

Committee Substitute for Senate Bill No. 682

An act relating to substance-abuse services; amending s. 397.311, F.S.; redefining the term “licensed service provider”; requiring that licensure standards apply to certain housing locations; redefining the term “service provider personnel,” to add chief financial officers; requiring that owners, directors, and chief financial officers of a substance-abuse service provider undergo a background check pursuant to ch. 435, F.S.; requiring that proof of compliance with local zoning ordinances be included in the applications for licensure; amending s. 397.405, F.S.; clarifying that DUI education and screening services must be licensed if they provide treatment services; amending s. 397.407, F.S.; conforming cross-references; amending s. 397.416, F.S.; conforming cross-references; amending s. 397.451, F.S.; clarifying provisions; requiring level-2 background screening for employees who work with children and with adults who are developmentally disabled; specifying circumstances under which service provider owners, directors, or chief financial officers are not subject to background screening; allowing personnel to request, and the department to grant, an exemption from disqualification; amending ss. 212.055, 440.102, F.S.; conforming cross-references; providing an effective date.

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

Section 1. Section 397.311, Florida Statutes, is amended to read:

397.311 Definitions.—As used in this chapter, except part VIII:

(1) “Ancillary services” are services which include, but are not limited to, special diagnostic, prenatal and postnatal, other medical, mental health, legal, economic, vocational, employment, and educational services.

(2) “Assessment” means the systematic evaluation of information gathered to determine the nature and severity of the client’s substance abuse problem and the client’s need and motivation for services. Assessment entails the use of a psychosocial history supplemented, as required by rule, by medical examinations, laboratory testing, and psychometric measures.

(3) “Authorized agent of the department” means a person designated by the department to conduct any audit, inspection, monitoring, evaluation, or other duty imposed upon the department pursuant to this chapter. An authorized agent must be identified by the department as:

- (a) Qualified by the requisite expertise and experience;
- (b) Having a need to know the applicable information; and
- (c) Having the assigned responsibility to carry out the applicable duty.

(4) ~~“Background check” means reviewing the background of service provider personnel who have direct contact with unmarried clients under the~~

~~age of 18 years or with clients who are developmentally disabled in accordance with the provisions of s. 397.451, and includes, but is not limited to, local criminal records checks through local law enforcement agencies, fingerprinting, statewide criminal records checks through the Department of Law Enforcement, federal criminal records checks through the Federal Bureau of Investigation, and employment history checks.~~

~~(4)(5)~~ “Beyond the safe management capabilities of the service provider” refers to a client who is in need of:

- (a) Supervision;
- (b) Medical care; or
- (c) Services,

beyond that which the service provider or service component can deliver.

~~(5)(6)~~ “Client” means a recipient of alcohol or other drug services delivered by a service provider but does not include an inmate pursuant to part VIII unless expressly so provided.

~~(6)(7)~~ “Client identifying information” means the name, address, social security number, fingerprints, photograph, and similar information by which the identity of a client can be determined with reasonable accuracy and speed either directly or by reference to other publicly available information.

~~(7)(8)~~ “Court” means, with respect to all involuntary proceedings under this chapter, the circuit court of the county in which the judicial proceeding is pending or where the substance abuse impaired person resides or is located, and includes any general or special master that may be appointed by the chief judge to preside over all or part of such proceeding. Otherwise, “court” refers to the court of legal jurisdiction in the context in which the term is used in this chapter.

~~(8)(9)~~ “Department” means the Department of Children and Family Services.

~~(9)(10)~~ “Director” means the chief administrative officer of a service provider.

~~(10)(11)~~ “Disclose” or “disclosure” means a communication of client identifying information, the affirmative verification of another person’s communication of client identifying information, or the communication of any information of a client who has been identified. Any disclosure made pursuant to this chapter must be limited to that information which is necessary to carry out the purpose of the disclosure.

~~(11)(12)~~ “Fee system” means a method of establishing charges for services rendered, in accordance with a client’s ability to pay, used by providers that receive state funds.

~~(12)~~(13) “For profit” means registered as for profit by the Secretary of State and recognized by the Internal Revenue Service as a for-profit entity.

~~(13)~~(14) “Habitual abuser” means a person who is brought to the attention of law enforcement for being substance impaired, who meets the criteria for involuntary admission in s. 397.675, and who has been taken into custody for such impairment three or more times during the preceding 12 months.

~~(14)~~(15) “Hospital” means a hospital or hospital-based component licensed under chapter 395.

~~(15)~~(16) “Impaired” or “substance abuse impaired” means a condition involving the use of alcoholic beverages or any psychoactive or mood-altering substance in such a manner as to induce mental, emotional, or physical problems and cause socially dysfunctional behavior.

~~(16)~~(17) “Individualized treatment or service plan” means an immediate and a long-range plan for substance abuse or ancillary services developed on the basis of a client’s assessed needs.

~~(17)~~(18) “Law enforcement officer” means a law enforcement officer as defined in s. 943.10(1).

~~(18)~~(19) “Licensed service provider” means a public agency under this chapter, a private for-profit or not-for-profit agency under this chapter, a physician licensed under ~~chapter 458 or chapter 459~~, or any other private practitioner licensed under this chapter, or a hospital that licensed under chapter 395, ~~which~~ offers substance abuse impairment services through one or more of the following licensable service components:

(a) Addictions receiving facility, which is a community-based facility designated by the department to receive, screen, and assess clients found to be substance abuse impaired, in need of emergency treatment for substance abuse impairment, or impaired by substance abuse to such an extent as to meet the criteria for involuntary admission in s. 397.675, and to provide detoxification and stabilization. An addictions receiving facility must be state-owned, state-operated, or state-contracted, and licensed pursuant to rules adopted by the department’s Substance Abuse Program Office which include specific authorization for the provision of levels of care and a requirement of separate accommodations for adults and minors. Addictions receiving facilities are designated as secure facilities to provide an intensive level of care and must have sufficient staff and the authority to provide environmental security to handle aggressive and difficult-to-manage behavior and deter elopement.

(b) Detoxification, which uses medical and psychological procedures and a supportive counseling regimen to assist clients in managing toxicity and withdrawing and stabilizing from the physiological and psychological effects of substance abuse impairment.

(c) Residential treatment, which provides a structured, live-in environment within a nonhospital setting on a 24-hours-a-day, 7-days-a-week basis, and which includes: treatment, rehabilitation, and transitional care.

1. Facilities that provide room and board and treatment and rehabilitation within the primary residential facility; and

2. Facilities that are used for room and board only and in which treatment and rehabilitation activities are provided on a mandatory basis at locations other than the primary residential facility. In this case, facilities used for room and board and for treatment and rehabilitation are operated under the auspices of the same provider, and licensing and regulatory requirements would apply to both the residential facility and all other facilities in which treatment and rehabilitation activities occur.

(d) Day and night treatment, which provides a nonresidential environment with a structured schedule of treatment and rehabilitation services.

(e) Outpatient treatment, which provides individual, group, or family counseling for clients by appointment during scheduled operating hours, with an emphasis on assessment and treatment.

(f) Medication and methadone maintenance treatment that uses methadone or other medication as authorized by state and federal law, in conjunction with medical, rehabilitative, and counseling services in the treatment of clients who are dependent upon opioid drugs.

(g) Prevention, which is a process involving strategies aimed at the individual, the environment, or the substance, which strategies preclude, forestall, or impede the development of substance abuse problems and promote responsible personal and social growth of individuals and families toward full human potential.

(h) Intervention, which consists of structured services targeted toward individuals or groups at risk and focused on reducing those factors associated with the onset or the early stages of substance abuse, and related problems.

~~(19)~~(20) “Not for profit” means registered as not for profit by the Secretary of State and recognized by the Internal Revenue Service as a not-for-profit entity.

~~(20)~~(21) “Physician” means a person licensed under chapter 458 to practice medicine or licensed under chapter 459 to practice osteopathic medicine, and may include, if the context so indicates, an intern or resident enrolled in an intern or resident training program affiliated with an approved medical school, hospital, or other facility through which training programs are normally conducted.

~~(21)~~(22) “Preliminary screening” means the gathering of initial information to be used in determining a person’s need for assessment or for referral.

~~(22)~~(23) “Private practitioner” means a physician licensed under chapter 458 or chapter 459, a psychologist licensed under chapter 490, or a clinical social worker, marriage and family therapist, or mental health counselor licensed under chapter 491.

(23)(24) “Program evaluation” or “evaluation” means a systematic measurement of a service provider’s achievement of desired client or service outcomes.

(24)(25) “Qualified professional” means a physician licensed under chapter 458 or chapter 459; a professional licensed under chapter 490 or chapter 491; or a person who is certified through a department-recognized certification process for substance abuse treatment services and who holds, at a minimum, a bachelor’s degree. A person who is certified in substance abuse treatment services by a state-recognized certification process in another state at the time of employment with a licensed substance abuse provider in this state may perform the functions of a qualified professional as defined in this chapter but must meet certification requirements contained in this subsection no later than 1 year after his or her date of employment.

(25)(26) “Quality assurance” means the objective and internal systematic monitoring of the appropriateness and quality of client care rendered by a service provider.

(26)(27) “Secure facility,” except where the context indicates a correctional system facility, means a provider that has the authority to deter the premature departure of involuntary clients whose leaving constitutes a violation of a court order or community-based supervision as provided by law. The term “secure facility” includes addictions receiving facilities and facilities authorized by local ordinance for the treatment of habitual abusers.

(27)(28) “Service provider” or “provider” means a public agency, a private for-profit or not-for-profit agency, a person who is a private practitioner, or a hospital, ~~which agency, person, or hospital is~~ licensed under this chapter or exempt from licensure under this chapter.

(28)(29) “Service provider personnel” or “personnel” includes all owners, directors, chief financial officers, staff, and volunteers, including foster parents, of a service provider.

(29)(30) “Stabilization” means:

- (a) Alleviation of a crisis condition; or
- (b) Prevention of further deterioration,

and connotes short-term emergency treatment.

Section 2. Subsection (1) of section 397.403, Florida Statutes, is amended to read:

397.403 License application.—

(1) Applicants for a license under this chapter must apply to the department on forms provided by the department and in accordance with rules adopted by the department. Applications must include at a minimum:

(a) 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.

(b) Information establishing the competency and ability of the applicant service provider and its director to carry out the requirements of this chapter.

(c) Proof satisfactory to the department of the applicant service provider's financial ability and organizational capability to operate in accordance with this chapter.

(d) Proof of liability insurance coverage in amounts set by the department by rule.

(e) Sufficient information to conduct background screening as provided in s. 397.451 ~~Personnel fingerprints for background checks as required by this chapter.~~

1. If the results of the background screening indicate that any owner, director, or chief financial officer has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to any offense prohibited under the screening standard, a license may not be issued to the applicant service provider unless an exemption from disqualification has been granted by the department as set forth in chapter 435. The owner, director, or manager has 90 days within which to obtain the required exemption, during which time the applicant's license remains in effect.

2. If any owner, director, or chief financial officer is arrested or found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to any offense prohibited under the screening standard while acting in that capacity, the provider shall immediately remove the person from that position and shall notify the department within 2 days after such removal, excluding weekends and holidays. Failure to remove the owner, director, or manager will result in revocation of the provider's license.

(f) 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.

(g) A comprehensive outline of the proposed services for:

1. Any new applicant; or
2. Any licensed service provider adding a new licensable service component.

Section 3. Section 397.405, Florida Statutes, is amended to read:

397.405 Exemptions from licensure.—The following are exempt from the licensing provisions of this chapter:

- (1) A hospital or hospital-based component licensed under chapter 395.

- (2) A nursing home facility as defined in s. 400.021.
- (3) A substance abuse education program established pursuant to s. 233.061.
- (4) A facility or institution operated by the Federal Government.
- (5) A physician licensed under chapter 458 or chapter 459.
- (6) A psychologist licensed under chapter 490.
- (7) A social worker, marriage and family therapist, or mental health counselor licensed under chapter 491.
- (8) An established and legally cognizable church or nonprofit religious organization ~~or, denomination, or sect~~ providing substance abuse services, including prevention services, which are exclusively religious, spiritual, or ecclesiastical in nature. A church or nonprofit religious organization ~~or, denomination, or sect~~ providing any of the licensable service components itemized under ~~s. 397.311(18)~~ ~~s. 397.311(19)~~ is not exempt for purposes of its provision of such licensable service components but retains its exemption with respect to all services which are exclusively religious, spiritual, or ecclesiastical in nature.
- (9) Facilities licensed under s. 393.063(8) that, in addition to providing services to persons who are developmentally disabled as defined therein, also provide services to persons developmentally at risk as a consequence of exposure to alcohol or other legal or illegal drugs while in utero.
- (10) ~~DUI education and screening services provided required to be attended pursuant to ss. 316.192, 316.193, 322.095, 322.271, and 322.291 are exempt from licensure under this chapter. Persons or entities providing treatment services programs must continue to be licensed under this chapter unless exempted from licensing as provided in this section.~~

The exemptions from licensure in this section do not apply to any service provider that facility or entity which receives an appropriation, grant, or contract from the state to operate as a service provider as defined in this chapter or to any substance abuse program regulated pursuant to s. 397.406. Furthermore, No provision of this chapter may not shall be construed to limit the practice of a physician licensed under chapter 458 or chapter 459, a psychologist licensed under chapter 490, or a psychotherapist licensed under chapter 491 who provides, providing outpatient or inpatient substance abuse treatment to a voluntary patient, so long as the physician, psychologist, or psychotherapist does not represent to the public that he or she is a licensed service provider and does not provide services to clients pursuant to part V of this chapter under this act. Failure to comply with any requirement necessary to maintain an exempt status under this section is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

Section 4. Subsection (1) of section 397.407, Florida Statutes, is amended to read:

397.407 Licensure fees.—

(1) The department shall establish licensure fees by rule. The rule must prescribe a fee range that is based, at least in part, on the number and complexity of programs listed in s. 397.311(18) ~~s. 397.311(19)~~ which are operated by a licensee. The fee range must be implemented over a 5-year period. The fee schedule for licensure of service components must be increased annually in substantially equal increments so that, by July 1, 1998, the fees from the licensure of service components are sufficient to cover at least 50 percent of the costs of regulating the service components. The department shall specify by rule a fee range and phase-in plan for privately funded licensed service providers and a fee range and phase-in plan for publicly funded licensed service providers. Fees for privately funded licensed service providers must exceed the fees for publicly funded licensed service providers. The first year phase-in licensure fees must be at least \$150 per initial license. The rule must provide for a reduction in licensure fees for licensed service providers who hold more than one license.

Section 5. Subsection (2) of section 397.416, Florida Statutes, is amended to read:

397.416 Substance abuse treatment services; qualified professional.—

(2) Notwithstanding any other provision of law, a person who was certified through a certification process recognized by the former Department of Health and Rehabilitative Services before January 1, 1995, may perform the duties of a qualified professional with respect to substance abuse treatment services as defined in this chapter, and need not meet the certification requirements contained in s. 397.311(24) ~~s. 397.311(25)~~.

Section 6. Section 397.451, Florida Statutes, is amended to read:

397.451 ~~Background checks of service provider personnel who have direct contact with unmarried minor clients or clients who are developmentally disabled.—~~

(1) **PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND EXCEPTIONS.—**

(a) Background checks shall apply as follows:

1. All owners, directors, and chief financial officers of service providers are subject to level-2 background screening as provided under chapter 435.

2. All service provider personnel who have direct contact with children receiving services or with adults who are developmentally disabled receiving services are subject to level-2 background screening as provided under chapter 435. Service provider personnel who have direct contact with unmarried clients under the age of 18 years or with clients who are developmentally disabled are subject to background checks, except as otherwise provided in this section.

~~(b) Students in the health care professions who are interning under the actual physical presence supervision of a licensed health care professional~~

in a service provider licensed under chapter 395, where the primary purpose of the service provider is not the treatment of unmarried minors or of persons who are developmentally disabled, are exempt from the fingerprinting and background check requirements.

~~(c) Personnel working in a service provider licensed under chapter 395 who have less than 15 hours per week of direct contact with unmarried minors or with persons who are developmentally disabled, or personnel who are health care professionals licensed by the Department of Business and Professional Regulation or a board thereunder who are not employed in a service provider where the primary purpose is the treatment of unmarried minors or of persons who are developmentally disabled are exempt from the fingerprinting and background check requirements.~~

(b)(d) Members of a foster family and persons residing with the foster family who are between 12 and 18 years of age are not required to be fingerprinted but must have their backgrounds checked for delinquency records. Members of the foster family and persons residing with the foster family over 18 years of age are subject to full background checks.

(c)(e) A volunteer who assists on an intermittent basis for fewer than 40 hours per month and is under direct and constant supervision by persons who meet all personnel requirements of this chapter is exempt from fingerprinting and background check requirements.

(d)(f) Service providers that are exempt from licensing provisions of this chapter are exempt from personnel fingerprinting and background check requirements, except as otherwise provided in this section. A church or nonprofit religious organization exempt from licensure under this chapter is required to comply with personnel fingerprinting and background check requirements.

(e)(g) Personnel employed by the Department of Corrections in a substance abuse service component who have direct contact with unmarried inmates under the age of 18 or with inmates who are developmentally disabled are exempt from the fingerprinting and background check requirements of this section.

(f) Service provider personnel who request an exemption from disqualification must submit the request within 30 days after being notified of a pending disqualification. The employment of service provider personnel shall not be adversely affected pending disposition of the request for an exemption. Disapproval of a request for an exemption shall result in the immediate dismissal of the service provider personnel from employment with the provider.

(2) EMPLOYMENT HISTORY CHECKS; CHECKS OF REFERENCES.—The department shall assess employment history checks and checks of references for all owners, directors, and chief financial officers, and the directors shall assess employment history checks and checks of references for each employee who has direct contact with children receiving services or adults who are developmentally disabled receiving services un-

~~married clients under the age of 18 years or with clients who are developmentally disabled.~~

~~(3) MINIMUM BACKGROUND CHECK STANDARDS.—The department shall require employment screening pursuant to chapter 435, using level 2 standards for screening set forth in that chapter, of service provider personnel who have direct contact with unmarried clients under the age of 18 years or with clients who are developmentally disabled.~~

~~(3)(4) PERSONNEL EXEMPT FROM BEING REFININGERPRINTED OR RECHECKED.—~~

~~(a) Service provider personnel who have been fingerprinted or had their backgrounds checked pursuant to chapter 393, chapter 394, chapter 402, or chapter 409, or this section, and teachers who have been fingerprinted pursuant to chapter 231, who have not been unemployed for more than 90 days thereafter and who, under the penalty of perjury, attest to the completion of such fingerprinting or background checks and to compliance with the provisions of this section and the standards contained in chapter 435 and this section, are not required to be refingerprinted or rechecked in order to comply with service provider personnel fingerprinting or background check requirements.~~

~~(b) Service provider owners, directors, or chief financial officers who are not covered by paragraph (a) who provide proof of compliance with the level-2 background screening requirements which has been submitted within the previous 5 years in compliance with any other state health care licensure requirements are not required to be refingerprinted or rechecked.~~

~~(4)(5) EXEMPTIONS FROM DISQUALIFICATION.—~~

~~(a) The department may grant to any service provider personnel an exemption from disqualification ~~from working with children or the developmentally disabled~~ as provided in s. 435.07.~~

~~(b) Since rehabilitated substance abuse impaired persons are effective in the successful treatment and rehabilitation of substance abuse impaired adolescents, for service providers which treat adolescents 13 years of age and older, service provider personnel whose background checks indicate crimes under s. 817.563, s. 893.13, or s. 893.147 may be exempted from disqualification from employment pursuant to this paragraph.~~

~~(c) The department may grant exemptions from disqualification which would limit service provider personnel to working with adults in substance-abuse-treatment facilities.~~

~~(5)(6) PAYMENT FOR PROCESSING OF FINGERPRINTS AND STATE CRIMINAL RECORDS CHECKS.—The employing service provider or the personnel who are having their backgrounds checked are responsible for paying the costs of processing fingerprints and criminal records checks.~~

~~(6)(7) DISQUALIFICATION FROM RECEIVING STATE FUNDS.—State funds may not be disseminated to any service provider owned or~~

operated by an owner, ~~or~~ director, or chief financial officer who has been convicted of, has entered a plea of guilty or nolo contendere to, or has had adjudication withheld for, a violation of s. 893.135 pertaining to trafficking in controlled substances, or a violation of the law of another state, the District of Columbia, the United States or any possession or territory thereof, or any foreign jurisdiction which is substantially similar in elements and penalties to a trafficking offense in this state, unless the owner's or director's civil rights have been restored.

Section 7. Paragraph (e) of subsection (5) of section 212.055, Florida Statutes, is amended to read:

212.055 Discretionary sales surtaxes; legislative intent; authorization and use of proceeds.—It is the legislative intent that any authorization for imposition of a discretionary sales surtax shall be published in the Florida Statutes as a subsection of this section, irrespective of the duration of the levy. Each enactment shall specify the types of counties authorized to levy; the rate or rates which may be imposed; the maximum length of time the surtax may be imposed, if any; the procedure which must be followed to secure voter approval, if required; the purpose for which the proceeds may be expended; and such other requirements as the Legislature may provide. Taxable transactions and administrative procedures shall be as provided in s. 212.054.

(5) COUNTY PUBLIC HOSPITAL SURTAX.—Any county as defined in s. 125.011(1) may levy the surtax authorized in this subsection pursuant to an ordinance either approved by extraordinary vote of the county commission or conditioned to take effect only upon approval by a majority vote of the electors of the county voting in a referendum. In a county as defined in s. 125.011(1), for the purposes of this subsection, “county public general hospital” means a general hospital as defined in s. 395.002 which is owned, operated, maintained, or governed by the county or its agency, authority, or public health trust.

(e) A governing board, agency, or authority shall be chartered by the county commission upon this act becoming law. The governing board, agency, or authority shall adopt and implement a health care plan for indigent health care services. The governing board, agency, or authority shall consist of no more than seven and no fewer than five members appointed by the county commission. The members of the governing board, agency, or authority shall be at least 18 years of age and residents of the county. No member may be employed by or affiliated with a health care provider or the public health trust, agency, or authority responsible for the county public general hospital. The following community organizations shall each appoint a representative to a nominating committee: the South Florida Hospital and Healthcare Association, the Miami-Dade County Public Health Trust, the Dade County Medical Association, the Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade County. This committee shall nominate between 10 and 14 county citizens for the governing board, agency, or authority. The slate shall be presented to the county commission and the county commission shall confirm the top five to seven nominees, depending on the size of the governing board. Until such time as the governing board, agency,

or authority is created, the funds provided for in subparagraph (d)2. shall be placed in a restricted account set aside from other county funds and not disbursed by the county for any other purpose.

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

2. The plan and subsequent amendments to it shall fund a defined range of health care services for both indigent persons and the medically poor, including primary care, preventive care, hospital emergency room care, and hospital care necessary to stabilize the patient. For the purposes of this section, "stabilization" means stabilization as defined in s. 397.311(29) ~~s. 397.311(30)~~. Where consistent with these objectives, the plan may include services rendered by physicians, clinics, community hospitals, and alternative delivery sites, as well as at least one regional referral hospital per service area. The plan shall provide that agreements negotiated between the governing board, agency, or authority and providers shall recognize hospitals that render a disproportionate share of indigent care, provide other incentives to promote the delivery of charity care to draw down federal funds where appropriate, and require cost containment, including, but not limited to, case management. From the funds specified in subparagraphs (d)1. and 2. for indigent health care services, service providers shall receive reimbursement at a Medicaid rate to be determined by the governing board, agency, or authority created pursuant to this paragraph for the initial emergency room visit, and a per-member per-month fee or capitation for those members enrolled in their service area, as compensation for the services rendered following the initial emergency visit. Except for provisions of emergency services, upon determination of eligibility, enrollment shall be deemed to have occurred at the time services were rendered. The provisions for specific reimbursement of emergency services shall be repealed on July 1, 2001, unless otherwise reenacted by the Legislature. The capitation amount or rate shall be determined prior to program implementation by an independent actuarial consultant. In no event shall such reimbursement rates exceed the Medicaid rate. The plan must also provide that any hospitals owned and operated by government entities on or after the effective date of this act must, as a condition of receiving funds under this subsection, afford public access equal to that provided under s. 286.011 as to any meeting of the governing board, agency, or authority the subject of which is budgeting resources for the retention of charity care, as that term is defined in the rules of the Agency for Health Care Administration. The plan shall also include innovative health care programs that provide cost-effective alternatives to traditional methods of service and delivery funding.

3. The plan's benefits shall be made available to all county residents currently eligible to receive health care services as indigents or medically poor as defined in paragraph (4)(d).

4. Eligible residents who participate in the health care plan shall receive coverage for a period of 12 months or the period extending from the time of

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

5. At the end of each fiscal year, the governing board, agency, or authority shall prepare an audit that reviews the budget of the plan, delivery of services, and quality of services, and makes recommendations to increase the plan's efficiency. The audit shall take into account participant hospital satisfaction with the plan and assess the amount of poststabilization patient transfers requested, and accepted or denied, by the county public general hospital.

Section 8. Paragraphs (d) and (g) of subsection (1) of section 440.102, Florida Statutes, are amended to read:

440.102 Drug-free workplace program requirements.—The following provisions apply to a drug-free workplace program implemented pursuant to law or to rules adopted by the Agency for Health Care Administration:

(1) DEFINITIONS.—Except where the context otherwise requires, as used in this act:

(d) “Drug rehabilitation program” means a service provider, established pursuant to s. 397.311(27) ~~s. 397.311(28)~~, that provides confidential, timely, and expert identification, assessment, and resolution of employee drug abuse.

(g) “Employee assistance program” means an established program capable of providing expert assessment of employee personal concerns; confidential and timely identification services with regard to employee drug abuse; referrals of employees for appropriate diagnosis, treatment, and assistance; and followup services for employees who participate in the program or require monitoring after returning to work. If, in addition to the above activities, an employee assistance program provides diagnostic and treatment services, these services shall in all cases be provided by service providers pursuant to s. 397.311(27) ~~s. 397.311(28)~~.

Section 9. This act shall take effect July 1, 2002.

Approved by the Governor April 29, 2002.

Filed in Office Secretary of State April 29, 2002.