearing on petition for involuntary treatment 1164 services.-1165 (1)(a) The respondent must be present at a hearing on a 1166 petition for involuntary treatment services unless he or she 1167 knowingly, intelligently, and voluntarily waives his or her right to be present or, upon receiving proof of service and 1168 1169 evaluating the circumstances of the case, the court finds that 1170 his or her presence is inconsistent with his or her best 1171 interests or is likely to be injurious to himself or herself or 1172 others.7 The court shall hear and review all relevant evidence, 1173 including testimony from individuals such as family members 1174 familiar with the respondent's prior history and how it relates to his or her current condition, and the review of results of 1175

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the assessment completed by the qualified professional in connection with this chapter. The court may also order drug tests. Absent a showing of good cause, such as specific symptoms of the respondent's condition, the court may permit all witnesses, such as any medical professionals or personnel who are or have been involved with the respondent's treatment, to remotely attend and testify at the hearing under oath via audiovideo teleconference. Any witness intending to remotely attend and testify at the hearing must provide the parties with all relevant documents by the close of business on the day before the hearing the respondent's protective custody, emergency admission, involuntary assessment, or alternative involuntary admission. The respondent must be present unless the court finds that his or her presence is likely to be injurious to himself or herself or others, in which event the court must appoint a quardian advocate to act in behalf of the respondent throughout the proceedings.

(b) A respondent cannot be involuntarily ordered into treatment under this chapter without a clinical assessment being performed, unless he or she is present in court and expressly waives the assessment. In nonemergency situations, if the respondent was not, or had previously refused to be, assessed by a qualified professional and, based on the petition, testimony, and evidence presented, it reasonably appears that the respondent qualifies for involuntary treatment services, the

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1201	court shall issue an involuntary assessment and stabilization
1202	order to determine the appropriate level of treatment the
1203	respondent requires. Additionally, in cases where an assessment
1204	was attached to the petition, the respondent may request, or the
1205	court on its own motion may order, an independent assessment by
1206	a court-appointed physician or an otherwise agreed-upon
1207	physician. If an assessment order is issued, it is valid for 90
1208	days, and if the respondent is present or there is either proof
1209	of service or his or her location is known, the involuntary
1210	treatment hearing shall be continued for no more than 10 court
1211	working days. Otherwise, the petitioner and the service provider
1212	must promptly inform the court that the respondent has been
1213	assessed so that the court may schedule a hearing as soon as
1214	practicable. The service provider shall then serve the
1215	respondent, before his or her discharge, with the notice of
1216	hearing and a copy of the petition. The assessment must occur
1217	before the new hearing date, and if there is evidence indicating
1218	that the respondent will not voluntarily appear at the
1219	forthcoming hearing, or is a danger to self or others, the court
1220	may enter a preliminary order committing the respondent to an
1221	appropriate treatment facility for further evaluation until the
1222	date of the rescheduled hearing. However, if after 90 days the
1223	respondent remains unassessed, the court shall dismiss the case.
1224	(c)1. The respondent's assessment by a qualified
1225	professional must occur within 72 hours after his or her arrival

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1226	at a licensed service provider unless he or she shows signs of
1227	withdrawal or a need to be either detoxified or treated for a
1228	medical condition, which shall extend the amount of time the
1229	respondent may be held for observation until that issue is
1230	resolved. If the person conducting the assessment is not a
1231	licensed physician, the assessment must be reviewed by a
1232	licensed physician within the 72-hour period. If the respondent
1233	is a minor, such assessment must be initiated within the first
1234	12 hours after the minor's admission to the facility. The
1235	service provider may also move to extend the 72 hours of
1236	observation by petitioning the court in writing for additional
1237	time. The service provider must furnish copies of such motion to
1238	all parties in accordance with applicable confidentiality
1239	requirements, and, after a hearing, the court may grant
1240	additional time or expedite the respondent's involuntary
1241	treatment hearing. The involuntary treatment hearing, however,
1242	may be expedited only by agreement of the parties on the hearing
1243	date or if there is notice and proof of service as provided in
1244	s. 397.6955(1) and (3). If the court grants the service
1245	provider's petition, the service provider may hold the
1246	respondent until its extended assessment period expires or until
1247	the expedited hearing date. However, if the original or extended
1248	observation period ends on a weekend or holiday, the provider
1249	may hold the respondent until the next court working day.
1250	2. Upon the completion of his or her report, the qualified

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professional, in accordance with applicable confidentiality requirements, shall provide copies to the court and all relevant parties and counsel. This report must contain a recommendation on the level, if any, of substance abuse and, if applicable, co-occurring mental health treatment the respondent requires. The qualified professional's failure to include a treatment recommendation, much like a recommendation of no treatment, shall result in the petition's dismissal.

- (d) The court may order a law enforcement officer or other designated agent of the court to take the respondent into custody and transport him or her to or from the treating or assessing service provider and the court for his or her hearing.
- (2) The petitioner has the burden of proving by clear and convincing evidence that:
- (a) The respondent is substance abuse impaired, has lost the power of self-control with respect to substance abuse, or and has a history of lack of compliance with treatment for substance abuse with continued substance use; and
- (b) Because of such impairment, the respondent is unlikely to voluntarily participate in the recommended services after sufficient and conscientious explanation and disclosure of their purpose, or is unable to determine for himself or herself whether services are necessary and make a rational decision in that regard; and:
 - (c)1. Without services, the respondent is likely to suffer

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from neglect or refuse to care for himself or herself; that such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and that it is not apparent that such harm may be avoided through the help of willing, able, and responsible family members or friends or the provision of other services; or

- 2. There is a substantial likelihood that <u>in the near</u> future and without services, the respondent will <u>inflict serious</u> harm to self or others, as evidenced by recent acts, omissions, or behavior causing, attempting, or threatening such harm cause serious bodily harm to himself, herself, or another in the near future, as evidenced by recent behavior; or
- 2. The respondent's refusal to voluntarily receive care is based on judgment so impaired by reason of substance abuse that the respondent is incapable of appreciating his or her need for care and of making a rational decision regarding that need for care.
- (3) One of the qualified professionals who executed the involuntary services certificate must be a witness. The court shall allow testimony from individuals, including family members, deemed by the court to be relevant under state law, regarding the respondent's prior history and how that prior history relates to the person's current condition. The Testimony in the hearing must be taken under oath, and the proceedings must be recorded. The respondent patient may refuse to testify

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- (4) If at any point during the hearing the court has reason to believe that the respondent, due to mental illness other than or in addition to substance abuse impairment, is likely to neglect or injure himself, herself, or another if allowed to remain at liberty, or otherwise meets the involuntary commitment provisions of part I of chapter 394, the court may initiate involuntary examination proceedings under such provisions.
- <u>(5)(4)</u> At the conclusion of the hearing, the court shall <u>either</u> dismiss the petition or order the respondent to receive involuntary <u>treatment</u> services from his or her chosen licensed service provider if possible and appropriate. <u>Any treatment order must include findings regarding the respondent's need for treatment and the appropriateness of other less restrictive alternatives.</u>

Section 30. Section 397.697, Florida Statutes, is amended to read:

- 397.697 Court determination; effect of court order for involuntary <u>treatment</u> services.—
- (1) (a) When the court finds that the conditions for involuntary treatment services have been proved by clear and convincing evidence, it may order the respondent to receive involuntary treatment services from a publicly funded licensed service provider for a period not to exceed 90 days. The court

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may also order a respondent to undergo treatment through a privately funded licensed service provider if the respondent has the ability to pay for the treatment, or if any person on the respondent's behalf voluntarily demonstrates a willingness and an ability to pay for the treatment. If the court finds it necessary, it may direct the sheriff to take the respondent into custody and deliver him or her to the licensed service provider specified in the court order, or to the nearest appropriate licensed service provider, for involuntary treatment services. When the conditions justifying involuntary treatment services no longer exist, the individual must be released as provided in s. 397.6971. When the conditions justifying involuntary <u>treatment</u> services are expected to exist after 90 days of treatment services, a renewal of the involuntary <u>treatment</u> services order may be requested pursuant to s. 397.6975 before the end of the 90-day period.

(b) To qualify for involuntary outpatient treatment, an individual must be supported by a social worker or case manager of a licensed service provider or a willing, able, and responsible individual appointed by the court who shall inform the court and parties if the respondent fails to comply with his or her outpatient program. In addition, unless the respondent has been involuntarily ordered into inpatient treatment under this chapter at least twice during the last 36 months, or demonstrates the ability to substantially comply with the

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outpatient treatment while waiting for residential placement to become available, he or she must receive an assessment from a qualified professional or licensed physician expressly recommending outpatient services, such services must be available in the county in which the respondent is located, and it must appear likely that the respondent will follow a prescribed outpatient care plan.

- treatment services, the court shall retain jurisdiction over the case and the parties for the entry of such further orders as the circumstances may require, including, but not limited to, monitoring compliance with treatment, changing the treatment modality, or initiating contempt of court proceedings for violating any valid order issued pursuant to this chapter.

 Hearings under this section may be set by motion of the parties or under the court's own authority, and the motion and notice of hearing for these ancillary proceedings, which include, but are not limited to, civil contempt, must be served in accordance with relevant court procedural rules. The court's requirements for notification of proposed release must be included in the original order.
- (3) An involuntary <u>treatment</u> services order <u>also</u> authorizes the licensed service provider to require the individual to receive <u>treatment</u> services that will benefit him or her, including treatment services at any licensable service

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to read:

component of a licensed service provider. While subject to the court's oversight, the service provider's authority under this section is separate and distinct from the court's broad continuing jurisdiction under subsection (2). Such oversight includes, but is not limited to, submitting reports regarding the respondent's progress or compliance with treatment as required by the court. If the court orders involuntary treatment services, a (4)copy of the order must be sent to the managing entity within 1 working day after it is received from the court. Documents may be submitted electronically through though existing data systems, if applicable. The department shall also receive and maintain copies of involuntary assessment and treatment orders issued pursuant to ss. 397.6955 and 397.6957, professional certificates, and law enforcement officers' protective custody reports. These documents shall be used to prepare annual reports analyzing the data obtained from these documents, without information identifying patients, and the department shall provide copies of these reports to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the minority leaders of the Senate and the House of Representatives. Section 31. Section 397.6971, Florida Statutes, is amended

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397.6971 Early release from involuntary treatment

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- (1) At any time before the end of the 90-day involuntary treatment services period, or before the end of any extension granted pursuant to s. 397.6975, an individual receiving involuntary treatment services may be determined eligible for discharge to the most appropriate referral or disposition for the individual when any of the following apply:
- (a) The individual no longer meets the criteria for involuntary admission and has given his or her informed consent to be transferred to voluntary treatment status.
- (b) If the individual was admitted on the grounds of likelihood of <u>self-neglect or the</u> infliction of physical harm upon himself or herself or others, such likelihood no longer exists.
- (c) If the individual was admitted on the grounds of need for assessment and stabilization or treatment, accompanied by inability to make a determination respecting such need:
 - 1. Such inability no longer exists; or
- 2. It is evident that further treatment will not bring about further significant improvements in the individual's condition.
- (d) The individual is no longer needs treatment in need of services.
- (e) The director of the service provider determines that the individual is beyond the safe management capabilities of the

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- (2) Whenever a qualified professional determines that an individual admitted for involuntary <u>treatment</u> services qualifies for early release under subsection (1), the service provider shall immediately discharge the individual and must notify all persons specified by the court in the original treatment order.
- Section 32. Section 397.6975, Florida Statutes, is amended to read:
- 397.6975 Extension of involuntary <u>treatment</u> services period.—
- (1)Whenever a service provider believes that an individual who is nearing the scheduled date of his or her release from involuntary treatment services continues to meet the criteria for involuntary <u>treatment</u> services in s. 397.693 <u>or</u> s. 397.6957, a petition for renewal of the involuntary treatment services order must may be filed with the court at least 10 days before the expiration of the court-ordered services period. The petition may be filed by the service provider or by the person who filed the petition for the initial treatment order if the petition is accompanied by supporting documentation from the service provider. The court shall immediately schedule a hearing within 10 court working to be held not more than 15 days after filing of the petition and. The court shall provide the copy of the petition for renewal and the notice of the hearing to all parties and counsel to the proceeding. The hearing is conducted

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pursuant to <u>ss. 397.6957</u> and 397.697 and must be before the circuit court unless referred to a magistrate <u>s. 397.6957</u>.

- the involuntary treatment services order should be granted, it may order the respondent to receive involuntary treatment services for a period not to exceed an additional 90 days. When the conditions justifying involuntary treatment services no longer exist, the individual must be released as provided in s. 397.6971. When the conditions justifying involuntary treatment services continue to exist after an additional 90 days of treatment service, a new petition requesting renewal of the involuntary treatment services order may be filed pursuant to this section.
- (3) Within 1 court working day after the filing of a petition for continued involuntary services, the court shall appoint the office of criminal conflict and civil regional counsel to represent the respondent, unless the respondent is otherwise represented by counsel. The clerk of the court shall immediately notify the office of criminal conflict and civil regional counsel of such appointment. The office of criminal conflict and civil regional counsel shall represent the respondent until the petition is dismissed or the court order expires or the respondent is discharged from involuntary services. Any attorney representing the respondent shall have access to the respondent, witnesses, and records relevant to the

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presentation of the respondent's case and shall represent the interests of the respondent, regardless of the source of payment to the attorney.

- (4) Hearings on petitions for continued involuntary services shall be before the circuit court. The court may appoint a magistrate to preside at the hearing. The procedures for obtaining an order pursuant to this section shall be in accordance with s. 397.697.
- (5) Notice of hearing shall be provided to the respondent or his or her counsel. The respondent and the respondent's counsel may agree to a period of continued involuntary services without a court hearing.
- (6) The same procedure shall be repeated before the expiration of each additional period of involuntary services.
- (7) If the respondent has previously been found incompetent to consent to treatment, the court shall consider testimony and evidence regarding the respondent's competence.
- Section 33. Section 397.6977, Florida Statutes, is amended to read:
- 397.6977 Disposition of individual upon completion of involuntary <u>treatment</u> services.—At the conclusion of the 90-day period of court-ordered involuntary <u>treatment</u> services, the respondent is automatically discharged unless a motion for renewal of the involuntary <u>treatment</u> services order has been filed with the court pursuant to s. 397.6975.

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L501	Section 34. <u>Section 397.6978</u> , Florida Statutes, is
L502	repealed.
L503	Section 35. Paragraph (a) of subsection (2) of section
L504	790.065, Florida Statutes, is amended to read:
L505	790.065 Sale and delivery of firearms.—
L506	(2) Upon receipt of a request for a criminal history
L507	record check, the Department of Law Enforcement shall, during
L508	the licensee's call or by return call, forthwith:
L509	(a) Review any records available to determine if the
L510	potential buyer or transferee:
L511	1. Has been convicted of a felony and is prohibited from
L512	receipt or possession of a firearm pursuant to s. 790.23;
L513	2. Has been convicted of a misdemeanor crime of domestic
L514	violence, and therefore is prohibited from purchasing a firearm;
L515	3. Has had adjudication of guilt withheld or imposition of
L516	sentence suspended on any felony or misdemeanor crime of
L517	domestic violence unless 3 years have elapsed since probation or
L518	any other conditions set by the court have been fulfilled or
L519	expunction has occurred; or
L520	4. Has been adjudicated mentally defective or has been
L521	committed to a mental institution by a court or as provided in
L522	${ t sub-sub-subparagraph b.(II), and as a result is prohibited by}$
L523	state or federal law from purchasing a firearm.
L524	a. As used in this subparagraph, "adjudicated mentally

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defective" means a determination by a court that a person, as a

CODING: Words stricken are deletions; words underlined are additions.

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result of marked subnormal intelligence, or mental illness, incompetency, condition, or disease, is a danger to himself or herself or to others or lacks the mental capacity to contract or manage his or her own affairs. The phrase includes a judicial finding of incapacity under s. 744.331(6)(a), an acquittal by reason of insanity of a person charged with a criminal offense, and a judicial finding that a criminal defendant is not competent to stand trial.

- b. As used in this subparagraph, "committed to a mental institution" means:
- defectiveness or mental illness, and commitment for substance abuse. The phrase includes involuntary inpatient placement <u>under as defined in</u> s. 394.467, involuntary outpatient placement as defined in s. 394.4655, <u>involuntary assessment and stabilization under s. 397.6818</u>, and involuntary substance abuse treatment under s. 397.6957, but does not include a person in a mental institution for observation or discharged from a mental institution based upon the initial review by the physician or a voluntary admission to a mental institution; or
- (II) Notwithstanding sub-sub-subparagraph (I), voluntary admission to a mental institution for outpatient or inpatient treatment of a person who had an involuntary examination under s. 394.463, where each of the following conditions have been met:

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(A) An examining physician found that the person is an imminent danger to himself or herself or others.

- (B) The examining physician certified that if the person did not agree to voluntary treatment, a petition for involuntary outpatient or inpatient treatment would have been filed under s. 394.463(2)(g)4., or the examining physician certified that a petition was filed and the person subsequently agreed to voluntary treatment <u>before</u> prior to a court hearing on the petition.
- (C) Before agreeing to voluntary treatment, the person received written notice of that finding and certification, and written notice that as a result of such finding, he or she may be prohibited from purchasing a firearm, and may not be eligible to apply for or retain a concealed weapon or firearms license under s. 790.06 and the person acknowledged such notice in writing, in substantially the following form:

"I understand that the doctor who examined me believes I am a danger to myself or to others. I understand that if I do not agree to voluntary treatment, a petition will be filed in court to require me to receive involuntary treatment. I understand that if that petition is filed, I have the right to contest it. In the event a petition has been filed, I understand that I can subsequently agree to voluntary treatment before prior to a court hearing. I understand that by agreeing to voluntary

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treatment in either of these situations, I may be prohibited from buying firearms and from applying for or retaining a concealed weapons or firearms license until I apply for and receive relief from that restriction under Florida law."

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(D) A judge or a magistrate has, pursuant to sub-sub-sub-subparagraph c.(II), reviewed the record of the finding, certification, notice, and written acknowledgment classifying the person as an imminent danger to himself or herself or

others, and ordered that such record be submitted to the

- 1586 department.
 - c. In order to check for these conditions, the department shall compile and maintain an automated database of persons who are prohibited from purchasing a firearm based on court records of adjudications of mental defectiveness or commitments to mental institutions.
 - (I) Except as provided in sub-sub-subparagraph (II), clerks of court shall submit these records to the department within 1 month after the rendition of the adjudication or commitment. Reports shall be submitted in an automated format. The reports must, at a minimum, include the name, along with any known alias or former name, the sex, and the date of birth of the subject.
 - (II) For persons committed to a mental institution pursuant to sub-sub-subparagraph b.(II), within 24 hours after

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the person's agreement to voluntary admission, a record of the finding, certification, notice, and written acknowledgment must be filed by the administrator of the receiving or treatment facility, as defined in s. 394.455, with the clerk of the court for the county in which the involuntary examination under s. 394.463 occurred. No fee shall be charged for the filing under this sub-sub-subparagraph. The clerk must present the records to a judge or magistrate within 24 hours after receipt of the records. A judge or magistrate is required and has the lawful authority to review the records ex parte and, if the judge or magistrate determines that the record supports the classifying of the person as an imminent danger to himself or herself or others, to order that the record be submitted to the department. If a judge or magistrate orders the submittal of the record to the department, the record must be submitted to the department within 24 hours.

d. A person who has been adjudicated mentally defective or committed to a mental institution, as those terms are defined in this paragraph, may petition the court that made the adjudication or commitment, or the court that ordered that the record be submitted to the department pursuant to sub-sub-subparagraph c.(II), for relief from the firearm disabilities imposed by such adjudication or commitment. A copy of the petition shall be served on the state attorney for the county in which the person was adjudicated or committed. The state

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attorney may object to and present evidence relevant to the relief sought by the petition. The hearing on the petition may be open or closed as the petitioner may choose. The petitioner may present evidence and subpoena witnesses to appear at the hearing on the petition. The petitioner may confront and crossexamine witnesses called by the state attorney. A record of the hearing shall be made by a certified court reporter or by courtapproved electronic means. The court shall make written findings of fact and conclusions of law on the issues before it and issue a final order. The court shall grant the relief requested in the petition if the court finds, based on the evidence presented with respect to the petitioner's reputation, the petitioner's mental health record and, if applicable, criminal history record, the circumstances surrounding the firearm disability, and any other evidence in the record, that the petitioner will not be likely to act in a manner that is dangerous to public safety and that granting the relief would not be contrary to the public interest. If the final order denies relief, the petitioner may not petition again for relief from firearm disabilities until 1 year after the date of the final order. The petitioner may seek judicial review of a final order denying relief in the district court of appeal having jurisdiction over the court that issued the order. The review shall be conducted de novo. Relief from a firearm disability granted under this sub-subparagraph has no effect on the loss of civil rights,

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including firearm rights, for any reason other than the particular adjudication of mental defectiveness or commitment to a mental institution from which relief is granted.

- e. Upon receipt of proper notice of relief from firearm disabilities granted under sub-subparagraph d., the department shall delete any mental health record of the person granted relief from the automated database of persons who are prohibited from purchasing a firearm based on court records of adjudications of mental defectiveness or commitments to mental institutions.
- f. The department is authorized to disclose data collected pursuant to this subparagraph to agencies of the Federal Government and other states for use exclusively in determining the lawfulness of a firearm sale or transfer. The department is also authorized to disclose this data to the Department of Agriculture and Consumer Services for purposes of determining eligibility for issuance of a concealed weapons or concealed firearms license and for determining whether a basis exists for revoking or suspending a previously issued license pursuant to s. 790.06(10). When a potential buyer or transferee appeals a nonapproval based on these records, the clerks of court and mental institutions shall, upon request by the department, provide information to help determine whether the potential buyer or transferee is the same person as the subject of the record. Photographs and any other data that could confirm or

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negate identity must be made available to the department for such purposes, notwithstanding any other provision of state law to the contrary. Any such information that is made confidential or exempt from disclosure by law shall retain such confidential or exempt status when transferred to the department.

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Section 36. This act shall take effect July 1, 2022.

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