A bill to be entitled

An act relating to telehealth practice

amending s. 456.47, F.S.; revising the

An act relating to telehealth practice standards; amending s. 456.47, F.S.; revising the definition of the term "telehealth"; reenacting ss. 394.455(47) and 1011.62(13)(b), F.S., relating to definitions and funds for operation of schools, to incorporate the amendment made to s. 456.47, F.S., in references thereto; providing an effective date.

9

4

5

6

7

8

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

1112

13

14

15

16

17

18

19

20

21

22

23

24

25

10

Section 1. Paragraph (a) of subsection (1) of section 456.47, Florida Statutes, is amended to read:

456.47 Use of telehealth to provide services.—

- (1) DEFINITIONS.—As used in this section, the term:
- (a) "Telehealth" means the use of synchronous or asynchronous telecommunications technology by a telehealth provider to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include audio-only telephone calls, e-mail messages, or facsimile transmissions.
- Section 2. For the purpose of incorporating the amendment made by this act to section 456.47, Florida Statutes, in a

Page 1 of 7

reference thereto, subsection (47) of section 394.455, Florida Statutes, is reenacted to read:

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

(47) "Telehealth" has the same meaning as provided in s. 456.47.

Section 3. For the purpose of incorporating the amendment made by this act to section 456.47, Florida Statutes, in a reference thereto, paragraph (b) of subsection (13) of section 1011.62, Florida Statutes, is reenacted to read:

1011.62 Funds for operation of schools.—If the annual allocation from the Florida Education Finance Program to each district for operation of schools is not determined in the annual appropriations act or the substantive bill implementing the annual appropriations act, it shall be determined as follows:

(13) MENTAL HEALTH ASSISTANCE ALLOCATION.—The mental health assistance allocation is created to provide funding to assist school districts in establishing or expanding school—based mental health care; train educators and other school staff in detecting and responding to mental health issues; and connect children, youth, and families who may experience behavioral health issues with appropriate services. These funds shall be allocated annually in the General Appropriations Act or other law to each eligible school district. Each school district shall receive a minimum of \$100,000, with the remaining balance

Page 2 of 7

allocated based on each school district's proportionate share of the state's total unweighted full-time equivalent student enrollment. Charter schools that submit a plan separate from the school district are entitled to a proportionate share of district funding. The allocated funds may not supplant funds that are provided for this purpose from other operating funds and may not be used to increase salaries or provide bonuses. School districts are encouraged to maximize third-party health insurance benefits and Medicaid claiming for services, where appropriate.

- (b) The plans required under paragraph (a) must be focused on a multitiered system of supports to deliver evidence-based mental health care assessment, diagnosis, intervention, treatment, and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and to students at high risk of such diagnoses. The provision of these services must be coordinated with a student's primary mental health care provider and with other mental health providers involved in the student's care. At a minimum, the plans must include the following elements:
- 1. Direct employment of school-based mental health services providers to expand and enhance school-based student services and to reduce the ratio of students to staff in order to better align with nationally recommended ratio models. These providers include, but are not limited to, certified school

counselors, school psychologists, school social workers, and other licensed mental health professionals. The plan also must identify strategies to increase the amount of time that school-based student services personnel spend providing direct services to students, which may include the review and revision of district staffing resource allocations based on school or student mental health assistance needs.

- 2. Contracts or interagency agreements with one or more local community behavioral health providers or providers of Community Action Team services to provide a behavioral health staff presence and services at district schools. Services may include, but are not limited to, mental health screenings and assessments, individual counseling, family counseling, group counseling, psychiatric or psychological services, traumainformed care, mobile crisis services, and behavior modification. These behavioral health services may be provided on or off the school campus and may be supplemented by telehealth.
- 3. Policies and procedures, including contracts with service providers, which will ensure that:
- a. Students referred to a school-based or community-based mental health service provider for mental health screening for the identification of mental health concerns and students at risk for mental health disorders are assessed within 15 days of referral. School-based mental health services must be initiated

within 15 days after identification and assessment, and support by community-based mental health service providers for students who are referred for community-based mental health services must be initiated within 30 days after the school or district makes a referral.

- b. Parents of a student receiving services under this subsection are provided information about other behavioral health services available through the student's school or local community-based behavioral health services providers. A school may meet this requirement by providing information about and Internet addresses for web-based directories or guides for local behavioral health services.
- c. Individuals living in a household with a student receiving services under this subsection are provided information about behavioral health services available through other delivery systems or payors for which such individuals may qualify, if such services appear to be needed or enhancements in those individuals' behavioral health would contribute to the improved well-being of the student.
- 4. Strategies or programs to reduce the likelihood of atrisk students developing social, emotional, or behavioral health problems, depression, anxiety disorders, suicidal tendencies, or substance use disorders.
- 5. Strategies to improve the early identification of social, emotional, or behavioral problems or substance use

Page 5 of 7

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

disorders, to improve the provision of early intervention services, and to assist students in dealing with trauma and violence.

- 6. Procedures to assist a mental health services provider or a behavioral health provider as described in subparagraph 1. or subparagraph 2., respectively, or a school resource officer or school safety officer who has completed mental health crisis intervention training in attempting to verbally de-escalate a student's crisis situation before initiating an involuntary examination pursuant to s. 394.463. Such procedures must include strategies to de-escalate a crisis situation for a student with a developmental disability as that term is defined in s. 393.063.
- 7. Policies of the school district which must require that in a student crisis situation, school or law enforcement personnel must make a reasonable attempt to contact a mental health professional who may initiate an involuntary examination pursuant to s. 394.463, unless the child poses an imminent danger to themselves or others, before initiating an involuntary examination pursuant to s. 394.463. Such contact may be in person or using telehealth as defined in s. 456.47. The mental health professional may be available to the school district either by contracts or interagency agreements with the managing entity, one or more local community behavioral health providers, or the local mobile response team or be a direct or contracted

151	school	distri	Lct	employ	ee.						
152	Se	ection	4.	This	act	shall	take	effect	July	1,	2023.

Page 7 of 7

CODING: Words $\frac{\text{stricken}}{\text{stricken}}$ are deletions; words $\frac{\text{underlined}}{\text{ore additions}}$.