

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

BILL: SB 704

INTRODUCER: Senator Harrell

SUBJECT: Substance Abuse Service Providers

DATE: November 29, 2021 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Delia	Cox	CF	Pre-meeting
2.			CA	
3.			RC	

I. Summary:

SB 704 makes several changes to provisions governing the licensure and regulation of substance abuse treatment programs and providers, including recovery residences and recovery residence administrators.

The bill requires applicants for substance abuse service provider licensure to include the names and locations of recovery residences the applicant plans to refer patients to or accept patients from in their licensure application.

By July 1, 2022, the bill requires licensed substance abuse service providers to record the names and locations of recovery residences to which the applicant has referred patients, or from which the applicant has accepted patients, in the Provider Licensure and Designations System (PLADS) maintained by the Department of Children and Families (the DCF). Providers must update PLADS with the names and locations of any new recovery residences to which patients have been referred, or from which patients have been received, within 30 business days of referring or receiving patients. The bill subjects providers to a \$1,000 administrative fine for non-compliance beginning on July 1, 2022.

The bill prohibits certified recovery residence administrators from managing more than 50 patients at once without approval from a certification credentialing entity and prohibits management of more than 100 patients without exception. The bill also removes a cap on the number of recovery residences a certified recovery residence administrator can manage at any given time.

The bill requires substance abuse service providers to return an individual's personal effects upon the individual's discharge from treatment.

The bill may have an indeterminate negative fiscal impact to both private substance abuse service providers and state government. See Section V. Fiscal Impact Statement.

The bill is effective upon becoming a law.

II. Present Situation:

Substance abuse is the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.¹ According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), a diagnosis of substance use disorder (SUD) is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.² SUD occurs when an individual chronically uses alcohol or drugs, resulting in significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.³ Repeated drug use leads to changes in the brain's structure and function that can make a person more susceptible to developing a substance abuse disorder.⁴ Imaging studies of brains belonging to persons with SUD reveal physical changes in areas of the brain critical to judgment, decision making, learning and memory, and behavior control.⁵

In 2020, approximately 40.3 million people aged 12 or older had a SUD related to corresponding use of alcohol or illicit drugs within the previous year, including 28.3 million people diagnosed with alcohol use disorder (AUD), 18.4 million people diagnosed with drug use disorder, and 6.5 million people diagnosed with both AUD and SUD.⁶ The most common substance abuse disorders in the United States are from the use of alcohol, tobacco, cannabis, opioids, hallucinogens, and stimulants.⁷

The number of drug overdose deaths in the U.S. rose by nearly 29% over a 12-month period ending in April 2021, to an estimated 100,306.⁸ Over 75% of overdose deaths during this period

¹ The World Health Organization, *Mental Health and Substance Abuse*, available at <https://www.who.int/westernpacific/about/how-we-work/programmes/mental-health-and-substance-abuse>; (last visited November 17, 2021); the National Institute on Drug Abuse (NIDA), *The Science of Drug Use and Addiction: The Basics*, available at <https://www.drugabuse.gov/publications/media-guide/science-drug-use-addiction-basics> (last visited November 17, 2021).

² The National Association of Addiction Treatment Providers, *Substance Use Disorder*, available at <https://www.naatp.org/resources/clinical/substance-use-disorder> (last visited November 17, 2021).

³ The Substance Abuse and Mental Health Services Administration (The SAMHSA), *Substance Use Disorders*, <http://www.samhsa.gov/disorders/substance-use> (last visited November 17, 2021).

⁴ The NIDA, *Drugs, Brains, and Behavior: The Science of Addiction*, available at <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-abuse-addiction> (last visited November 17, 2021).

⁵ *Id.*

⁶ The SAMHSA, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health*, p. 3, available at <https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFFR1PDFWHTMLFiles2020/2020NSDUHFFR1PD FW102121.pdf> (last visited November 17, 2021).

⁷ The Rural Health Information Hub, *Defining Substance Abuse and Substance Use Disorders*, available at <https://www.ruralhealthinfo.org/toolkits/substance-abuse/1/definition> (last visited November 17, 2021).

⁸ The Center for Disease Control and Prevention, National Center for Health Statistics, *Vital Statistics Rapid Release: Provisional Drug Overdose Death Counts*, available at <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm> (last visited November 17, 2021).

were attributable to opioids.⁹ Opioid-related deaths increased by 35% over comparative 12-month periods, from approximately 56,064 as of April 2020 to 75,673 in the period ending in April 2021.¹⁰

Substance Abuse Treatment in Florida

In the early 1970s, the federal government enacted laws creating formula grants for states to develop continuums of care for individuals and families affected by substance abuse.¹¹ The laws resulted in separate funding streams and requirements for alcoholism and drug abuse. In response to the laws, the Florida Legislature enacted chs. 396 and 397, F.S., relating to alcohol and drug abuse, respectively.¹² Each of these laws governed different aspects of addiction, and thus had different rules promulgated by the state to fully implement the respective pieces of legislation.¹³ However, because persons with substance abuse issues often do not restrict their misuse to one substance or another, having two separate laws dealing with the prevention and treatment of addiction was cumbersome and did not adequately address Florida's substance abuse problem.¹⁴ In 1993, legislation was adopted to combine ch. 396 and 397, F.S., into a single law, the Hal S. Marchman Alcohol and Other Drug Services Act (Marchman Act).¹⁵

The Marchman Act encourages individuals to seek services on a voluntary basis within the existing financial and space capacities of a service provider.¹⁶ However, denial of addiction is a prevalent symptom of SUD, creating a barrier to timely intervention and effective treatment.¹⁷ As a result, treatment typically must stem from a third party providing the intervention needed for SUD treatment.¹⁸

The DCF administers a statewide system of safety-net services for substance abuse and mental health (SAMH) prevention, treatment, and recovery for children and adults who are otherwise unable to obtain these services. Services are provided based upon state and federally-established priority populations.¹⁹ The DCF provides treatment for SUD through a community-based

⁹ U.S. News and World Report, *CDC Data: Drug Overdose Deaths Top 100k for First Time*, November 17, 2021, available at <https://www.usnews.com/news/health-news/articles/2021-11-17/drug-overdose-deaths-top-100k-over-12-months-for-first-time> (last visited November 17, 2021).

¹⁰ *Id.*

¹¹ The DCF, *Baker Act and Marchman Act Project Team Report for Fiscal Year 2016-2017*, p. 4-5. (on file with the Senate Children, Families, and Elder Affairs Committee).

¹² *Id.*

¹³ *Id.*

¹⁴ *Id.*

¹⁵ Chapter 93-39, s. 2, L.O.F., which codified current ch. 397, F.S.

¹⁶ See s. 397.601(1) and (2), F.S. An individual who wishes to enter treatment may apply to a service provider for voluntary admission. Within the financial and space capabilities of the service provider, the individual must be admitted to treatment when sufficient evidence exists that he or she is impaired by substance abuse and his or her medical and behavioral conditions are not beyond the safe management capabilities of the service provider.

¹⁷ Darran Duchene and Patrick Lane, *Fundamentals of the Marchman Act*, Risk RX, Vol. 6 No. 2 (Apr. – Jun. 2006) State University System of Florida Self-Insurance Programs, available at <http://flbog.sip.ufl.edu/risk-rx-article/fundamentals-of-the-marchman-act/> (last visited November 17, 2021) (hereinafter cited as “Fundamentals of the Marchman Act”).

¹⁸ *Id.*

¹⁹ See chs. 394 and 397, F.S.

provider system offering detoxification, treatment, and recovery support for individuals affected by substance misuse, abuse, or dependence.²⁰

- **Detoxification Services:** Detoxification services use medical and clinical procedures to assist individuals and adults as they withdraw from the physiological and psychological effects of substance abuse.²¹
- **Treatment Services:** Treatment services²² include a wide array of assessment, counseling, case management, and support that are designed to help individuals who have lost their abilities to control their substance use on their own and require formal, structured intervention and support.²³
- **Recovery Support:** Recovery support services, including transitional housing, life skills training, parenting skills, and peer-based individual and group counseling, are offered during and following treatment to further assist individuals in their development of the knowledge and skills necessary to maintain their recovery.²⁴

Licensure of Substance Abuse Service Providers

The DCF regulates substance use disorder treatment by licensing individual treatment components under ch. 397, F.S., and Rule 65D-30, F.A.C. Licensed service components include a continuum of substance abuse prevention,²⁵ intervention,²⁶ and clinical treatment services.²⁷

Clinical treatment is a professionally directed, deliberate, and planned regimen of services and interventions that are designed to reduce or eliminate the misuse of drugs and alcohol and promote a healthy, drug-free lifestyle.²⁸ “Clinical treatment services” include, but are not limited to, the following licensable service components:

- Addictions receiving facility.
- Day or night treatment.
- Day or night treatment with community housing.

²⁰ The DCF, *Treatment for Substance Abuse*, available at <https://www.myflfamilies.com/service-programs/samh/substance-abuse.shtml> (last visited November 17, 2021).

²¹ *Id.*

²² *Id.* Research indicates that persons who successfully complete substance abuse treatment have better post-treatment outcomes related to future abstinence, reduced use, less involvement in the criminal justice system, reduced involvement in the child-protective system, employment, increased earnings, and better health.

²³ *Id.*

²⁴ *Id.*

²⁵ Section 397.311(26)(c), F.S. “Prevention” is defined as “a process involving strategies that are aimed at the individual, family, community, or substance and that preclude, forestall, or impede the development of substance use problems and promote responsible lifestyles”. See also, The DCF, *Substance Abuse: Prevention*, <https://www.myflfamilies.com/service-programs/samh/prevention/index.shtml> (last visited November 17, 2021). Substance abuse prevention is achieved through the use of ongoing strategies such as increasing public awareness and education, community-based processes and evidence-based practices. These prevention programs are focused primarily on youth, and, in recent years, have shifted to the local level, giving individual communities the opportunity to identify their own unique prevention needs and develop action plans in response. This community focus allows prevention strategies to have a greater impact on behavioral change by shifting social, cultural and community environments.

²⁶ Section 397.311(26)(b), F.S. “Intervention” is defined as “structured services directed toward individuals or groups at risk of substance abuse and focused on reducing or impeding those factors associated with the onset or the early stages of substance abuse and related problems.”

²⁷ Section 397.311(26), F.S.

²⁸ Section 397.311(26)(a), F.S.

- Detoxification.
- Intensive inpatient treatment.
- Intensive outpatient treatment.
- Medication-assisted treatment for opiate addiction.
- Outpatient treatment.
- Residential treatment.²⁹

Florida does not license recovery residences; instead, in 2015 the Legislature enacted sections 397.487–397.4872, F.S., which establish voluntary certification programs for recovery residences and recovery residence administrators, implemented by private credentialing entities.³⁰

Application for Licensure

Individuals applying for licensure as substance abuse service providers must submit applications on specified forms provided, and in accordance with rules adopted, by the DCF.³¹ Applications must include, at a minimum:

- Information establishing the name and address of the applicant service provider and its director, and also of each member, owner, officer, and shareholder, if any.
- Information establishing the competency and ability of the applicant service provider and its director to carry out the requirements of ch. 397, F.S.
- Proof satisfactory to the DCF of the applicant service provider’s financial ability and organizational capability to operate in accordance with ch. 397, F.S.
- Proof of liability insurance coverage in amounts set by the DCF by rule.
- Sufficient information to conduct background screening for all owners, directors, chief financial officers, and clinical supervisors as provided in s. 397.4073, F.S.
- Proof of satisfactory fire, safety, and health inspections, and compliance with local zoning ordinances. Service providers operating under a regular annual license shall have 18 months from the expiration date of their regular license within which to meet local zoning requirements. Applicants for a new license must demonstrate proof of compliance with zoning requirements prior to the department issuing a probationary license.
- A comprehensive outline of the proposed services, including sufficient detail to evaluate compliance with clinical and treatment best practices, for:
 - Any new applicant; or
 - Any licensed service provider adding a new licensable service component.
- Proof of the ability to provide services in accordance with the DCF rules.
- Any other information that the DCF finds necessary to determine the applicant’s ability to carry out its duties under this chapter and applicable rules.³²

Adverse Action - Applicant or Licensee

Section 397.401, F.S., prohibits any person or agency from acting as a substance abuse service provider unless the person or agency is licensed or exempt from licensure. Based on a licensure

²⁹ *Id.*

³⁰ Chapter 2015-100, L.O.F.

³¹ Section 397.403(1), F.S.

³² *Id.*

inspection or resulting from a complaint, a provider may be cited for violations of licensure standards and a fine may be imposed. Fines are levied based on the severity and prevalence of the violation and range in amounts per day, per violation, up to a maximum of \$500.³³

Provider Licensure and Designations System

The Provider Licensure and Designations System (PLADS) is a web-based portal operated and maintained by the DCF that allows substance abuse service providers to electronically register and apply for substance abuse license components. PLADS serves as a central location where providers can manage all documentation legally required for obtaining licensure to provide state regulated services. PLADS also allows providers to check their licensure status, track inspections, and respond to corrective action plans.³⁴

Launched on August 14, 2017, PLADS automates the licensure process by allowing providers to submit online applications and receive notifications.³⁵ PLADS allows licensure staff to facilitate workflow movement of documents, store electronic files, and search for reports.³⁶ PLADS also serves as a web-based platform for members of the public to submit complaints regarding individual service providers to the DCF.³⁷ The DCF also uses PLADS as a tool to record legal violations committed by service providers, and to communicate violations discovered during inspections or follow-ups to corrective action plans to service providers.³⁸

Recovery Residences

Recovery residences (also known as “sober homes” or “sober living homes”) are alcohol- and drug-free living environments for individuals in recovery who are attempting to maintain abstinence from alcohol and drugs.³⁹ These residences offer no formal treatment and are, in some cases, self-funded through resident fees.⁴⁰

A recovery residence is defined as “a residential dwelling unit, the community housing component of a licensed day or night treatment facility with community housing, or other form of group housing, which is offered or advertised through any means, including oral, written,

³³ Section 397.415(1)(a), F.S.

³⁴ The DCF, *Licensure and Regulation*, available at <https://www.myflfamilies.com/service-programs/samh/licensure-regulation/> (last visited November 17, 2021).

³⁵ The DCF, *Long Range Program Plan, Fiscal Years 2018-2019 and 2022-2023*, September 30, 2017, p. 47, available at <http://floridafiscalportal.state.fl.us/Document.aspx?ID=17084&DocType=PDF> (last visited November 17, 2021).

³⁶ *Id.*

³⁷ The DCF Complaint Portal, available at <https://dcfplads.visualvault.com/Public/FLDCF/SAMH/formviewer?formid=665e4dc9-af73-e711-a962-dd47132d4eaa&xcdid=68226190-f21a-e711-8131-0e42c1d38fef&xcid=fb18edf0-c070-e711-950c-48e244f6f348> (last visited November 17, 2021).

³⁸ The DCF, *August 31, 2020 Memorandum: Clarification on Issuing License Fines*, p. 26 available at http://www.sa15.state.fl.us/stateattorney/SoberHomes/_content/attachments/9-16-20Meeting.pdf (last visited November 17, 2021).

³⁹ The SAMSHA, *Recovery Housing: Best Practices and Suggested Guidelines*, p. 2, available at <https://www.samhsa.gov/sites/default/files/housing-best-practices-100819.pdf> (last visited November 17, 2021).

⁴⁰ However, these homes may mandate or strongly encourage attendance at 12-step groups. The Society for Community Research and Action, *Statement on Recovery Residences: The Role of Recovery Residences in Promoting Long-term Addiction Recovery*, available at <https://www.scra27.org/what-we-do/policy/policy-position-statements/statement-recovery-residences-addiction/> (last visited November 17, 2021).

electronic, or printed means, by any person or entity as a residence that provides a peer-supported, alcohol-free, and drug-free living environment.”⁴¹

Voluntary Certification of Recovery Residences and Administrators in Florida

Florida utilizes voluntary certification programs for recovery residences and recovery residence administrators, implemented by private credentialing entities.⁴² Under the voluntary certification program, the DCF has approved two credentialing entities to design the certification programs and issue certificates: the Florida Association of Recovery Residences certifies the recovery residences and the Florida Certification Board (the FCB) certifies recovery residence administrators.⁴³

Certified Recovery Residence Administrators

Certified recovery residence administrators (CRRAs) are individuals responsible for the overall management of a recovery residence, as well as the supervision of residents and paid or volunteer staff.⁴⁴ Prior to obtaining certification, CRRAs must successfully undergo a level 2 background screening pursuant to ch. 435, F.S.⁴⁵ Additionally, the FCB currently requires CRRAs to:

- Hold at least a high school diploma, GED, or equivalent;
- Undergo 10 hours of on-the-job supervision of the applicant’s performance of related recovery residence administrator, manager, or residential management services within a recovery residence setting;
- Obtain three professional letters of recommendation;
- Pass an exam administered by the FCB;
- Complete 10 hours of continuing education annually; and
- Apply for certification renewal annually.⁴⁶

CRRAs are prohibited from engaging in any of the following activities:

- Failing to adhere to continuing education requirements of the credentialing entity;⁴⁷
- Providing false or misleading information to the credentialing entity at any time;⁴⁸
- Advertising himself or herself to the public as a “certified recovery residence administrator” without first obtaining certification;⁴⁹ and

⁴¹ Section 397.311(38), F.S.

⁴² Sections 397.487–397.4872, F.S.

⁴³ The DCF, *Recovery Residence Administrators and Recovery Residences*, available at <https://www.myflfamilies.com/service-programs/samh/recovery-residence/> (last visited November 17, 2021).

⁴⁴ The Florida Certification Board (The FCB), *Certified Recovery Residence Administrator (CRRAs)*, available at <https://flcertificationboard.org/certifications/certified-recovery-residence-administrator/> (last visited November 17, 2021).

⁴⁵ Section 397.4871(5), F.S.

⁴⁶ The FCB, *Certification Guidelines: Credential Standards and Requirements Table: Certified Recovery Residence Administrator (CRRAs)*, p. 4-5, available at <https://flcertificationboard.org/wp-content/uploads/CRRAs-Standards-and-Requirements-Tables-January-2020.pdf> (last visited November 17, 2021).

⁴⁷ Section 397.4871(6)(a), F.S. CRRAs who violate this provision are subject to revocation of certification at the discretion of the credentialing entity.

⁴⁸ Section 397.4871(6)(c), F.S. CRRAs who violate this provision are subject to mandatory revocation of certification.

⁴⁹ Section 397.4871(7), F.S. CRRAs who violate this provision commit a first degree misdemeanor, punishable as provided in section 775.082, F.S. or section 775.083, F.S.

- Actively managing more than three recovery residences at any given time.⁵⁰

Patient Referrals

While certification is voluntary, Florida law incentivizes certification. Since 2016, Florida has prohibited licensed substance abuse service providers from referring patients to a recovery residence unless the recovery residence holds a valid certificate of compliance and is actively managed by a CRRA.⁵¹ There are certain exceptions that allow referrals to or from uncertified recovery residences, including:

- A licensed service provider under contract with a behavioral health managing entity.
- Referrals by a recovery residence to a licensed service provider when the recovery residence or its owners, directors, operators, or employees do not benefit, directly or indirectly, from the referral.
- Referrals made before July 1, 2018, by a licensed service provider to that licensed service provider's wholly owned subsidiary.
- Referrals to, or accepted referrals from, a recovery residence with no direct or indirect financial or other referral relationship with the licensed service provider, and that is democratically operated by its residents pursuant to a charter from an entity recognized or sanctioned by Congress, and where the residence or any resident of the residence does not receive a benefit, directly or indirectly, for the referral.⁵²

The DCF publishes a list of all certified recovery residences and recovery residence administrators on its website.⁵³ As of November 15, 2021, there were 449 certified recovery residences in Florida.⁵⁴

Privacy Rights of Individuals Receiving Substance Abuse Treatment

Section 397.501, F.S., establishes statutory rights for individuals receiving substance abuse services, including the right to dignity, non-discriminatory services, quality services, confidentiality, counsel, and habeas corpus. In particular, s. 397.501(5), F.S., entitles an individual to the right to possess clothing and other personal effects. Service providers are permitted to take only temporary custody of an individual's personal effects, and may do so only when medically necessary or for safety reasons. Providers must document both the reason for taking custody and a list of personal effects taken in the patient's clinical record.⁵⁵ Service providers who violate these rights are liable for damages, unless acting in good faith, reasonably, and without negligence.⁵⁶

⁵⁰ Section 397.4871(8), F.S.

⁵¹ Section 397.4873(1), F.S.

⁵² Section 397.4873(2)(a)-(d), F.S.

⁵³ Section 397.4872(2), F.S.

⁵⁴ The Florida Association of Recovery Residences, *Certified Recovery Residences established by s. 397.487, F.S.*, available at <https://www.myflfamilies.com/service-programs/samh/recovery-residence/docs/FARR%20Certified%20Recovery%20Residences.pdf> (last visited November 17, 2021).

⁵⁵ Section 397.501(5), F.S.

⁵⁶ Section 397.501(10), F.S.

III. Effect of Proposed Changes:

The bill amends s. 397.403, F.S., relating to license application of substance abuse service providers, requiring applicants for licensure to include the names and locations of any recovery residences to which the applicant plans to refer patients or from which the applicant plans to accept patients.

The bill creates s. 397.4104, F.S., requiring providers to record the names and locations of any recovery residences to which the applicant has referred patients, or from which the applicant has accepted patients, in the DCF's PLADS by July 1, 2022. Providers are required to update PLADS with the names and locations of any new recovery residences to which patients have been referred, or from which patients have been received, within 30 business days of referring or receiving patients.

Beginning July 1, 2022, a provider that fails to create an appropriate record in PLADS, or fails to appropriately update such a record upon the referral or receipt of patients from a previously unrecorded recovery residence, is subject to an administrative fine of \$1,000. The bill allows the DCF to suspend or revoke a provider's license in accordance with s. 397.415, F.S., if the provider repeatedly violates this provision.

The bill amends s. 397.4871, F.S., related to recovery residence administrator certification, requiring CCRA's to demonstrate the ability to:

- Effectively and appropriately respond to the needs of residents;
- Maintain residence standards; and
- Meet the certification requirements of s. 397.4871, F.S.

Under the bill, a CCRA who demonstrates such ability is permitted to actively manage more than 50 residents at once only if the:

- CCRA provides written justification to the appropriate credentialing entity; and
- Credentialing entity approves the request.

The bill prohibits CCRA's from managing more than 100 residents under any circumstances.

The bill also requires service providers to return any personal effects taken from an individual to that individual upon discharge even if the discharge is against medical advice.

The bill is effective upon becoming a law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The bill does not appear to require cities and counties to expend funds or limit their authority to raise revenue or receive state-shared revenues as specified by Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

There may be an indeterminate negative fiscal impact to licensed substance abuse service providers, as these providers will be subject to administrative fines of up to \$1,000 for failing to properly record recovery residences used for patient referrals in the PLADS system.

C. Government Sector Impact:

There may be an indeterminate negative fiscal impact to the DCF due to the need to update the PLADS system to allow for recording of recovery residences used for patient referrals.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends sections 397.403, 397.4871, and 397.501 of the Florida Statutes.

This bill creates section 397.4104 of the Florida Statutes.

IX. Additional Information:

- A. **Committee Substitute – Statement of Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

- B. **Amendments:**

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
