MEMORANDUM

TO: Florida Chapter of the American Academy of Pediatrics
FROM: Douglas S. Bell
DATE: March 13, 2020
SUBJECT: Final Legislative Update – Week Nine

The 2020 Legislative Session was extended to Friday, March 20 to finalize the budget. Policy issues were concluded Friday night around 11:45pm, and then a Budget Conference was held at 12:15am. As Session came to a close, the $200 million tax package was whittled down to a $45 million bill in response to COVID-19. I have been in this line of work for over 20 years, and every year is certainly unique, but the international and Florida response to COVID-19 in the last week of Session has been somewhat unnerving. As physicians, I know you are seeing this play out in ways I cannot imagine, but the state revenue and business revenue implications will be dramatic. I am hoping for the best, and for a science based and transparent response as the world deals with this pandemic.

Now back to the Legislature. The physician community had a couple big losses this Session with the Pharmacist scope and the APRN independent practice bills. These were legacy priorities for Speaker Oliva during his entire 8 years of service, and Florida is one of the last states to fall on this issue. We did our best and will now have to appropriately educate the FCAAP membership and patients about the new law and its possible outcomes. On the other hand, we also had some wins this Session. The Child Abuse Fellowship was funded, the tobacco/vaping bill passed, we got bad language removed from various bills, and a number of good bills passed.

Below is a summary of the key issues impacting the Florida Chapter of the American Academy of Pediatrics. We will read through all of the bills again after the dust settles to send a final, final report.
PASSED LEGISLATION

Child Abuse Fellowship – Funded
HB 4749 by Rep. Cyndi Stevenson (R-St. Johns) requests $300,000 for a child abuse fellowship for UF Health Shands Jacksonville. A Senate companion request, Senate Form 2107 was filed by Senator Gayle Harrell (R-Stuart).

APRN Scope of Practice Expansion – Signed by Governor
CS/CS/HB 607 by Rep. Cary Pigman (R-Avon Park) allows advanced practice registered nurses (APRN) to engage in independent primary care practice, including family medicine, general pediatrics, and general internal medicine. The bill allows APRNs to provide a signature, certification, stamp, verification, affidavit, or other endorsement currently required to be provided by a physician, and certify a cause of death and sign, correct, and file death certificates. CS/CS/HB 607 also allows certified nurse midwives to work autonomously.

  Link to Enrolled Version of CS/CS/HB 607:
  http://www.flsenate.gov/Session/Bill/2020/607/BillText/er

Flu & Strep Test & Treat – Signed by Governor
CS/HB 389 by Rep. Tyler Sirois (R-Cocoa) contains two main components. First, it allows pharmacists to provide many levels of care for patients with the Chronic Conditions of arthritis, asthma, COPD, type 2 diabetes, HIV or AIDS, obesity, and any other conditions identified by the Board of Pharmacy. Second, is allows pharmacists to test and treat Minor Nonchronic Conditions including, but not limited to, influenza, streptococcus, lice, skin conditions, and minor uncomplicated infections. We will provide a comprehensive analysis soon.

  Link to the Enrolled Version of CS/HB 389:
  http://www.flsenate.gov/Session/Bill/2020/389/BillText/er

Consultant Pharmacists & Pharmacist Scope - Signed by Governor
CS/CS/HB 599 by Rep. Ana Maria Rodriguez (R-Doral) allows consultant pharmacists to provide medication management services, order and evaluate laboratory or clinical tests, and conduct patient assessments under a collaborative practice agreement. The legislation authorizes a consultant pharmacist to enter into a written collaborative practice agreement (CPA) with a health care facility, medical director, or Florida-licensed physician, podiatrist, or dentist, who is authorized to prescribe medication. The bill also expands the locations where, under a CPA, a consultant pharmacist may offer his or her services, to include:

  - Ambulatory surgery center;
  - Inpatient hospice;
  - Hospital;
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- Alcohol or chemical dependency center;
- Ambulatory care center; or
- Nursing home component of a continuing care facility.


Youth Vaping & Tobacco 21 – **Headed to Governor**
CS/CS/CS/SB 810 by Senator David Simmons (R-Altamonte Springs) would bring Florida closer into compliance with the federal law. The bill includes the following provisions:

- Increases the minimum age to lawfully purchase and possess tobacco products, including e-cigarettes, from 18 years of age to 21 years of age, consistent with recent federal law.
- Prohibits smoking and vaping by any person under 21 years of age on or within 1,000 feet of school property, regardless of the hour of day.
- Repeals the exceptions allowing persons in the military and emancipated minors to possess or purchase tobacco products under the current law.
- Classifies e-cigarettes and vaping products as “tobacco products.”
- Creates a separate “liquid nicotine product” category for products “composed of nicotine and other chemicals or substances” that are “sold or offered for sale for use with a vapor-generating electronic device.”
- Differentiates between “traditional tobacco products,” such as cigarettes, and “nicotine products,” which include electronic cigarettes.
- Provides that retailers who exclusively sell e-cigarettes and vaping products would not have to pay a $50 permit fee to DBPR.
- Adds anti-vaping education as an option to persons under 18 years of age charged with underage violations relating to vaping product purchases and possession.
- Prohibits the sale of flavored liquid nicotine products other than tobacco or menthol flavors.
- Prohibits flavored vaping products, including “fruit, chocolate, vanilla, honey, candy, cocoa, a dessert, an alcoholic beverage, an herb or spice, or any combination thereof,” from being sold.
- Provides for a January 1st, 2021 effective date.


Jordan's Law – **Headed to Governor, but objectionable language removed**
CS/HB 43 by Rep. Chris Latvala (R-Clearwater) creates “Jordan’s Law”. Of particular note to FCAAP, we were able to remove objectionable language regarding second opinions regarding child abuse. The bill requires the Florida Court Educational Council to establish the standards for instruction of circuit and county court judges for dependency cases regarding the recognition of and responses to head trauma and brain injury in a child
under 6 years of age and require the Department of Law Enforcement to provide
information to law enforcement officers on whether a person is a parent or caregiver who
is currently the subject of a child protective investigation for alleged child abuse,
abandonment, or neglect or is a parent or caregiver of a child who has been allowed to
return to or remain in the home under judicial supervision after an adjudication of
dependency. The legislation also allows the Department of Children & Families, in
collaboration with the lead agencies serving the judicial circuits, to create and implement a
program to more effectively provide case management services for dependent children
under 6 years of age. The bills also require the Criminal Justice Standards and Training
Commission to incorporate training for law enforcement officers in the subject of
recognition of and responses to head trauma and brain injury in a child from under 6 years
of age to aid an officer in the detection of head trauma and brain injury due to child abuse.

Keep Our Graduates Working Act – Headed to Governor
HB 115 by Rep. Nick Duran (D-Miami) removes the state authority to take disciplinary
action against a healthcare practitioner who defaults on a federal- or state-guaranteed
student loan or who fails to comply with the terms of a service scholarship. Under the bills,
a healthcare practitioner may not have a license, certificate or registration suspended or
automatically revoked by the Department of Health solely because of a loan default or
failure to complete service scholarship obligation.
   Link to Enrolled Version of HB 115:
   http://www.flsenate.gov/Session/Bill/2020/115/BillText/er

School Bus Safety – Headed to Governor
CS/HB 37 by Rep. Ardian Zika (R-Land-O-Lakes) increases civil penalties for certain
violations relating to stopping for a school bus.
   Link to Enrolled Version of CS/HB 37:
   http://www.flsenate.gov/Session/Bill/2020/37/BillText/er

Florida Kidcare Program – Headed to Governor
SB 348 by Senator Aaron Bean (R-Fernandina Beach) removes the lifetime maximum cap
on covered expenses for a child enrolled in the Florida Healthy Kids Program.
   Link to Enrolled Version of SB 348:
   http://www.flsenate.gov/Session/Bill/2020/348/BillText/er

Children’s Mental Health – Headed to Governor
CS/CS/HB 945 by Rep. David Silvers (D-Lake Clarke Shores) requires the Department of
Children and Families (DCF) and the Agency for Health Care Administration (AHCA) to
identify children and adolescents who are the highest users of crisis stabilization services
and collaboratively take action to meet the behavioral health needs of such children. The
bills direct these agencies to jointly submit a quarterly report to the Legislature during
Fiscal Years 2020-2021 and 2021-2022 on the actions taken by both agencies to better
serve these individuals.
The bill requires DCF to contract with the Managing Entities (MEs) for crisis response services provided through mobile response teams (MRTs) to provide immediate, onsite behavioral health crisis services 24 hours per day, seven days per week for certain children, adolescents, and young adults. The MRTs must triage new requests and respond to calls in-person within 60 minutes if possible; respond on-location; provide services that are responsive to the patient and family; provide de-escalation techniques to patient and families to reduce future crises; provide screening, early identification and referrals to community services; ensure informed consent and confidentiality; promote information sharing; and coordinate informal partnerships with behavioral health providers. Imposes upon MEs numerous requirements for MRT procurement including a requirement that there is access to a board-certified or board-eligible psychiatrist or psychiatric nurse practitioner.

The bill also requires the MEs to develop a plan that promotes the development and implementation of a coordinated system of care for children, adolescents, and young adults to integrate behavioral health services provided through state-funded child-serving systems and facilitate access to mental health treatment and services. The bill sets forth requirements for this planning process. The plan must be completed by January 1, 2022 and implemented by January 1, 2023.

MEs must assess gaps in the arrays of mental health services for children and adolescents. AHCA shall regularly test Medicaid managed care plan provider network databases to ensure that behavioral health providers are accepting enrollees and confirm that enrollees have access to behavioral health systems. The Louis de la Parte Florida Mental Health Institute within the University of South Florida shall develop a model protocol for school use of MRTs. The bill requires that before law enforcement is contacted for Baker Act purposes the school principal must first verify that des-escalation strategies have been utilized and outreach to an MRT has been initiated.

DCF and AHCA shall assess the quality of care provided in crisis stabilization units to children and adolescents who are high utilizers. DCF and AHCA shall compare Florida standards of care in crisis stabilization units with other states and make recommendations for improvements. Findings and recommendations shall be given to the Governor, Speaker, and President by November 15, 2020.

Link to Enrolled Version of CS/CS/HB 945: http://www.flsenate.gov/Session/Bill/2020/945/BillText/er

Suicide Prevention – *Headed to Governor*

SB 7012 by the Senate Children, Families, and Elder Affairs makes a variety of changes to laws relating to mental health services. The bill redefines “mental illness” related to the Baker Act and post-adjudication commitment to exclude dementia and traumatic brain injury. The bill broadens the duties of the Statewide Office of Suicide Prevention (Office)
within DCF by requiring the Office to coordinate education and training curricula on suicide prevention efforts for veterans and service members. Additionally, the bill requires the Office to include veterans and service members in the network of community-based programs intended to improve suicide prevention initiatives. The bill broadens the scope of the Suicide Prevention Coordinating Council by requiring the Council to make recommendations on the implementation of evidence-based mental health programs and suicide risk identification training in the Council’s annual report on suicide prevention. The Council is also required to work with DCF to help make the public more aware of the locations and availability of behavioral health providers. SB 7012 adds 5 new members to the Council including a member the Florida Psychiatric Council.

The bill also establishes coordinated specialty care (CSC) programs as an essential element of a coordinated system of care in Florida, and requires DCF to assess the availability of and access to CSC programs in the state, including any gaps in availability or access that may exist. The bill requires that a minor’s guardian or representative must be given information regarding the availability of a local mobile response service, suicide prevention resources, social supports and local self-help groups upon the release from the Baker Act. The bill requires county jails to administer the psychotropic medications prescribed by DCF when a forensic client is discharged and returned to the county jail, unless the jail physician documents the need to change or discontinue such medication.

Link to Enrolled Version SB 7012:  

**Medicaid School-based Services – Headed to Governor**

CS/HB 81 by Rep. Alex Andrade (R-Pensacola) requires the Department of Health (DOH) to create an electronic pamphlet with information on the screening for, and treatment of, preventable infant and childhood eye and vision disorders, including but not limited to, retinoblastoma and amblyopia. The pamphlet must be provided to new parents by hospitals providing birthing services, birth centers, and by the healthcare practitioner attending an out-of-hospital birth. The bills authorize school districts to certify for reimbursement eligible school-based health services provided to any student enrolled in Medicaid, regardless of whether that student qualifies for Part B or H of the Individuals with Disabilities Education Act, the exceptional student education program, or has an individualized education plan. The bill aligns Florida law with updated federal guidance that authorizes the federal reimbursement of Medicaid-eligible, school-based health services for all students enrolled in Medicaid.

The legislation will help schools access millions more in federal dollars for school-based health services. More than one-third of the 2.7 million students enrolled in Florida’s public schools are covered under Medicaid. Although recent federal policy changes allow schools to receive matching federal dollars for school-based health services provided to any Medicaid-eligible child, these changes are not automatic. Current state law, which limits the
federal match to those services only provided to children with disabilities, must be updated.

Link to Enrolled Version of CS/HB 81:
http://www.flSenate.gov/Session/Bill/2020/81/BillText/er

Automated Pharmacy Systems – **Headed to Governor**

**HB 59** by Rep. Matt Willhite (D-Wellington) permits a licensed community pharmacy to provide outpatient pharmacy services for dispensing of medicinal drugs through the use of an automated pharmacy system (APS) if certain requirements are met.

Link to Enrolled Version of HB 59:
http://www.flSenate.gov/Session/Bill/2020/59/BillText/er

**K-12 Student Athletes & Heat Stroke – Headed to Governor**

**CS/HB 7011** by Ralph Massullo (R-Lecanto) requires the Florida High School Athletic Association (FHSAA) to:

- require member schools to monitor heat stress and modify athletic activities (i.e., contests, practices, workouts, and conditioning) based on heat stress guidelines;
- identify heat stress levels at which a cooling zone must be made available for athletic activities;
- make training and materials available for the effective monitoring of heat stress;
- establish requirements for cooling zones and individuals with related training at athletic activities, including the use of cold water immersion tubs or equivalent means;
- require school emergency action plans to include a procedure for onsite cooling using cold water immersion or equivalent means before transport to the hospital for EHS;
- establish hydration guidelines, including appropriate introduction of electrolytes; and
- require student athletes to pass the annual medical evaluation each year before engaging in any athletic activities that occur outside of the school year.

The bill specifies that these requirements apply year round. The bill also requires all athletic coaches and sponsors of extracurricular activities involving outdoor practices or events to complete annual training in EHS identification, prevention, and response, including effective administration of cooling zones. Beginning June 1, 2021, the bill requires an employee or volunteer with current cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) training to be present at each athletic activity during and outside of the school year. All employees or volunteers who are reasonably expected to use an AED must complete the training and must be notified annually of the location of each AED on school grounds, which must be available in a clearly marked and publicized location for each athletic activity.

Link to Enrolled Version of CS/HB 7011:
http://www.flSenate.gov/Session/Bill/2020/7011/BillText/er
Department of Health – *Headed to Governor*

CS/CS/CS/HB 713 by Rep. Ana Maria Rodriguez (R-Doral) update numerous provisions relating to health care practitioners and facilities regulated by the Department of Health (department), Division of Medical Quality Assurance (MQA). OF PARTICULAR NOTE TO THE FCAAP, the bills provide that the Statewide Medical Director for Child Protection reports directly to the department’s deputy secretary in charge of the state’s Children’s Medical Services Program and the medical director of each child protection teams reports directly to the statewide medical director. Additional provisions of the legislation:

- Substitutes the term “human immunodeficiency virus” (HIV) in place of “acquired immune deficiency syndrome” (AIDS) to broaden the scope of the department’s regional patient care networks for persons with AIDS to also include persons with HIV;
- Grants rulemaking authority to the department for responsibilities relating to maximizing these of7045f existing programs and coordinating stakeholders and resources to develop a state strategic plan, including the process of selecting physicians under the Conrad 30 Waiver Program and to encourage qualified physicians to relocate to Florida and practice in medically underserved and rural areas;
- For UF Shands, increases the period of time a cancer center may participate as a Tier 3 cancer center, and is authorized to pursue a National Cancer Institute designation as a cancer center or a comprehensive cancer, from a maximum of six years to until June 30, 2024;
- Requires the applicant’s date of birth on health care professional licensure applications;
- Revises the department’s health care practitioner licensing provisions to permit the department to issue a temporary license, that expires in 60 days, instead of 30 days, to a nonresident or non-citizen physician who has accepted a residency, internship, or fellowship in Florida and has not yet received a social security number;
- Deletes a health care practitioner’s failure to repay student loans, as grounds for discipline by the department;
- Authorizes the department to issue medical faculty certificates, without examination, to fulltime faculty at Nova Southeastern University or Lake Erie College of Osteopathic Medicine;
- Updates the osteopathic internship and residency accrediting agencies to include the Accreditation Council for Graduate Medical Education (ACGME) and repeals the Board of Osteopathic Medicine’s (BOOM) authority to approve other internship programs upon showing of good cause;
- Extends the requirement for the Florida Center for Nursing (FCN) to provide an implementation study and annual report on the availability of nursing programs and production of quality nurses to the Governor, the President of the Senate, and the Speaker of the House of Representatives until January 30, 2025.
Osteopathic Physician Licensure Requirements – **Headed to Governor**

**SB 218** by Senator Gayle Harrell (R-Stuart) updates the osteopathic internship and residency accrediting agencies to include the Accreditation Council for Graduate Medical Education (ACGME).

Link to Enrolled Version of SB 218:
http://www.flsenate.gov/Session/Bill/2020/218/BillText/er

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**FAILED LEGISLATION**

**Pediatric Cardiac Technical Advisory Panel – Objectional language removed**

**CS/HB 7039** by Rep. Ana Maria Rodriguez (R-Doral) passed, but we successfully removed the repeal of statutes relating to the Pediatric Cardiac Technical Advisory Panel.

**Child Welfare – Failed to Pass**

**CS/SB 232** by Senator Lauren Book (D-Plantation) and **HB 413** by Rep. Cord Byrd (R-Atlantic Beach) expand the list of incidents or injuries that constitute harm to a child’s health or welfare and expands the types of reports that the Department of Children and Families must refer to the Child Protection Teams.

**Mental Health & Baker Act – SUPPORT – Failed to Pass**

**CS/HB 1083** by Rep. Jennifer Webb (D-Gulfport) requires a public or charter school principal to also verify that de-escalation strategies have been used with the student and outreach to a mobile response team has been initiated prior to the student’s removal from school grounds, school transportation, or a school-sponsored activity and taken to a receiving facility for involuntary examination. The bill provides an exemption from this verification when a principal reasonably believes that any delay in the student’s removal will increase the likelihood of harm to the student or others.

**Pharmacy Benefit Managers – Failed to Pass**

**CS/HB 7045** by Rep. Alex Andrade requires drug manufacturers to provide notification of upcoming price increases to every health insurer that covers the drug at least 60 days prior to the effective date of any manufacturer drug price increase. In addition, the drug manufacturer must submit a report to the Department of Business and Professional Regulation (DBPR) and the Office of Insurance Regulation (OIR) on each manufacturer drug price increase made during the previous calendar year. The bill defines a “drug price increase” to be a price increase equal to or greater than 15 percent of the price of a drug for a brand-name prescription drug with a wholesale acquisition cost of $50 or more, or a
manufacturer price increase equal to or greater than 25 percent of the price of a drug for a
generic prescription drug or a biosimilar drug with a wholesale acquisition cost of $25 or
more, for a 30-day supply. Other provisions contained in the bill include pharmacy audit
provisions and PBM reporting requirements. Additionally, the bill requires AHCA to
contract for an independent analysis by June 30, 2020, of pharmacy benefit management
practices under the Statewide Medicaid Managed Care Program and to conduct an analysis
by June 30, 2020 of managed care plan pharmacy networks to ensure that enrollees have
sufficient choice of pharmacies within established geographic parameters.

CS/CS/SB 1338 by Senator Tom Wright (R-New Smyrna Beach) was amended to mitigate
the estimated $8.8 million financial impact that the original bill would have had on the
Florida State Group Insurance provided to state employees. The amended Senate bill gives
the Florida Office of Insurance Regulation (OIR) the authority to examine and audit
Pharmacy Benefit Management companies (PBMs) to provide more accountability and
transparency in the manner in which drugs are priced and dispensed in Florida. The
legislature had previously granted this authority to OIR; however, the bill clarifies the
authority and imposes the cost of the examination on the PBM consistent with other
regulated entities. CS/CS/SB 1338 also requires health insurers and health maintenance
organizations (HMOs) to annually report specified pricing information to OIR. The
legislature previously imposed pharmacy audit guidelines to provide fairness in the audit
process. The bill moves the audit authority from the Board of Pharmacy to OIR for
consistency and clarifies that managed care organizations and HMOs contracting with
PBMs must ensure that the statutory provisions imposed are followed by the PBM. The
amended bill eliminates the definitions for brand name and generic drugs and changes the
definition of “maximum allowable cost” and “pharmacy reimbursement requirements”
which were projected to substantially increase drug costs in Florida’s State Group
Insurance Program.

Surrendered Newborn Infant – Failed to Pass
HB 1217 by Rep. Mike Beltran (R-Valrico) and CS/SB 864 by Senator Dennis Baxley (R-
Ocala) increase the age that an infant may be surrendered from seven days old to 30 days
old. The bills authorize hospitals, emergency medical service stations, and fire stations that
are staffed 24 hours a day to opt to utilize newborn safety devices and specify the
requirements for such devices. A newborn safety device, or baby box, provides a place for a
mother in crisis to safely, securely, and anonymously surrender her unwanted newborn.

Mental Health & Baker Act – Failed to Pass
CS/SB 1062 by Senator Gayle Harrell (R-Stuart) stipulates that the parental notification
should be prior to the student’s removal for an involuntary examination, if the notification
does not cause a delay that jeopardizes the student’s or another individual’s physical or
mental health or safety and should be made immediately upon the student’s removal for
the involuntary examination. The Senate bill also requires that certain plans include
procedures to assist mental and behavioral health providers in attempts to verbally de-escalate certain crisis situations before initiating an involuntary examination.

First-Episode Psychosis Programs – Failed to Pass
SB 920 by Senator Darryl Rouson (D-St. Petersburg) and CS/HB 577 by Rep. Cyndi Stevenson (R-St. Johns) relate to first episode psychosis programs. The House bill was amended to change references from “first episode psychosis” to “coordinated specialty care program” throughout the bill. The amended House bill also removes the age requirement to receive services through a coordinated specialty care program and requires coordinated specialty care programs to submit data to the Department of Children and Families on marijuana usage by individuals served by these programs. “Coordinated specialty care programs” is defined as an evidence-based program for individuals who are experiencing the early indications of serious mental illness, especially symptoms of a first psychotic episode, and which includes, but is not limited to, intensive case management, individual or group therapy, supported employment, family education and supports, and the provision of appropriate psychotropic medication as needed.”

Dispensing Medicinal Drugs – Failed to Pass
CS/SB 100 by Senator Gayle Harrell (R-Stuart) and CS/HB 57 by Rep. Matt Willhite (D-Wellington) authorize individuals licensed to prescribe medicinal drugs in an institutional pharmacy to dispense a 48-hour supply, rather than a 24-hour supply. The legislation also authorizes these individuals to dispense a 72-hour supply of drugs if a state of emergency has been declared in the area.

Parental Rights – Failed to Pass
CS/HB 1059 by Rep. Erin Grall (R-Vero Beach) and CS/SB 1634 by Senator Kelli Stargel (R-Lakeland), designated as the “Parents’ Bill of Rights,” provide that the state, its political subdivisions, other governmental entities, or other institutions may not infringe on parental rights without demonstrating specified information and that a parent of a minor child has specified rights relating to his or her minor child. The bills also require each district school board, in consultation with parents, teachers, and administrators, to develop and adopt a policy to promote parental involvement in the public-school system and prohibit certain health care practitioners from taking specified actions without a parent’s written permission. The bills contain vaccine language affirming a parent’s right to make these choices for children. The amended bill states that health care practitioners and facilities cannot provide services, prescribe medicinal drugs, or preform procedures to a minor without written parental consent. This section does not apply to abortions, which are governed by a separate chapter, or to services provided by clinical laboratories. The revised versions of both the House and Senate bills contain language that specifies and describes the parental rights relating to a minor child’s education, upbringing, and health care and provides requirements and specified penalties for school districts, health care practitioners, and hospitals with regard to said parental rights.
Booster Seats – *Failed to Pass*

CS/CS/CS/HB 395 by Rep. Alex Andrade (R-Pensacola) is the Department of Highway Safety & Motor Vehicles’ package which includes language increasing the minimum booster seat age through 6 years of age.

School Safety – *Failed to Pass*

In 2018, the Legislature enacted the “Marjory Stoneman Douglas High School Public Safety Act” to address school safety and security and establish the Marjory Stoneman Douglas High School Public Safety Commission. The House and Senate are considering legislation that increases several school safety and security provisions contained in the 2018 law. CS/HB 7065 and CS/CS/SB 7040 have a mental health component which strengthens school mental health coordination and implementation by requiring district mental health assistance allocation plans to include agreements with a managing entity for the referral of students for care, including the sharing of records and information to assist in the coordination of such care, and policies and procedures that ensure parents are informed of available behavioral health services, the utilization of community action treatment teams by the school district, and referrals for services of other individuals that would contribute to the improved well-being of the student.