

Agenda – March 13, 2024

State Attorney Addiction Recovery Task Force (SAART)

1. Introduction
2. Update Overdose statistics: PBC ME, PBCFR and 2022 FDLE Medical Examiners Report on Drug Overdose Deaths: Al Johnson
3. FARR Update: Micah Robbins/Heidi Matheny
4. Oxford House Update: Michael McKeough
5. ASU Update: Dr. Belma Andric
6. 2024 Legislation:
 - a. HB 1065 – Al Johnson
 - b. SB 7016 - impact on PBC: Ann Berner
7. Arizona – Issues in Treatment and Sober Living Homes: Michelle Siwek
8. DCF - Enhancing Transparency and Access to Public Records
9. Neuro Behavioral Hospital Update: Katie Weyback
10. SEFBHN – Launch of a Central Receiving System: Ann Berner
11. State-Wide 2023 Legislative Proviso Study Update:
12. Continuing Discussion of 2025 Model Zoning Ordinance Legislation.
13. SHTF Comments.-the next meeting is May 15, 2024
14. Public comments.
15. Closing remarks.



OFFICE OF THE STATE ATTORNEY

FIFTEENTH JUDICIAL CIRCUIT
IN AND FOR PALM BEACH COUNTY



DAVE ARONBERG
STATE ATTORNEY

SOBER HOMES TASK FORCE TIP LINE-1-844-324-5463

STATE ATTORNEY ADDICTION RECOVERY TASK FORCE (SAARTEF)

2024	
January 4, 2024	Thursday
February 6, 2024 (special meeting)	Tuesday
March 13, 2024	Wednesday
April	No Meeting
May 15, 2024	Wednesday
June	No meeting
July 17, 2024	Wednesday
August	No meeting
September 18, 2024	Wednesday
October	No meeting
November 13, 2024	Wednesday

All meetings are 1pm to 4pm

**Please request a zoom link by emailing
Mary Ann Senatore-msenatore@sa15.org**



2017- 2022 Opioid OD Death Comparison

Year	PBC	PERCENT	STATE	PERCENT	PER DAY
2017	647		4279		12
2018	401	<38%	3754	<12%	10
2019	476	>16%	4292	>13%	12
2020	604	>21%	6089	>30%	17
2021	519	<14%	6366	>4%	17
2022	431	<17%	6162	<3%	17
*2017 PBC = 15% OF ALL DEATHS STATEWIDE					
2021 PBC = 18% OF ALL DEATHS STATEWIDE					
2022 PBC = 7% OF ALL DEATHS STATEWIDE					

Most Opioid–Caused Deaths by Florida Medical Examiner By District: 2021–2022

6,162 opioid–caused deaths in 2022 (average of 17 per day)
(down 3% from the 6366 opioid–caused deaths in 2021)

Fentanyl caused the death or was present in 5,622 cases (91%)

Fentanyl was the leading cause of drug–caused deaths

- 🔴 District 4: Pasco/Pinellas Counties: 765 opioid–caused deaths (up 6% from 720 in 2021)
- 🔴 District 17: Broward County: 568 opioid–caused deaths (down 6% from 613 in 2021)
- 🔴 District 15: Palm Beach County: 431 opioid–caused deaths (down 17% from 519 in 2021)
- 🔴 District 4: Clay/Duval/Nassau Counties: 543 opioid–caused deaths (up 1% from 539 in 2021)
- 🔴 District 13: Hillsborough County: 525 opioid caused–deaths (up 14% from 450 in 2021)
- 🔴 District 1: Escambia/Okaloosa/Santa Rosa/Walton: 371 opioid (up 13% from 323 in 2021)

2021/2022 PBCME Opiate ODs

- ▶ PBC Medical Examiner –2021 – **no pending cases**
 - ▶ Total drug overdose cases 657
 - ▶ Total opioid OD deaths 519 (79% of total OD cases)
 - ▶ Total Fentanyl cause or presence 477 (91%)
 - ▶ **Decline in opioid OD deaths 2020/2021 (14%)**
- ▶ PBC Medical Examiner –2022 - **no pending cases**
 - ▶ Total drug overdose cases 553
 - ▶ Total opioid OD deaths 431 (78% of total OD cases)
 - ▶ Total Fentanyl & Fentanyl analog cause or presence 391 (93%)**
 - ▶ **Decline in Opioid OD deaths - 2021/2022 (17%)**

* Xylazine: “tranq” non-opioid animal tranquilizer – 40 OD deaths

** New Fentanyl analogues:

- N-Pyrrolidino Etonitazene (NPE) – 20x more potent than Fentanyl – 0/20
- Fleurofentanyl – similar potency to Fentanyl – 6/100

2022/2023 PBCME Opiate OD Deaths

- ▶ PBC Medical Examiner –2022 - **no pending cases**
 - ▶ Total drug overdose cases 553
 - ▶ Total opioid OD deaths 431 (78% of total OD cases)
 - ▶ Total Fentanyl & Fentanyl analog cause or presence 391 (93%)**
 - ▶ **Decline in Opioid OD deaths - 2021/2022 (17%)**
- **PBC Medical Examiner –2023 (March 2024 snapshot)- 10 pending cases**
 - Total drug overdose cases 530
 - Total opioid OD deaths 400 (75% of total OD cases) - **projected 407 total < 6%**
 - Total fentanyl & fentanyl analog cause or presence 370 (93%)

* Xylazine: “tranq” non-opioid animal tranquilizer – 2022- 40/ 2023- 32

** New Fentanyl analogues:

- N-Pyrrolidino Etonitazene (NPE) – 20x more potent than Fentanyl – 2022-20/2023-0
- Fleurofentanyl – similar potency to Fentanyl – 2022-100/2023-65

FINAL 2017 12 MONTHS



9/25/2018

Palm Beach County Fire Rescue Primary or Secondary Impression = Opioid 1/1/2017 to 12/31/2017

2017

January	# of Calls:	162	# of Patients:	165
February	# of Calls:	135	# of Patients:	138
March	# of Calls:	329	# of Patients:	343
April	# of Calls:	238	# of Patients:	251
May	# of Calls:	414	# of Patients:	429
June	# of Calls:	340	# of Patients:	373
July	# of Calls:	180	# of Patients:	183
August	# of Calls:	209	# of Patients:	215
September	# of Calls:	176	# of Patients:	180
October	# of Calls:	185	# of Patients:	195
November	# of Calls:	135	# of Patients:	136
December	# of Calls:	172	# of Patients:	177
GRAND TOTALS	# of Calls:	2,675	# of Patients:	2,785

FINAL 12 MONTHS 2018



1/10/2019

Palm Beach County Fire Rescue Primary or Secondary Impression = Opioid 1/1/2018 to 12/31/2018

2018

January	# of Calls:	144	# of Patients:	148
February	# of Calls:	128	# of Patients:	130
March	# of Calls:	116	# of Patients:	120
April	# of Calls:	129	# of Patients:	133
May	# of Calls:	124	# of Patients:	126
June	# of Calls:	180	# of Patients:	182
July	# of Calls:	149	# of Patients:	151
August	# of Calls:	124	# of Patients:	129
September	# of Calls:	113	# of Patients:	114
October	# of Calls:	127	# of Patients:	129
November	# of Calls:	99	# of Patients:	99
December	# of Calls:	76	# of Patients:	80
GRAND TOTALS	# of Calls:	1,509	# of Patients:	1,541

FINAL 12 MONTHS 2019



1/10/2020

Palm Beach County Fire Rescue Primary or Secondary Impression = Opioid 1/1/2019 to 12/31/2019

2019

January	# of Calls:	100	# of Patients:	102
February	# of Calls:	105	# of Patients:	107
March	# of Calls:	97	# of Patients:	100
April	# of Calls:	103	# of Patients:	104
May	# of Calls:	137	# of Patients:	139
June	# of Calls:	113	# of Patients:	115
July	# of Calls:	127	# of Patients:	132
August	# of Calls:	127	# of Patients:	128
September	# of Calls:	125	# of Patients:	128
October	# of Calls:	156	# of Patients:	159
November	# of Calls:	131	# of Patients:	133
December	# of Calls:	162	# of Patients:	163
GRAND TOTALS	# of Calls:	1,483	# of Patients:	1,510



1/5/2021

Palm Beach County Fire Rescue

Primary or Secondary Impression = Opioid

1/1/2020 to 12/31/2020

2020

January	# of Calls:	183	# of Patients:	187
February	# of Calls:	147	# of Patients:	149
March	# of Calls:	147	# of Patients:	148
April	# of Calls:	143	# of Patients:	148
May	# of Calls:	151	# of Patients:	154
June	# of Calls:	148	# of Patients:	153
July	# of Calls:	144	# of Patients:	147
August	# of Calls:	141	# of Patients:	143
September	# of Calls:	183	# of Patients:	190
October	# of Calls:	147	# of Patients:	150
November	# of Calls:	119	# of Patients:	119
December	# of Calls:	118	# of Patients:	118
GRAND TOTALS	# of Calls:	1,771	# of Patients:	1,806



1/3/2022

Palm Beach County Fire Rescue

Primary or Secondary Impression = Opioid

1/1/2021 to 12/31/2021

2021

January	# of Calls:	127	# of Patients:	129
February	# of Calls:	119	# of Patients:	121
March	# of Calls:	151	# of Patients:	156
April	# of Calls:	143	# of Patients:	144
May	# of Calls:	153	# of Patients:	159
June	# of Calls:	128	# of Patients:	130
July	# of Calls:	120	# of Patients:	122
August	# of Calls:	146	# of Patients:	150
September	# of Calls:	151	# of Patients:	154
October	# of Calls:	177	# of Patients:	185
November	# of Calls:	133	# of Patients:	134
December	# of Calls:	154	# of Patients:	159
GRAND TOTALS	# of Calls:	1,702	# of Patients:	1,743



1/3/2023

Palm Beach County Fire Rescue

Primary or Secondary Impression = Opioid

1/1/2022 to 12/31/2022

2022

January	# of Calls:	140	# of Patients:	144
February	# of Calls:	148	# of Patients:	150
March	# of Calls:	126	# of Patients:	130
April	# of Calls:	102	# of Patients:	103
May	# of Calls:	123	# of Patients:	127
June	# of Calls:	101	# of Patients:	104
July	# of Calls:	135	# of Patients:	137
August	# of Calls:	137	# of Patients:	140
September	# of Calls:	118	# of Patients:	118
October	# of Calls:	119	# of Patients:	119
November	# of Calls:	96	# of Patients:	96
December	# of Calls:	101	# of Patients:	103
GRAND TOTALS	# of Calls:	1,446	# of Patients:	1,471



2/7/2024

Palm Beach County Fire Rescue Primary or Secondary Impression = Suspected Opioid

1/1/2023 to 12/31/2023

2023

January	# of Calls:	97	# of Patients:	98
February	# of Calls:	81	# of Patients:	83
March	# of Calls:	115	# of Patients:	116
April	# of Calls:	112	# of Patients:	114
May	# of Calls:	112	# of Patients:	115
June	# of Calls:	125	# of Patients:	132
July	# of Calls:	111	# of Patients:	113
August	# of Calls:	102	# of Patients:	105
September	# of Calls:	101	# of Patients:	104
October	# of Calls:	114	# of Patients:	114
November	# of Calls:	114	# of Patients:	115
December	# of Calls:	97	# of Patients:	98
2023		1,281		1,307

GRAND TOTALS	# of Calls:	1,281	# of Patients	1,307
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State Attorney Addiction Recovery Task Force March 2024

STATEWIDE PROGRAMS CERTIFIED (231)

March 13, 2024:

Units: 1,885		
Beds: 9,302		
Levels I, II & III:	Units: 1,085	Beds: 6,019
Level IV:	Units: 800	Beds: 3,283

FLORIDA COUNTIES

- Broward County has 30% of the units and 29% of the beds.
- Palm Beach County has 41% of the units and 38% of the beds.

County	Units	Beds	MAT Beds
Alachua	2	10	10
Brevard	11	136	128
Broward	576	2,745	1,183
Clay	1	8	0
Collier	9	65	65
Duval	49	310	211
Escambia	13	60	0
Flagler	6	39	23
Hillsborough	88	501	165
Indian River	13	83	12
Lee	50	325	227
Leon	0	0	0
Manatee	22	111	14
Marion	8	40	40
Martin	24	139	50
Miami-Dade	22	172	0
Orange	21	178	86
Osceola	1	12	0
Palm Beach	787	3,575	1,585
Pasco	35	163	36

Pinellas	88	295	158
Polk	1	6	6
Sarasota	31	165	0
Seminole	2	20	10
St. Lucie	13	98	84
Volusia	12	46	46



RUNNING TOTALS

STATE CAPACITY TREND

March 2024

<u>FARR</u>	
July 2017	3,280 beds
January 2018	4,153 beds
January 2019	5,786 beds
January 2020	5,781 beds
January 2021	6,715 beds
January 2022	6,872 beds
January 2023	8,122 beds
March 2024	9,302 beds

- **11.4% bed capacity Increase since January 2023**

• **PALM BEACH COUNTY NUMBERS**

115 Certified Providers

787 Units, 3,575 Beds (Men: 1,629, Women: 610, Both: 1,312, LGBTQ+: 24)

Level I: 6 Programs, 27 Units, 79 Beds
Level II: 62 Programs, 330 Units, 1,801 Beds
Level III: 6 Programs, 38 Units, 129 Beds
Level IV: 41 Programs, 392 Units, 1,566 Beds

Overdose Numbers

Certified Recovery Residences – Self-Reporting January 2023 - March 2024 37 % Death Rate

Total	Male	Female	Deaths
46	39	7	14

City Report

Boynton Beach (3 Overdose) (1 Death)

Bradenton (2 Overdose) (0 Death)

Clearwater (1 Overdose) (0 Death)

Coral Springs (1 Overdose) (1 Death)

Delray (8 Overdose) (1 Death)

Fort Lauderdale (2 Overdose) (1 Death)

Fort Meyers (1 Overdose) (1 Death)

Jacksonville (3 Overdose) (1 Death)

Lake Worth (2 Overdose) (0 Death)

Lantana (1 Overdose) (0 Death)

Miami (1 Overdose) (0 Death)

Oakland Park (2 Overdose) (0 Death)

Pompano Beach (7 Overdose) (2 Death)

Saint Peterburg (1 Overdose) (0 Death)

Tampa (2 Overdose) (0 Death)

Vero Beach (1 Overdose) (0 Death)

West Palm Beach (2 Overdose) (0 Death)

West Park (1 Overdose) (0 Death)

<u>Age Report</u>	<u>Naloxone Doses</u>
Under 20- (2)	Opiates/ Fentanyl- (45)
20's- (16)	Cocaine-(7)
30's- (21)	Alcohol- (5)
40's- (5)	Xanax -(3)
50's & Up- (1)	Average Age: 29

<u>Certification Level</u>	<u>State of Origin</u>	<u>Time in Florida</u>
Level I- (0)	NY-(1)	10 Hours- (1)
Level II- (39)	Indiana-(1)	3 Months- (2)
Level III- (0)	MS-(1)	1 Year- (2)
Level IV- (7)	MA-(1)	2 Years- (2)
	Ohio-(2)	Unknown- (3)
	Kansas-(1)	
	Texas-(1)	
	MO- (1)	
	North Carolina- (1)	
	New Jersey- (1)	
	Arkansas- (1)	
	Unknown- (27)	

NARR Mission

The National Alliance for Recovery Residences (NARR) supports people in recovery from alcohol and other drug use by improving the accessibility, availability and quality of recovery-oriented housing and services.

In support of this mission, we create, evaluate and improve standards and measures of quality for recovery residences. We provide a forum for exchanging ideas, problem solving, technical assistance and training. NARR informs public policy development as recovery experts at the national and regional level.

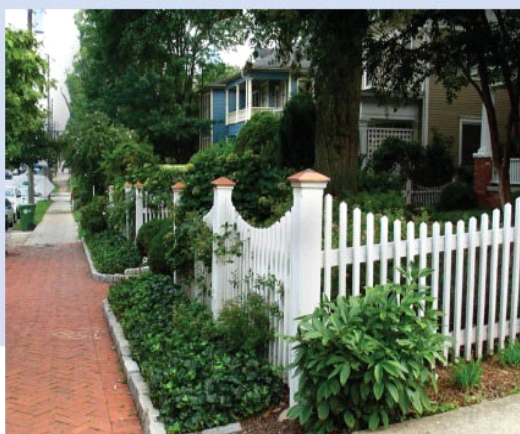
NARR assists existing regional organizations and fosters the development of stakeholder organizations where none exist. NARR is the national resource on recovery residences for people in recovery, health and recovery professionals, social service agencies, state and local governments and recovery residence providers.



The National Alliance for Recovery Residences (NARR) was formed in 2011 to fill a void in the field of addiction recovery services.

Recovery residences are a vital resource for many along the road to recovery. They have not had a ***national unified resource***.

Until now.



NARR Benefits

- Universally accepted protocol for operating ethical, high quality recovery residences,
- Advice and technical assistance to state and local governments on recovery residence issues,
- Opportunity to effect change through NARR's involvement in professional and policy communities,
- Resource for advocacy, training, technical assistance and information about fair housing rights,
- Latest information, research and policy recommendations on recovery residence conditions, resources and issues impacting people in recovery nationally,
- Participation in discussions and policy formation on issues affecting recovery residences nationally,
- Resource support for local and regional stakeholder organizations seeking to improve the availability, accessibility and quality of recovery residence options.





FLORIDA STATE OXFORD HOUSES

Total Houses	173
Total Beds	1563
Men Houses	108
Men Beds	970
Women Houses	24
Women Beds	209
Women with Children Houses	38
Women with Children Beds	355
Men with Children Houses	3
Men with Children Beds	29

Cities that currently have Oxford Houses

West Palm Beach	Vero Beach	Lakeland	Bradenton
Lantana	Port St. Lucie	St. Petersburg	Ft. Myers
Riviera Beach	Ft. Lauderdale	Temple Terrace	Cape Coral
Lake Park	Lauderhill	Largo	Pensacola
Fort Pierce	Tampa	Clearwater	Panama City
Seminole	Winter Haven	Land O' Lakes	Panama City Beach
Tallahassee	Altamonte Springs	Apopka	Orlando
Winter Park	Jacksonville	Orange Park	St. Augustine
Palm Coast	Daytona	Port Orange	Ocala

Gainesville	Miami Gardens	Miami	Kissimmee	Deltona
New Port Richie	Jacksonville Beach	Ft. Walton	Sarasota	Deland
Palm Bay	Sanford	Crestview	Naples	Spring Hill
Maitland	Port Charlotte	Fruitland Park		

The Oxford Houses in Florida are experiencing positive momentum, with various noteworthy developments. One significant event on the horizon is the upcoming convention and training workshop scheduled for March. This gathering presents an invaluable opportunity for members statewide to convene, exchange insights, and enhance their knowledge of the Oxford House model. A cornerstone of the Florida Oxford Houses' success lies the dedication to consistent training initiatives. Across chapters and individual houses, these efforts continue to ensure that members are well-equipped with the knowledge and competencies needed to effectively succeed in their living environments.

In addition to focusing on education and skill-building, the Florida Oxford Houses are also actively expanding their reach. The recent opening of 9 new houses in different regions of the state underscores the demand for the supportive community and resources offered by the Oxford House model.

Furthermore, the growth of the community is complemented by an encouraging trend of members stepping into leadership roles. This proactive involvement not only strengthens individual houses but also fosters a sense of ownership and responsibility within the broader Oxford House community in Florida.

In sum, the Florida Oxford Houses are flourishing due to a combination of robust training efforts, strategic expansion, and active member engagement. This collective momentum bodes well for the continued success and sustainability of the Oxford House movement in the state.

Overdoses since the last meeting: 3 (non-fatal)

Upcoming Events:

Oxford House Florida State Workshop 22nd - 24th March 2024 (Paisley, FL)

Oxford House World Convention Fall 2024 (Rosen Shingle Creek, Orlando)

All chapters in the state continue to do Narcan Administration trainings. All chapters are working with DCF to become Narcan providers for their areas.

National Website

www.oxfordhouse.org

Vacancy Website

www.oxfordvacancies.org

State Website

www.oxfordhousefl.org

Contacts:

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ENROLLED

CS/CS/CS/HB 1065

2024 Legislature

1
2 An act relating to substance abuse treatment; amending
3 s. 397.311, F.S.; providing the levels of care at
4 certified recovery residences and their respective
5 levels of care for residents; defining the term
6 "community housing"; amending s. 397.407, F.S.;
7 authorizing, rather than requiring, the Department of
8 Children and Families to issue a license for certain
9 service components operated by a service provider;
10 removing the timeframe in which a licensed service
11 provider must apply for additional services; requiring
12 the service provider to obtain approval before
13 relocating to a different service site; removing a
14 requirement that a separate license is required for
15 each service component maintained by a service
16 provider; amending s. 397.487, F.S.; extending the
17 deadline for certified recovery residences to retain a
18 replacement for a certified recovery residence
19 administrator who has been removed from his or her
20 position; requiring certified recovery residences to
21 remove certain individuals from their positions under
22 certain circumstances; requiring the certified
23 recovery residence to retain a certified recovery
24 residence administrator if the previous certified
25 recovery residence administrator has been removed for

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2024 Legislature

any reason; prohibiting certified recovery residences, on or after a specified date, from denying an individual access to housing under specified circumstances; prohibiting local ordinances or regulations from further regulating after a specified date the duration or frequency of a resident's stay in a certified recovery residence located within a certain zoning districts; providing applicability; amending s. 397.4871, F.S.; authorizing certain Level IV certified recovery residences owned or controlled by certain licensed service providers and managed by a certified recovery residence administrator to manage a specified greater number of residents under certain circumstances; prohibiting a certified recovery residence administrator who has been removed by a certified recovery residence from taking on certain other management positions without approval from a credentialing entity; amending ss. 119.071, 381.0038, 394.4573, 394.9085, 397.4012, 397.407, 397.410, 397.416, and 893.13, F.S.; conforming provisions to changes made by the act; providing an effective date.

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

Section 1. Subsections (9) through (50) of section

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2024 Legislature

397.311, Florida Statutes, are renumbered as subsections (10) through (51), respectively, subsection (5) and present subsection (43) are amended, and a new subsection (9) is added to that section, to read:

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

(5) "Certified recovery residence" means a recovery residence that holds a valid certificate of compliance and is actively managed by a certified recovery residence administrator.

(a) A Level I certified recovery residence houses individuals in recovery who have completed treatment, with a minimum of 9 months of sobriety. A Level I certified recovery residence is democratically run by the members who reside in the home.

(b) A Level II certified recovery residence encompasses the traditional perspectives of sober living homes. There is oversight from a house manager who has experience with living in recovery. Residents are expected to follow rules outlined in a resident handbook provided by the certified recovery residence administrator. Residents must pay dues, if applicable, and work toward achieving realistic and defined milestones within a chosen recovery path.

(c) A Level III certified recovery residence offers higher supervision by staff with formal training to ensure resident

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2024 Legislature

76 accountability. Such residences are staffed 24 hours a day, 7
77 days a week, and offer residents peer-support services, which
78 may include, but are not limited to, life skill mentoring,
79 recovery planning, and meal preparation. Clinical services may
80 not be performed at the residence. Such residences are most
81 appropriate for persons who require a more structured
82 environment during early recovery from addiction.

83 (d) A Level IV certified recovery residence is a residence
84 offered, referred to, or provided by, a licensed service
85 provider to its patients who are required to reside at the
86 residence while receiving intensive outpatient and higher levels
87 of outpatient care. Such residences are staffed 24 hours a day
88 and combine outpatient licensable services with recovery
89 residential living. Residents are required to follow a treatment
90 plan and attend group and individual sessions, in addition to
91 developing a recovery plan within the social model of living in
92 a sober lifestyle. No clinical services are provided at the
93 residence and all licensable services are provided off-site.

94 (9) "Community housing" means a certified recovery
95 residence offered, referred to, or provided by a licensed
96 service provider that provides housing to its patients who are
97 required to reside at the residence while receiving intensive
98 outpatient and higher levels of outpatient care. A certified
99 recovery residence used by a licensed service provider that
100 meets the definition of community housing shall be classified as

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2024 Legislature

101 a Level IV level of support, as described in subsection (5).

102 (44)~~(43)~~ "Service component" or "component" means a
103 discrete operational entity within a service provider which is
104 subject to licensing as defined by rule. Service components
105 include prevention, intervention, and clinical treatment
106 described in subsection (27) ~~(26)~~.

107 Section 2. Subsection (11) of section 397.407, Florida
108 Statutes, is renumbered as subsection (10) and subsection (6)
109 and present subsection (10) of that section are amended to read:

110 397.407 Licensure process; fees.—

111 (6) The department may issue probationary, regular, and
112 interim licenses. The department may ~~shall~~ issue one license for
113 all ~~each~~ service components ~~component~~ ~~that is~~ operated by a
114 service provider and defined pursuant to s. 397.311(26). The
115 license is valid only for the specific service components listed
116 for each specific location identified on the license. The
117 licensed service provider shall apply for ~~a new license at least~~
118 ~~60 days before~~ the addition of any service components and obtain
119 approval before initiating additional services. The licensed
120 service provider must notify the department and provide any
121 required documentation at least ~~or~~ 30 days before the relocation
122 of any of its service sites. Provision of service components or
123 delivery of services at a location not identified on the license
124 may be considered an unlicensed operation that authorizes the
125 department to seek an injunction against operation as provided

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2024 Legislature

126 in s. 397.401, in addition to other sanctions authorized by s.
127 397.415. Probationary and regular licenses may be issued only
128 after all required information has been submitted. A license may
129 not be transferred. As used in this subsection, the term
130 "transfer" includes, but is not limited to, the transfer of a
131 majority of the ownership interest in the licensed entity or
132 transfer of responsibilities under the license to another entity
133 by contractual arrangement.

134 ~~(10) A separate license is required for each service~~
135 ~~component maintained by the service provider.~~

136 Section 3. Subsection (8) of section 397.487, Florida
137 Statutes, is amended and subsections (13) and (14) are added to
138 that section, to read:

139 397.487 Voluntary certification of recovery residences.—

140 (8) Onsite followup monitoring of a certified recovery
141 residence may be conducted by the credentialing entity to
142 determine continuing compliance with certification requirements.
143 The credentialing entity shall inspect each certified recovery
144 residence at least annually to ensure compliance.

145 (a) A credentialing entity may suspend or revoke a
146 certification if the recovery residence is not in compliance
147 with any provision of this section or has failed to remedy any
148 deficiency identified by the credentialing entity within the
149 time period specified.

150 (b) A certified recovery residence must notify the

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2024 Legislature

151 credentialing entity within 3 business days after the removal of
152 the recovery residence's certified recovery residence
153 administrator due to termination, resignation, or any other
154 reason. The certified recovery residence has 90 ~~30~~ days to
155 retain a certified recovery residence administrator. The
156 credentialing entity must ~~shall~~ revoke the certificate of
157 compliance of any certified recovery residence that fails to
158 comply with this paragraph.

159 (c) If a certified recovery residence's administrator has
160 been removed due to termination, resignation, or any other
161 reason and had been previously approved to actively manage more
162 than 50 residents pursuant to s. 397.4871(8)(b), the certified
163 recovery residence has 90 days to retain another certified
164 recovery residence administrator pursuant to s. 397.4871. The
165 credentialing entity must revoke the certificate of compliance
166 of any certified recovery residence that fails to comply with
167 this paragraph.

168 (d)-(e) If any owner, director, or chief financial officer
169 of a certified recovery residence is arrested and awaiting
170 disposition for or found guilty of, or enters a plea of guilty
171 or nolo contendere to, regardless of whether adjudication is
172 withheld, any offense listed in s. 435.04(2) while acting in
173 that capacity, the certified recovery residence must ~~shall~~
174 immediately remove the person from that position and ~~shall~~
175 notify the credentialing entity within 3 business days after

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176 such removal. The credentialing entity must ~~shall~~ revoke the
177 certificate of compliance of a certified recovery residence that
178 fails to meet these requirements.

179 (e)-(d) A credentialing entity shall revoke a certified
180 recovery residence's certificate of compliance if the certified
181 recovery residence provides false or misleading information to
182 the credentialing entity at any time.

183 (f)-(e) Any decision by a department-recognized
184 credentialing entity to deny, revoke, or suspend a
185 certification, or otherwise impose sanctions on a certified
186 recovery residence, is reviewable by the department. Upon
187 receiving an adverse determination, the certified recovery
188 residence may request an administrative hearing pursuant to ss.
189 120.569 and 120.57(1) within 30 days after completing any
190 appeals process offered by the credentialing entity or the
191 department, as applicable.

192 (13) Beginning January 1, 2025, a certified recovery
193 residence may not deny an individual access to housing solely on
194 the basis that he or she has been prescribed federally approved
195 medication that assists with treatment for substance use
196 disorders by a licensed physician, a physician's assistant, or
197 an advanced practice registered nurse registered under s.
198 464.0123.

199 (14) A local ordinance or regulation may not further
200 regulate the duration or frequency of a resident's stay in a

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201 certified recovery residence located within a multifamily zoning
202 district after June 30, 2024. This provision shall expire July
203 1, 2026.

204 Section 4. Paragraphs (b) and (c) of subsection (6) of
205 section 397.4871, Florida Statutes, are amended and paragraph
206 (c) is added to subsection (8) of that section, to read:

207 397.4871 Recovery residence administrator certification.—

208 (6) The credentialing entity shall issue a certificate of
209 compliance upon approval of a person's application. The
210 certification shall automatically terminate 1 year after
211 issuance if not renewed.

212 (b) If a certified recovery residence administrator of a
213 recovery residence is arrested and awaiting disposition for or
214 found guilty of, or enters a plea of guilty or nolo contendere
215 to, regardless of whether adjudication is withheld, any offense
216 listed in s. 435.04(2) while acting in that capacity, the
217 certified recovery residence must ~~shall~~ immediately remove the
218 person from that position and ~~shall~~ notify the credentialing
219 entity within 3 business days after such removal. The certified
220 recovery residence shall ~~have 30 days to~~ retain a certified
221 recovery residence administrator within 90 days after such
222 removal. The credentialing entity must ~~shall~~ revoke the
223 certificate of compliance of any recovery residence that fails
224 to meet these requirements.

225 (c) A credentialing entity must ~~shall~~ revoke a certified

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recovery residence administrator's certificate of compliance if the recovery residence administrator provides false or misleading information to the credentialing entity at any time.

(8)

(c) Notwithstanding paragraph (b), a Level IV certified recovery residence operating as community housing as defined in s. 397.311(9), which residence is actively managed by a certified recovery residence administrator approved for 100 residents under this section and is wholly owned or controlled by a licensed service provider, may actively manage up to 150 residents so long as the licensed service provider maintains a service provider personnel-to-patient ratio of 1 to 8 and maintains onsite supervision at the residence 24 hours a day, 7 days a week, with a personnel-to-resident ratio of 1 to 10. A certified recovery residence administrator who has been removed by a certified recovery residence due to termination, resignation, or any other reason may not continue to actively manage more than 50 residents for another service provider or certified recovery residence without being approved by the credentialing entity.

Section 5. Paragraph (d) of subsection (4) of section 119.071, Florida Statutes, is amended to read:

119.071 General exemptions from inspection or copying of public records.—

(4) AGENCY PERSONNEL INFORMATION.—

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(d)1. For purposes of this paragraph, the term:

a. "Home addresses" means the dwelling location at which an individual resides and includes the physical address, mailing address, street address, parcel identification number, plot identification number, legal property description, neighborhood name and lot number, GPS coordinates, and any other descriptive property information that may reveal the home address.

b. "Judicial assistant" means a court employee assigned to the following class codes: 8140, 8150, 8310, and 8320.

c. "Telephone numbers" includes home telephone numbers, personal cellular telephone numbers, personal pager telephone numbers, and telephone numbers associated with personal communications devices.

2.a. The home addresses, telephone numbers, dates of birth, and photographs of active or former sworn law enforcement personnel or of active or former civilian personnel employed by a law enforcement agency, including correctional and correctional probation officers, personnel of the Department of Children and Families whose duties include the investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities, personnel of the Department of Health whose duties are to support the investigation of child abuse or neglect, and personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement; the names, home

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addresses, telephone numbers, photographs, dates of birth, and places of employment of the spouses and children of such personnel; and the names and locations of schools and day care facilities attended by the children of such personnel are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

b. The home addresses, telephone numbers, dates of birth, and photographs of current or former nonsworn investigative personnel of the Department of Financial Services whose duties include the investigation of fraud, theft, workers' compensation coverage requirements and compliance, other related criminal activities, or state regulatory requirement violations; the names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of such personnel; and the names and locations of schools and day care facilities attended by the children of such personnel are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

c. The home addresses, telephone numbers, dates of birth, and photographs of current or former nonsworn investigative personnel of the Office of Financial Regulation's Bureau of Financial Investigations whose duties include the investigation of fraud, theft, other related criminal activities, or state regulatory requirement violations; the names, home addresses, telephone numbers, dates of birth, and places of employment of

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the spouses and children of such personnel; and the names and locations of schools and day care facilities attended by the children of such personnel are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

d. The home addresses, telephone numbers, dates of birth, and photographs of current or former firefighters certified in compliance with s. 633.408; the names, home addresses, telephone numbers, photographs, dates of birth, and places of employment of the spouses and children of such firefighters; and the names and locations of schools and day care facilities attended by the children of such firefighters are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

e. The home addresses, dates of birth, and telephone numbers of current or former justices of the Supreme Court, district court of appeal judges, circuit court judges, and county court judges, and of current judicial assistants; the names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of current or former justices and judges and of current judicial assistants; and the names and locations of schools and day care facilities attended by the children of current or former justices and judges and of current judicial assistants are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. This sub-subparagraph is subject to the Open Government Sunset Review Act in accordance with s. 119.15 and shall stand repealed on

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October 2, 2028, unless reviewed and saved from repeal through reenactment by the Legislature.

f. The home addresses, telephone numbers, dates of birth, and photographs of current or former state attorneys, assistant state attorneys, statewide prosecutors, or assistant statewide prosecutors; the names, home addresses, telephone numbers, photographs, dates of birth, and places of employment of the spouses and children of current or former state attorneys, assistant state attorneys, statewide prosecutors, or assistant statewide prosecutors; and the names and locations of schools and day care facilities attended by the children of current or former state attorneys, assistant state attorneys, statewide prosecutors, or assistant statewide prosecutors are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

g. The home addresses, dates of birth, and telephone numbers of general magistrates, special magistrates, judges of compensation claims, administrative law judges of the Division of Administrative Hearings, and child support enforcement hearing officers; the names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of general magistrates, special magistrates, judges of compensation claims, administrative law judges of the Division of Administrative Hearings, and child support enforcement hearing officers; and the names and locations of schools and day care facilities attended by the children of general magistrates,

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351 special magistrates, judges of compensation claims,
352 administrative law judges of the Division of Administrative
353 Hearings, and child support enforcement hearing officers are
354 exempt from s. 119.07(1) and s. 24(a), Art. I of the State
355 Constitution.

356 h. The home addresses, telephone numbers, dates of birth,
357 and photographs of current or former human resource, labor
358 relations, or employee relations directors, assistant directors,
359 managers, or assistant managers of any local government agency
360 or water management district whose duties include hiring and
361 firing employees, labor contract negotiation, administration, or
362 other personnel-related duties; the names, home addresses,
363 telephone numbers, dates of birth, and places of employment of
364 the spouses and children of such personnel; and the names and
365 locations of schools and day care facilities attended by the
366 children of such personnel are exempt from s. 119.07(1) and s.
367 24(a), Art. I of the State Constitution.

368 i. The home addresses, telephone numbers, dates of birth,
369 and photographs of current or former code enforcement officers;
370 the names, home addresses, telephone numbers, dates of birth,
371 and places of employment of the spouses and children of such
372 personnel; and the names and locations of schools and day care
373 facilities attended by the children of such personnel are exempt
374 from s. 119.07(1) and s. 24(a), Art. I of the State
375 Constitution.

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j. The home addresses, telephone numbers, places of employment, dates of birth, and photographs of current or former guardians ad litem, as defined in s. 39.820; the names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of such persons; and the names and locations of schools and day care facilities attended by the children of such persons are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

k. The home addresses, telephone numbers, dates of birth, and photographs of current or former juvenile probation officers, juvenile probation supervisors, detention superintendents, assistant detention superintendents, juvenile justice detention officers I and II, juvenile justice detention officer supervisors, juvenile justice residential officers, juvenile justice residential officer supervisors I and II, juvenile justice counselors, juvenile justice counselor supervisors, human services counselor administrators, senior human services counselor administrators, rehabilitation therapists, and social services counselors of the Department of Juvenile Justice; the names, home addresses, telephone numbers, dates of birth, and places of employment of spouses and children of such personnel; and the names and locations of schools and day care facilities attended by the children of such personnel are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

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401 1. The home addresses, telephone numbers, dates of birth,
402 and photographs of current or former public defenders, assistant
403 public defenders, criminal conflict and civil regional counsel,
404 and assistant criminal conflict and civil regional counsel; the
405 names, home addresses, telephone numbers, dates of birth, and
406 places of employment of the spouses and children of current or
407 former public defenders, assistant public defenders, criminal
408 conflict and civil regional counsel, and assistant criminal
409 conflict and civil regional counsel; and the names and locations
410 of schools and day care facilities attended by the children of
411 current or former public defenders, assistant public defenders,
412 criminal conflict and civil regional counsel, and assistant
413 criminal conflict and civil regional counsel are exempt from s.
414 119.07(1) and s. 24(a), Art. I of the State Constitution.

415 m. The home addresses, telephone numbers, dates of birth,
416 and photographs of current or former investigators or inspectors
417 of the Department of Business and Professional Regulation; the
418 names, home addresses, telephone numbers, dates of birth, and
419 places of employment of the spouses and children of such current
420 or former investigators and inspectors; and the names and
421 locations of schools and day care facilities attended by the
422 children of such current or former investigators and inspectors
423 are exempt from s. 119.07(1) and s. 24(a), Art. I of the State
424 Constitution.

425 n. The home addresses, telephone numbers, and dates of

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birth of county tax collectors; the names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of such tax collectors; and the names and locations of schools and day care facilities attended by the children of such tax collectors are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

o. The home addresses, telephone numbers, dates of birth, and photographs of current or former personnel of the Department of Health whose duties include, or result in, the determination or adjudication of eligibility for social security disability benefits, the investigation or prosecution of complaints filed against health care practitioners, or the inspection of health care practitioners or health care facilities licensed by the Department of Health; the names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of such personnel; and the names and locations of schools and day care facilities attended by the children of such personnel are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

p. The home addresses, telephone numbers, dates of birth, and photographs of current or former impaired practitioner consultants who are retained by an agency or current or former employees of an impaired practitioner consultant whose duties result in a determination of a person's skill and safety to practice a licensed profession; the names, home addresses,

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451 telephone numbers, dates of birth, and places of employment of
452 the spouses and children of such consultants or their employees;
453 and the names and locations of schools and day care facilities
454 attended by the children of such consultants or employees are
455 exempt from s. 119.07(1) and s. 24(a), Art. I of the State
456 Constitution.

457 q. The home addresses, telephone numbers, dates of birth,
458 and photographs of current or former emergency medical
459 technicians or paramedics certified under chapter 401; the
460 names, home addresses, telephone numbers, dates of birth, and
461 places of employment of the spouses and children of such
462 emergency medical technicians or paramedics; and the names and
463 locations of schools and day care facilities attended by the
464 children of such emergency medical technicians or paramedics are
465 exempt from s. 119.07(1) and s. 24(a), Art. I of the State
466 Constitution.

467 r. The home addresses, telephone numbers, dates of birth,
468 and photographs of current or former personnel employed in an
469 agency's office of inspector general or internal audit
470 department whose duties include auditing or investigating waste,
471 fraud, abuse, theft, exploitation, or other activities that
472 could lead to criminal prosecution or administrative discipline;
473 the names, home addresses, telephone numbers, dates of birth,
474 and places of employment of spouses and children of such
475 personnel; and the names and locations of schools and day care

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476 facilities attended by the children of such personnel are exempt
477 from s. 119.07(1) and s. 24(a), Art. I of the State
478 Constitution.

479 s. The home addresses, telephone numbers, dates of birth,
480 and photographs of current or former directors, managers,
481 supervisors, nurses, and clinical employees of an addiction
482 treatment facility; the home addresses, telephone numbers,
483 photographs, dates of birth, and places of employment of the
484 spouses and children of such personnel; and the names and
485 locations of schools and day care facilities attended by the
486 children of such personnel are exempt from s. 119.07(1) and s.
487 24(a), Art. I of the State Constitution. For purposes of this
488 sub-subparagraph, the term "addiction treatment facility" means
489 a county government, or agency thereof, that is licensed
490 pursuant to s. 397.401 and provides substance abuse prevention,
491 intervention, or clinical treatment, including any licensed
492 service component described in s. 397.311(27) ~~s. 397.311(26)~~.

493 t. The home addresses, telephone numbers, dates of birth,
494 and photographs of current or former directors, managers,
495 supervisors, and clinical employees of a child advocacy center
496 that meets the standards of s. 39.3035(2) and fulfills the
497 screening requirement of s. 39.3035(3), and the members of a
498 Child Protection Team as described in s. 39.303 whose duties
499 include supporting the investigation of child abuse or sexual
500 abuse, child abandonment, child neglect, and child exploitation

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or to provide services as part of a multidisciplinary case review team; the names, home addresses, telephone numbers, photographs, dates of birth, and places of employment of the spouses and children of such personnel and members; and the names and locations of schools and day care facilities attended by the children of such personnel and members are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

u. The home addresses, telephone numbers, places of employment, dates of birth, and photographs of current or former staff and domestic violence advocates, as defined in s. 90.5036(1)(b), of domestic violence centers certified by the Department of Children and Families under chapter 39; the names, home addresses, telephone numbers, places of employment, dates of birth, and photographs of the spouses and children of such personnel; and the names and locations of schools and day care facilities attended by the children of such personnel are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

v. The home addresses, telephone numbers, dates of birth, and photographs of current or former inspectors or investigators of the Department of Agriculture and Consumer Services; the names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of current or former inspectors or investigators; and the names and locations of schools and day care facilities attended by the children of

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current or former inspectors or investigators are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. This sub-subparagraph is subject to the Open Government Sunset Review Act in accordance with s. 119.15 and shall stand repealed on October 2, 2028, unless reviewed and saved from repeal through reenactment by the Legislature.

3. An agency that is the custodian of the information specified in subparagraph 2. and that is not the employer of the officer, employee, justice, judge, or other person specified in subparagraph 2. must maintain the exempt status of that information only if the officer, employee, justice, judge, other person, or employing agency of the designated employee submits a written and notarized request for maintenance of the exemption to the custodial agency. The request must state under oath the statutory basis for the individual's exemption request and confirm the individual's status as a party eligible for exempt status.

4.a. A county property appraiser, as defined in s. 192.001(3), or a county tax collector, as defined in s. 192.001(4), who receives a written and notarized request for maintenance of the exemption pursuant to subparagraph 3. must comply by removing the name of the individual with exempt status and the instrument number or Official Records book and page number identifying the property with the exempt status from all publicly available records maintained by the property appraiser

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551 or tax collector. For written requests received on or before
552 July 1, 2021, a county property appraiser or county tax
553 collector must comply with this sub-subparagraph by October 1,
554 2021. A county property appraiser or county tax collector may
555 not remove the street address, legal description, or other
556 information identifying real property within the agency's
557 records so long as a name or personal information otherwise
558 exempt from inspection and copying pursuant to this section is
559 not associated with the property or otherwise displayed in the
560 public records of the agency.

561 b. Any information restricted from public display,
562 inspection, or copying under sub-subparagraph a. must be
563 provided to the individual whose information was removed.

564 5. An officer, an employee, a justice, a judge, or other
565 person specified in subparagraph 2. may submit a written request
566 for the release of his or her exempt information to the
567 custodial agency. The written request must be notarized and must
568 specify the information to be released and the party authorized
569 to receive the information. Upon receipt of the written request,
570 the custodial agency must release the specified information to
571 the party authorized to receive such information.

572 6. The exemptions in this paragraph apply to information
573 held by an agency before, on, or after the effective date of the
574 exemption.

575 7. Information made exempt under this paragraph may be

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disclosed pursuant to s. 28.2221 to a title insurer authorized pursuant to s. 624.401 and its affiliates as defined in s. 624.10; a title insurance agent or title insurance agency as defined in s. 626.841(1) or (2), respectively; or an attorney duly admitted to practice law in this state and in good standing with The Florida Bar.

8. The exempt status of a home address contained in the Official Records is maintained only during the period when a protected party resides at the dwelling location. Upon conveyance of real property after October 1, 2021, and when such real property no longer constitutes a protected party's home address as defined in sub-subparagraph 1.a., the protected party must submit a written request to release the removed information to the county recorder. The written request to release the removed information must be notarized, must confirm that a protected party's request for release is pursuant to a conveyance of his or her dwelling location, and must specify the Official Records book and page, instrument number, or clerk's file number for each document containing the information to be released.

9. Upon the death of a protected party as verified by a certified copy of a death certificate or court order, any party can request the county recorder to release a protected decedent's removed information unless there is a related request on file with the county recorder for continued removal of the

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601 decedent's information or unless such removal is otherwise
602 prohibited by statute or by court order. The written request to
603 release the removed information upon the death of a protected
604 party must attach the certified copy of a death certificate or
605 court order and must be notarized, must confirm the request for
606 release is due to the death of a protected party, and must
607 specify the Official Records book and page number, instrument
608 number, or clerk's file number for each document containing the
609 information to be released. A fee may not be charged for the
610 release of any document pursuant to such request.

611 10. Except as otherwise expressly provided in this
612 paragraph, this paragraph is subject to the Open Government
613 Sunset Review Act in accordance with s. 119.15 and shall stand
614 repealed on October 2, 2024, unless reviewed and saved from
615 repeal through reenactment by the Legislature.

616 Section 6. Paragraph (a) of subsection (4) of section
617 381.0038, Florida Statutes, is amended to read:

618 381.0038 Education; sterile needle and syringe exchange
619 programs.—The Department of Health shall establish a program to
620 educate the public about the threat of acquired immune
621 deficiency syndrome.

622 (4) A county commission may authorize a sterile needle and
623 syringe exchange program to operate within its county
624 boundaries. The program may operate at one or more fixed
625 locations or through mobile health units. The program shall

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offer the free exchange of clean, unused needles and hypodermic syringes for used needles and hypodermic syringes as a means to prevent the transmission of HIV, AIDS, viral hepatitis, or other blood-borne diseases among intravenous drug users and their sexual partners and offspring. Prevention of disease transmission must be the goal of the program. For the purposes of this subsection, the term "exchange program" means a sterile needle and syringe exchange program established by a county commission under this subsection. A sterile needle and syringe exchange program may not operate unless it is authorized and approved by a county commission in accordance with this subsection.

(a) Before an exchange program may be established, a county commission must:

1. Authorize the program under the provisions of a county ordinance;

2. Enter into a letter of agreement with the department in which the county commission agrees that any exchange program authorized by the county commission will operate in accordance with this subsection;

3. Enlist the local county health department to provide ongoing advice, consultation, and recommendations for the operation of the program;

4. Contract with one of the following entities to operate the program:

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- a. A hospital licensed under chapter 395.
- b. A health care clinic licensed under part X of chapter 400.
- c. A medical school in this state accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation.
- d. A licensed addictions receiving facility as defined in s. 397.311(27)(a)1. ~~s. 397.311(26)(a)1.~~

e. A s. 501(c)(3) HIV/AIDS service organization.

Section 7. Paragraph (e) of subsection (2) of section 394.4573, Florida Statutes, is amended to read:

394.4573 Coordinated system of care; annual assessment; essential elements; measures of performance; system improvement grants; reports.—On or before December 1 of each year, the department shall submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives an assessment of the behavioral health services in this state. The assessment shall consider, at a minimum, the extent to which designated receiving systems function as no-wrong-door models, the availability of treatment and recovery services that use recovery-oriented and peer-involved approaches, the availability of less-restrictive services, and the use of evidence-informed practices. The assessment shall also consider the availability of and access to coordinated specialty care programs and identify any gaps in the availability of and access to such

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676 programs in the state. The department's assessment shall
677 consider, at a minimum, the needs assessments conducted by the
678 managing entities pursuant to s. 394.9082(5). The department
679 shall compile and include in the report all plans submitted by
680 managing entities pursuant to s. 394.9082(8) and the
681 department's evaluation of each plan.

682 (2) The essential elements of a coordinated system of care
683 include:

684 (e) Case management. Each case manager or person directly
685 supervising a case manager who provides Medicaid-funded targeted
686 case management services shall hold a valid certification from a
687 department-approved credentialing entity as defined in s.
688 397.311(11) ~~s. 397.311(10)~~ by July 1, 2017, and, thereafter,
689 within 6 months after hire.

690 Section 8. Subsection (6) of section 394.9085, Florida
691 Statutes, is amended to read:

692 394.9085 Behavioral provider liability.—

693 (6) For purposes of this section, the terms
694 "detoxification ~~services,~~" "addictions receiving facility," and
695 "receiving facility" have the same meanings as those provided in
696 ss. 397.311(27)(a)4., 397.311(27)(a)1. ~~ss. 397.311(26)(a)3.,~~
697 ~~397.311(26)(a)1.,~~ and 394.455(40), respectively.

698 Section 9. Subsection (8) of section 397.4012, Florida
699 Statutes, is amended to read:

700 397.4012 Exemptions from licensure.—The following are

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exempt from the licensing provisions of this chapter:

(8) A legally cognizable church or nonprofit religious organization or denomination providing substance abuse services, including prevention services, which are solely religious, spiritual, or ecclesiastical in nature. A church or nonprofit religious organization or denomination providing any of the licensed service components itemized under s. 397.311(27) ~~s. 397.311(26)~~ is not exempt from substance abuse licensure but retains its exemption with respect to all services which are solely religious, spiritual, or ecclesiastical in nature.

The exemptions from licensure in subsections (3), (4), (8), (9), and (10) do not apply to any service provider that 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 under s. 397.4014. Furthermore, this chapter may not be construed to limit the practice of a physician or physician assistant licensed under chapter 458 or chapter 459, a psychologist licensed under chapter 490, a psychotherapist licensed under chapter 491, or an advanced practice registered nurse licensed under part I of chapter 464, who provides substance abuse treatment, so long as the physician, physician assistant, psychologist, psychotherapist, or advanced practice registered nurse does not represent to the public that he or she is a licensed service provider and does

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not provide services to individuals under part V of this chapter. 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 10. Subsections (1) and (6) of section 397.407, Florida Statutes, are amended to read:

397.407 Licensure process; fees.—

(1) The department shall establish the licensure process to include fees and categories of licenses and must prescribe a fee range that is based, at least in part, on the number and complexity of programs listed in s. 397.311(27) ~~s. 397.311(26)~~ which are operated by a licensee. The fees from the licensure of service components are sufficient to cover the costs of regulating the service components. The department shall specify a fee range for public and privately funded licensed service providers. Fees for privately funded licensed service providers must exceed the fees for publicly funded licensed service providers.

(6) The department may issue probationary, regular, and interim licenses. The department shall issue one license for each service component that is operated by a service provider and defined pursuant to s. 397.311(27) ~~s. 397.311(26)~~. The license is valid only for the specific service components listed for each specific location identified on the license. The

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751 licensed service provider shall apply for a new license at least
752 60 days before the addition of any service components or 30 days
753 before the relocation of any of its service sites. Provision of
754 service components or delivery of services at a location not
755 identified on the license may be considered an unlicensed
756 operation that authorizes the department to seek an injunction
757 against operation as provided in s. 397.401, in addition to
758 other sanctions authorized by s. 397.415. Probationary and
759 regular licenses may be issued only after all required
760 information has been submitted. A license may not be
761 transferred. As used in this subsection, the term "transfer"
762 includes, but is not limited to, the transfer of a majority of
763 the ownership interest in the licensed entity or transfer of
764 responsibilities under the license to another entity by
765 contractual arrangement.

766 Section 11. Subsection (1) of section 397.410, Florida
767 Statutes, is amended to read:

768 397.410 Licensure requirements; minimum standards; rules.—

769 (1) The department shall establish minimum requirements
770 for licensure of each service component, as defined in s.
771 397.311(27) ~~s. 397.311(26)~~, including, but not limited to:

772 (a) Standards and procedures for the administrative
773 management of the licensed service component, including
774 procedures for recordkeeping, referrals, and financial
775 management.

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776 (b) Standards consistent with clinical and treatment best
777 practices that ensure the provision of quality treatment for
778 individuals receiving substance abuse treatment services.

779 (c) The number and qualifications of all personnel,
780 including, but not limited to, management, nursing, and
781 qualified professionals, having responsibility for any part of
782 an individual's clinical treatment. These requirements must
783 include, but are not limited to:

784 1. Education; credentials, such as licensure or
785 certification, if appropriate; training; and supervision of
786 personnel providing direct clinical treatment.

787 2. Minimum staffing ratios to provide adequate safety,
788 care, and treatment.

789 3. Hours of staff coverage.

790 4. The maximum number of individuals who may receive
791 clinical services together in a group setting.

792 5. The maximum number of licensed service providers for
793 which a physician may serve as medical director and the total
794 number of individuals he or she may treat in that capacity.

795 (d) Service provider facility standards, including, but
796 not limited to:

797 1. Safety and adequacy of the facility and grounds.

798 2. Space, furnishings, and equipment for each individual
799 served.

800 3. Infection control, housekeeping, sanitation, and

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facility maintenance.

4. Meals and snacks.

(e) Disaster planning policies and procedures.

(f) A prohibition on the premises against alcohol, marijuana, illegal drugs, and the use of prescribed medications by an individual other than the individual for whom the medication is prescribed. For the purposes of this paragraph, "marijuana" includes marijuana that has been certified by a qualified physician for medical use in accordance with s. 381.986.

Section 12. Section 397.416, Florida Statutes, is amended to read:

397.416 Substance abuse treatment services; qualified professional.—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(36) ~~s. 397.311(35)~~.

Section 13. Paragraph (h) of subsection (1) of section 893.13, Florida Statutes, is amended to read:

893.13 Prohibited acts; penalties.—

(1)

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(h) Except as authorized by this chapter, a person may not sell, manufacture, or deliver, or possess with intent to sell, manufacture, or deliver, a controlled substance in, on, or within 1,000 feet of the real property comprising a mental health facility, as that term is used in chapter 394; a health care facility licensed under chapter 395 which provides substance abuse treatment; a licensed service provider as defined in s. 397.311; a facility providing services that include clinical treatment, intervention, or prevention as described in s. 397.311(27) ~~s. 397.311(26)~~; a recovery residence as defined in s. 397.311; an assisted living facility as defined in chapter 429; or a pain management clinic as defined in s. 458.3265(1)(a)1.c. or s. 459.0137(1)(a)1.c. A person who violates this paragraph with respect to:

1. A controlled substance named or described in s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)5. commits a felony of the first degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

2. A controlled substance named or described in s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

3. Any other controlled substance, except as lawfully sold, manufactured, or delivered, must be sentenced to pay a

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851 \$500 fine and to serve 100 hours of public service in addition
852 to any other penalty prescribed by law.

853 Section 14. This act shall take effect July 1, 2024.



House Engrossed

~~continuing care; automated external defibrillators~~
(now: sober living homes)

State of Arizona
House of Representatives
Fifty-sixth Legislature
Second Regular Session
2024

HOUSE BILL 2317

AN ACT

AMENDING SECTIONS 36-2061 AND 36-2062, ARIZONA REVISED STATUTES; AMENDING TITLE 36, CHAPTER 18, ARTICLE 4, ARIZONA REVISED STATUTES, BY ADDING SECTION 36-2062.01; AMENDING SECTION 36-2063, ARIZONA REVISED STATUTES; REPEALING SECTION 36-2064, ARIZONA REVISED STATUTES; AMENDING SECTIONS 36-2065, 36-2066 AND 36-2067, ARIZONA REVISED STATUTES; RELATING TO ALCOHOL AND DRUG ABUSE.

(TEXT OF BILL BEGINS ON NEXT PAGE)

Be it enacted by the Legislature of the State of Arizona:

Section 1. Section 36-2061, Arizona Revised Statutes, is amended to read:

36-2061. Definitions

In this article, unless the context otherwise requires:

~~1. "Certifying organization" means an organization that certifies homes as sober living homes and is affiliated with a national organization recognized by the department whose primary function is to improve access to and the quality of sober living residences through standards, education, research and advocacy.~~

1. "LICENSE" MEANS A LICENSE ISSUED BY THE DIRECTOR PURSUANT TO THIS ARTICLE.

2. "Medication-assisted treatment" means the use of pharmacological medications that are approved by the United States food and drug administration, in combination with counseling and behavioral therapies, to provide a whole patient approach to ~~the treatment of~~ TREATING substance use disorders.

3. "Sober living home": ~~means any premises, place or building that provides alcohol-free or drug-free housing and that:~~

~~(a) Promotes independent living and life skills development.~~

~~(b) May provide activities that are directed primarily toward recovery from substance use disorders.~~

~~(c) Provides a supervised setting to a group of unrelated individuals who are recovering from substance use disorders.~~

(a) MEANS ANY PREMISES, PLACE OR DWELLING UNIT THAT IS USED FOR, OR PERSON THAT:

(i) PROVIDES HOUSING FOR INDIVIDUALS AND PROVIDES OR ADVERTISES, MARKETS OR OTHERWISE IMPLIES THAT THE PREMISES, PLACE OR DWELLING UNIT PROVIDES ANY SERVICE FOR RECOVERY FROM ANY DISABILITY OR DISORDER RELATED TO ALCOHOL, DRUG OR SUBSTANCE USE, INCLUDING SUPERVISION, OBSERVATION, OVERSIGHT OR TRANSPORTATION TO OR FROM ANY SERVICE, TREATMENT OR ACTIVITY DIRECTED PRIMARILY TOWARD RECOVERY FROM A DISABILITY OR DISORDER RELATED TO ALCOHOL, DRUG OR SUBSTANCE USE.

~~(d)~~ (ii) Does not provide any medical or clinical services or medication administration on-site, except for verification of abstinence.

(b) DOES NOT INCLUDE A HEALTH CARE INSTITUTION AS DEFINED IN SECTION 36-401.

Sec. 2. Section 36-2062, Arizona Revised Statutes, is amended to read:

36-2062. Licensure required; standards; verification by local jurisdiction; use of title; civil penalties

A. The director shall adopt rules to establish minimum standards and requirements for the licensure of sober living homes in this state necessary to ensure the public health, safety and welfare. The director may use the current standards adopted by any recognized national

1 organization approved by the department as guidelines in prescribing the
2 minimum standards and requirements under this subsection. The standards
3 shall include:

4 1. A requirement that each sober living home ~~to~~ develop policies
5 and procedures to allow individuals who are on medication-assisted
6 treatment to continue to receive this treatment while living in the sober
7 living home.

8 2. Consistent and fair practices for drug and alcohol testing,
9 including frequency, that promote the residents' recovery.

10 3. Policies and procedures for the ~~residence~~ SOBER LIVING HOME to
11 maintain an environment that promotes the safety of the surrounding
12 neighborhood and the community at large.

13 4. Policies and procedures for discharge planning of persons living
14 in the ~~residence~~ SOBER LIVING HOME that do not negatively impact the
15 surrounding community, INCLUDING POLICIES AND PROCEDURES TO IMPLEMENT IF A
16 LICENSE IS SUSPENDED OR REVOKED OR A CEASE AND DESIST NOTICE IS ISSUED.

17 5. A good neighbor policy to address neighborhood concerns and
18 complaints.

19 6. A requirement that the operator of each sober living home have
20 available for emergency personnel an up-to-date list of current
21 medications and medical conditions of each person living in the SOBER
22 LIVING home.

23 7. A policy that ensures residents are informed of all sober living
24 home rules, residency requirements and resident agreements.

25 8. Policies and procedures for ~~the management of~~ MANAGING all
26 monies received and spent by the sober living home in accordance with
27 standard accounting practices, including monies received from residents of
28 the sober living home.

29 9. A requirement that each sober living home post a statement of
30 resident rights that includes the right to file a complaint about the
31 ~~residence~~ SOBER LIVING HOME or provider and information about how to file
32 a complaint.

33 10. Policies that promote recovery by requiring residents to
34 participate in treatment, self-help groups or other recovery supports.

35 11. Policies requiring abstinence from alcohol and illicit drugs.

36 12. Procedures regarding the appropriate use and security of
37 medication by a resident.

38 13. Policies regarding the maintenance of sober living homes,
39 including the installation of functioning smoke detectors, carbon monoxide
40 detectors and fire extinguishers and compliance with local fire codes AND
41 RULES applicable to comparable dwellings occupied by single families.

42 14. Policies and procedures that prohibit a sober living home
43 owner, employee or administrator from requiring a resident to sign any
44 document for the purpose of relinquishing the resident's public assistance

1 benefits, including medical assistance benefits, cash assistance and
2 supplemental nutrition assistance program benefits.

3 15. Policies and procedures for managing complaints about sober
4 living homes.

5 16. Requirements for ~~the notification of~~ NOTIFYING a family member
6 or other emergency contact designated by a resident under certain
7 circumstances, including death due to an overdose.

8 B. The licensure of a sober living home under this article is for
9 one year. ~~A person operating a sober living home in this state that has~~
10 ~~failed to attain or maintain licensure of the sober living home shall pay~~
11 ~~a civil penalty of up to one thousand dollars for each violation.~~

12 C. To receive and maintain licensure, a sober living home must
13 comply with all federal, state and local laws, including the Americans
14 with disabilities act of 1990. THE DEPARTMENT SHALL OBTAIN DOCUMENTATION
15 FROM THE LOCAL JURISDICTION VERIFYING COMPLIANCE WITH ALL LOCAL ZONING,
16 BUILDING, FIRE AND LICENSING ORDINANCES AND RULES BEFORE APPROVING A
17 LICENSE OR LICENSE RENEWAL, ANY PROPOSED CHANGE IN THE MAXIMUM NUMBER OF
18 RESIDENTS OR ANY CONSTRUCTION OR MODIFICATION OF THE SOBER LIVING
19 HOME. THE LOCAL JURISDICTION SHALL RESPOND TO THE DEPARTMENT'S REQUEST
20 FOR DOCUMENTATION PURSUANT TO THIS SUBSECTION WITHIN THIRTY DAYS AFTER
21 RECEIVING THE REQUEST FROM THE DEPARTMENT OR THE SOBER LIVING HOME WILL BE
22 DEEMED COMPLIANT WITH THE LOCAL JURISDICTION'S REQUIREMENTS. EACH LOCAL
23 JURISDICTION SHALL ANNUALLY PROVIDE TO THE DEPARTMENT CONTACT INFORMATION
24 FOR THE LOCAL JURISDICTION'S POINT OF CONTACT FOR THESE REQUESTS. THE
25 DEPARTMENT SHALL IDENTIFY ON EACH LICENSE THE MAXIMUM NUMBER OF UNRELATED
26 RESIDENTS WHO ARE ALLOWED TO LIVE IN THE SOBER LIVING HOME, INCLUDING ANY
27 MANAGER OR OTHER STAFF LIVING ON THE PREMISES.

28 D. A treatment facility that is licensed by the department ~~for the~~
29 ~~treatment of~~ TO TREAT substance use disorders and that has one or more
30 sober living homes on the same campus as the facility's program shall
31 obtain licensure for each sober living home pursuant to this article.

32 E. ~~Once the director adopts the minimum standards as required in~~
33 ~~subsection A of this section,~~ A person ~~may~~ SHALL not establish, conduct or
34 maintain in this state a sober living home unless that person holds a
35 current and valid license issued by the department ~~or is certified as~~
36 ~~prescribed in section 36-2064.~~ The license is valid only for the
37 establishment, operation and maintenance of the sober living home. The
38 licensee ~~may~~ SHALL not:

39 1. Imply by advertising, ~~OR~~ directory listing or otherwise IMPLY
40 that the licensee is authorized to perform services more specialized or of
41 a higher degree of care than is authorized by this article and the
42 ~~underlying~~ ADOPTED rules for sober living homes.

43 2. Transfer or assign the license. A license is valid only for the
44 premises occupied by the sober living home at the time of its issuance.

1 F. IF A LICENSED HEALTH CARE INSTITUTION IS AFFILIATED WITH AN
2 UNLICENSED SOBER LIVING HOME OR OTHER FACILITY, BUILDING OR STRUCTURE
3 FOUND TO BE ENGAGING IN FRAUDULENT, ABUSIVE OR MISLEADING PRACTICES, THE
4 HEALTH CARE INSTITUTION IS SUBJECT TO CIVIL PENALTIES PURSUANT TO SECTION
5 36-431.01 UP TO AND INCLUDING LICENSE SUSPENSION OR REVOCATION.

6 Sec. 3. Title 36, chapter 18, article 4, Arizona Revised Statutes,
7 is amended by adding section 36-2062.01, to read:

8 36-2062.01. Legislative findings and intent; strict compliance

9 THE LEGISLATURE RECOGNIZES THE NEED TO PROTECT THE PUBLIC FROM
10 UNSCRUPULOUS OPERATORS OF SOBER LIVING HOMES AND THEREFORE FINDS AND
11 DETERMINES THAT STRICT COMPLIANCE WITH AND ENFORCEMENT OF THE REQUIREMENTS
12 OF THIS ARTICLE IS NECESSARY AND REQUIRED TO ENSURE THE PUBLIC HEALTH,
13 SAFETY AND WELFARE.

14 Sec. 4. Section 36-2063, Arizona Revised Statutes, is amended to
15 read:

16 36-2063. Fees; licensure and renewal; inspections;
17 complaints; investigations; penalties and
18 sanctions; violation; classification; third-party
19 contractors

20 A. The department shall establish fees for initial licensure and
21 license renewal OF A SOBER LIVING HOME and a fee for the late payment of
22 licensing fees that includes a grace period. The department shall
23 deposit, pursuant to sections 35-146 and 35-147, ninety percent of the
24 fees collected pursuant to this section in the health services licensing
25 fund established by section 36-414 and ten percent of the fees collected
26 pursuant to this section in the state general fund.

27 B. On a determination by the director that there is reasonable
28 cause to believe a sober living home is not adhering to the ~~licensing~~
29 requirements of this article OR THE RULES ADOPTED PURSUANT TO THIS
30 ARTICLE, the director and any duly designated employee or agent of the
31 director may enter on and into the premises of any sober living home that
32 is licensed or required to be licensed pursuant to this article at any
33 reasonable time for the purpose of determining the state of compliance
34 with this article, the rules adopted pursuant to this article and local
35 fire ordinances or rules. Any application for licensure under this
36 article constitutes permission for and complete acquiescence in any entry
37 or inspection of the premises during the pendency of the LICENSE
38 application and, if licensed, during the term of the license. ~~If an~~
39 ~~inspection reveals that the sober living home is not adhering to the~~
40 ~~licensing requirements established pursuant to this article, the director~~
41 ~~may take action authorized by this article. Any sober living home whose~~
42 ~~license has been suspended or revoked in accordance with this article is~~
43 ~~subject to inspection on application for relicensure or reinstatement of~~
44 ~~license.~~

~~C. The director may~~

C. THE DEPARTMENT OR ITS THIRD-PARTY CONTRACTOR SHALL CONDUCT A PHYSICAL, ON-SITE INSPECTION OF A SOBER LIVING HOME TO VERIFY COMPLIANCE WITH THE REQUIREMENTS OF THIS ARTICLE, THE RULES ADOPTED PURSUANT TO THIS ARTICLE AND STANDARDS AND LOCAL FIRE ORDINANCES OR RULES AT THE FOLLOWING TIMES:

1. BEFORE APPROVING A LICENSE OR A LICENSE RENEWAL, ANY PROPOSED CHANGE IN THE MAXIMUM NUMBER OF RESIDENTS OR ANY CONSTRUCTION OR MODIFICATION OF A SOBER LIVING HOME. APPLICANTS ARE NOT ALLOWED TO SELF-ATTEST TO COMPLIANCE IN LIEU OF THIS INSPECTION.

2. AT LEAST ANNUALLY FOR EACH SOBER LIVING HOME.

3. PROMPTLY ON A DETERMINATION BY THE DIRECTOR THAT THERE IS REASONABLE CAUSE TO BELIEVE THAT A SOBER LIVING HOME IS NOT ADHERING TO THE REQUIREMENTS OF THIS ARTICLE OR THE RULES ADOPTED PURSUANT TO THIS ARTICLE.

D. WITHIN THIRTY CALENDAR DAYS AFTER RECEIVING A COMPLAINT THAT IDENTIFIES AN ALLEGED VIOLATION OF THIS ARTICLE OR THE RULES ADOPTED PURSUANT TO THIS ARTICLE, THE DEPARTMENT SHALL COMPLETE AN INVESTIGATION OF THE SOBER LIVING HOME THAT IS THE SUBJECT OF THE COMPLAINT. IF, THROUGH THE INVESTIGATION, THE DIRECTOR DETERMINES THAT THERE IS REASONABLE CAUSE TO BELIEVE THE SOBER LIVING HOME IS NOT ADHERING TO THE REQUIREMENTS OF THIS ARTICLE OR THE RULES ADOPTED PURSUANT TO THIS ARTICLE, THE DEPARTMENT OR ITS THIRD-PARTY CONTRACTOR SHALL CONDUCT A PHYSICAL, ON-SITE INSPECTION OF THE SOBER LIVING HOME PURSUANT TO SUBSECTION C, PARAGRAPH 3 OF THIS SECTION.

E. IF AN INVESTIGATION OR INSPECTION REVEALS THAT A PERSON HAS VIOLATED THIS ARTICLE OR THE RULES ADOPTED PURSUANT TO THIS ARTICLE, THE DIRECTOR SHALL DO BOTH OF THE FOLLOWING:

1. Impose a civil penalty ~~on a person that violates this article or the rules adopted pursuant to this article in an amount~~ of not more than ~~five hundred dollars~~ \$1,000 for each violation. Each day that a violation occurs constitutes a separate violation. The director may issue a notice that includes the proposed amount of the civil penalty assessment. If a person requests a hearing to appeal an assessment, the director ~~may~~ SHALL not take further action to enforce and collect the assessment until the hearing process is complete. The director shall impose a civil penalty only for those days for which the violation has been documented by the department.

2. DENY THE APPLICATION OR REQUEST FOR A CHANGE AFFECTING A LICENSE, OR BOTH.

~~D. The department may impose sanctions and commence disciplinary actions against a licensed sober living home, including revoking the license.~~

1 F. IN ADDITION TO THE PENALTIES AND SANCTIONS PRESCRIBED IN
2 SUBSECTION E OF THIS SECTION, IF AN INVESTIGATION OR INSPECTION REVEALS
3 THAT A PERSON HAS VIOLATED THIS ARTICLE OR THE RULES ADOPTED PURSUANT TO
4 THIS ARTICLE, THE DIRECTOR MAY DO EITHER OF THE FOLLOWING:

5 1. SUSPEND OR REVOKE THE LICENSE. A license ~~may~~ SHALL not be
6 suspended or revoked under this article without affording the licensee
7 notice and an opportunity for a hearing as provided in title 41, chapter
8 6, article 10.

9 2. PROMPTLY SERVE ON THAT PERSON, EITHER BY PERSONAL SERVICE OR BY
10 CERTIFIED MAIL, A NOTICE REQUIRING THE PERSON, ON RECEIPT OF THE NOTICE,
11 TO CEASE AND DESIST FROM OPERATING THE SOBER LIVING HOME WITHIN TEN DAYS
12 AFTER RECEIVING THE NOTICE. THE NOTICE SHALL STATE THAT THE PERSON MAY
13 MAKE A WRITTEN REQUEST FOR A HEARING BEFORE THE DIRECTOR OR THE DIRECTOR'S
14 DESIGNEE PURSUANT TO TITLE 41, CHAPTER 6, ARTICLE 10. IF THE PERSON FAILS
15 TO CEASE OPERATION, THE DEPARTMENT MAY REQUEST THAT THE COUNTY ATTORNEY OF
16 THE COUNTY IN WHICH THE SOBER LIVING HOME IS LOCATED ENFORCE THIS
17 ARTICLE. THE DEPARTMENT MAY ALSO NOTIFY THE ATTORNEY GENERAL, WHO SHALL
18 IMMEDIATELY SEEK A RESTRAINING ORDER AND AN INJUNCTION AGAINST THE SOBER
19 LIVING HOME. A PERSON WHO CONTINUES TO OPERATE A SOBER LIVING HOME
20 WITHOUT A LICENSE TEN DAYS AFTER RECEIVING A NOTICE PURSUANT TO THIS
21 SECTION IS GUILTY OF A CLASS 1 MISDEMEANOR.

22 G. IN ADDITION TO THE PENALTIES AND SANCTIONS PRESCRIBED IN
23 SUBSECTION E OF THIS SECTION, ON A DETERMINATION BY THE DIRECTOR THAT
24 THERE IS REASONABLE CAUSE TO BELIEVE A PERSON IS OPERATING A SOBER LIVING
25 HOME WITHOUT A LICENSE, THE DIRECTOR SHALL SERVE A CEASE AND DESIST NOTICE
26 PURSUANT TO SUBSECTION F, PARAGRAPH 2 OF THIS SECTION. A PERSON SUBJECT
27 TO A CEASE AND DESIST ORDER PURSUANT TO THIS SUBSECTION SHALL PROVIDE
28 CLEAR AND CONVINCING EVIDENCE TO THE DIRECTOR THAT THE PREMISES, PLACE OR
29 DWELLING UNIT WAS NOT INTENDED PRIMARILY FOR HOUSING INDIVIDUALS
30 RECOVERING FROM OR RECEIVING TREATMENT FOR ANY DISABILITY OR DISORDER
31 RELATED TO ALCOHOL, DRUG OR SUBSTANCE USE.

32 H. WITHIN TEN CALENDAR DAYS AFTER RECEIVING A COMPLAINT FROM A
33 POLITICAL SUBDIVISION OF THIS STATE, THE DEPARTMENT SHALL NOTIFY THE
34 POLITICAL SUBDIVISION OF THE STATUS OF THE COMPLAINT. WITHIN TEN CALENDAR
35 DAYS AFTER THE DEPARTMENT OR ITS THIRD-PARTY CONTRACTOR COMPLETES AN
36 INVESTIGATION OR INSPECTION, THE DEPARTMENT OR ITS THIRD-PARTY CONTRACTOR
37 SHALL PROVIDE TO THE POLITICAL SUBDIVISION OF THIS STATE THE FINDINGS OF
38 ITS INVESTIGATION OR INSPECTION, INCLUDING COPIES OF INVESTIGATIVE REPORTS
39 WITHOUT PERSONAL IDENTIFYING INFORMATION OF THE SOBER LIVING HOME
40 RESIDENTS, ALL PENALTIES AND SANCTIONS IMPOSED AND ENFORCEMENT ACTIONS
41 TAKEN.

42 ~~F.~~ I. The department may contract with a third party to assist the
43 department with licensure, INVESTIGATIONS and inspections, EXCEPT THAT THE
44 DEPARTMENT SHALL NOT CONTRACT WITH ANY OWNER, OPERATOR, ADMINISTRATOR OR

1 ASSOCIATION OF SOBER LIVING HOMES. THIRD-PARTY CONTRACTORS SHALL BE PAID
2 FROM THE HEALTH SERVICES LICENSING FUND ESTABLISHED BY SECTION 36-414.

3 Sec. 5. Repeal

4 Section 36-2064, Arizona Revised Statutes, is repealed.

5 Sec. 6. Section 36-2065, Arizona Revised Statutes, is amended to
6 read:

7 36-2065. Referrals; licensed sober living homes

8 ~~Beginning January 1, 2019:~~

9 ~~1. A.~~ A. A state agency or a state-contracted vendor that directs
10 substance abuse treatment shall refer a person only to a ~~certified or~~
11 licensed sober living home.

12 ~~2. B.~~ B. Only a ~~certified or~~ licensed sober living home ~~may be~~ IS
13 eligible for federal or state funding to deliver sober living home
14 services in this state.

15 ~~3. C.~~ C. Persons whose substance abuse treatment is funded with
16 federal or state monies may be referred only to a ~~certified or~~ licensed
17 sober living home.

18 ~~4. D.~~ D. A state ~~or county~~ court shall give first consideration to a
19 ~~certified or~~ licensed sober living home when making residential
20 recommendations for individuals under its supervision.

21 ~~5. E.~~ E. A health care institution that provides substance abuse
22 treatment and that is licensed by the department shall refer a patient or
23 client only to a ~~certified or~~ licensed sober living home.

24 ~~6. F.~~ F. A behavioral health provider who is licensed pursuant to
25 title 32, chapter 33 shall refer a patient or client only to a ~~certified~~
26 ~~or~~ licensed sober living home.

27 Sec. 7. Section 36-2066, Arizona Revised Statutes, is amended to
28 read:

29 36-2066. Posting; confidential information; notification of
30 local jurisdictions

31 A. The department shall post on its public website the name and
32 telephone number of each ~~certified and~~ licensed sober living home and
33 shall update the list quarterly. The department ~~may~~ SHALL not disclose
34 the address of a ~~certified or~~ licensed sober living home, except THAT THE
35 DEPARTMENT, ON REQUEST, SHALL DISCLOSE THE ADDRESS OF THE SOBER LIVING
36 HOME to:

37 1. A local jurisdiction for zoning purposes. ~~,~~

38 2. Local law enforcement. ~~and~~

39 3. Emergency personnel.

40 4. A THIRD-PARTY CONTRACTOR OF THE DEPARTMENT.

41 B. A sober living home's address is not a public record and is not
42 subject to title 39, chapter 1, article 2.

43 C. THE DEPARTMENT SHALL NOTIFY A LOCAL JURISDICTION OF ALL
44 APPLICATIONS FOR LICENSURE AND RENEWAL AND ALL REQUESTS FOR CHANGES
45 AFFECTING A SOBER LIVING HOME LICENSE ISSUED PURSUANT TO THIS ARTICLE IN

1 THAT JURISDICTION WITHIN TEN CALENDAR DAYS AFTER RECEIPT OF THE
2 APPLICATION FOR LICENSURE OR RENEWAL OR REQUEST FOR CHANGES.

3 Sec. 8. Section 36-2067, Arizona Revised Statutes, is amended to
4 read:

5 36-2067. Department; annual reports

6 A. ~~Beginning~~ ON OR BEFORE January 2, ~~2020 and~~ OF each ~~January 2~~
7 ~~thereafter~~ YEAR, the department shall submit to the senate health and
8 human services committee and the house of representatives health
9 committee, or their successor committees, a report on licensed sober
10 living homes in this state that includes:

11 1. The number of licensed sober living homes in each city, town and
12 county.

13 2. The number of sober living homes that are licensed each year.

14 3. The number of complaints against licensed sober living homes
15 ~~that~~ RECEIVED BY the department ~~investigates annually~~ EACH YEAR.

16 4. THE NUMBER OF COMPLAINTS AGAINST LICENSED SOBER LIVING HOMES
17 INVESTIGATED BY THE DEPARTMENT OR ITS THIRD-PARTY CONTRACTOR EACH YEAR.

18 5. THE NUMBER OF COMPLAINTS AGAINST LICENSED SOBER LIVING HOMES
19 THAT RESULTED IN INSPECTIONS BY THE DEPARTMENT OR ITS THIRD-PARTY
20 CONTRACTOR EACH YEAR.

21 ~~4.~~ 6. The number of enforcement actions ~~the department takes~~
22 against licensed sober living homes ~~annually~~ TAKEN BY THE DEPARTMENT EACH
23 YEAR.

24 B. ON OR BEFORE JANUARY 2 OF EACH YEAR, THE DEPARTMENT SHALL SUBMIT
25 TO THE SENATE HEALTH AND HUMAN SERVICES COMMITTEE AND THE HOUSE OF
26 REPRESENTATIVES HEALTH COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, A REPORT
27 ON SOBER LIVING HOMES IN THIS STATE THAT ARE NOT LICENSED BUT ARE REQUIRED
28 TO BE LICENSED THAT INCLUDES:

29 1. THE NUMBER OF COMPLAINTS AGAINST SOBER LIVING HOMES THAT ARE NOT
30 LICENSED BUT ARE REQUIRED TO BE LICENSED RECEIVED BY THE DEPARTMENT EACH
31 YEAR.

32 2. THE NUMBER OF COMPLAINTS AGAINST SOBER LIVING HOMES THAT ARE NOT
33 LICENSED BUT ARE REQUIRED TO BE LICENSED INVESTIGATED BY THE DEPARTMENT OR
34 ITS THIRD-PARTY CONTRACTOR EACH YEAR.

35 3. THE NUMBER OF COMPLAINTS AGAINST SOBER LIVING HOMES THAT ARE NOT
36 LICENSED BUT ARE REQUIRED TO BE LICENSED THAT RESULTED IN INSPECTIONS BY
37 THE DEPARTMENT OR ITS THIRD-PARTY CONTRACTOR EACH YEAR.

38 4. THE NUMBER OF ENFORCEMENT ACTIONS AGAINST SOBER LIVING HOMES
39 THAT ARE NOT LICENSED BUT ARE REQUIRED TO BE LICENSED TAKEN BY THE
40 DEPARTMENT EACH YEAR.

41 ~~B.~~ C. The department shall provide a copy of the ~~report~~ REPORTS
42 submitted pursuant to ~~subsection~~ SUBSECTIONS A AND B of this section to
43 the secretary of state.





NEURO BEHAVIORAL HOSPITALS

of the Palm Beaches

To bring life-changing, restorative healing to those affected by psychiatric illness by improving the way mental healthcare is provided.





We are South Florida's first FULLY voluntary psychiatric hospital

Why this is important – All other psychiatric hospitals in South Florida are also Baker Act receiving facilities. The majority of patients in a BA facility were brought in by police, in handcuffs, against their will and forced to stay. This creates a very different environment than our fully voluntary hospital where everyone in our care has chosen to be there in order to work on their mental health.

Avg Length of stay – 10 days (but this time frame is variable and depends on the needs of the individual.)

Disciplines that we staff: psychiatry, psychology, social work, nursing and recreation

Treatments we offer – include individual & group therapy, medication management, CBT, mindfulness, and expressive therapies

Topics – include psychoeducation of mental illness, stress reduction, coping skills for depression and anxiety, anger management, boundaries, and discharge preparation

Nutrition – We provide an in house chef with a philosophy that gut health equals brain health; we also provide nutrition education to help individuals understand how to make food choices that support their mental health and recovery

Perks: Psyc safe cell phones are given to all of our patients so they can stay connected with friends and family, twice daily visiting hours, discharge planners to facilitate safe aftercare, assistance with transportation to our hospital, indoor and outdoor groups and activities

To come to our voluntary hospital in Boynton Beach patients must meet certain criteria.

- 1) Patient must have insurance: We accept all insurances including Medicare and Medicaid.
- 2) If a patient has deductibles and co-pays that they are concerned about we can still treat the patient and work out an affordable payment plan for them.
- 3) Patient must be able to complete all of their ADL's – Activities of daily living including eating, toileting, dressing, bathing. We can accept wheelchairs.
- 4) Patients must come in voluntarily and be legally able to sign for themselves, make their own decisions and be willing to engage in treatment activities.
- 5) We are unable to accept patients that are under the Marchman Act or Baker Act at our Boynton Beach facility or have diagnosis of Dementia or Alzheimer's

Neuro Behavioral Hospitals West Palm Beach



Neuro Behavioral Hospitals West Palm Beach is a Baker Act Receiving Facility that also accepts voluntary patients.

- 1) This Hospital accepts all insurances including Medicare and Medicaid
- 2) This hospital can accept patients that are uninsured
- 3) The average length of stay is 4-5 days and offers mental health stabilization
- 4) IOP – we offer intensive outpatient services
- 5) CAC- Crisis Assessment Center. We are currently working on the build out for this service. This center will be located within the West Palm hospital and will act like an Emergency room for Psych patients. The CAC will be open 24/7. We will be able to keep a patient under observation so that our clinicians can determine the best next steps, whether that is to lift the BA, enforce the BA or re-route the patient to a more appropriate treatment facility such as a detox or substance abuse facility.

IOP – Intensive Outpatient

For patients who would like to continue their care or for patients that do not require an in-patient hospital stay we offer intensive outpatient services at our West Palm Beach location

IOP services are offered 3 times a week from 9-12. Patients can pick which 3 weekdays they want to attend. IOP services include meeting with a psychiatrist for medication management, group therapy as well as some individual therapy

We are able to offer IOP transportation to clients living in the West palm Beach area.

Other considerations:

We are a psychiatric hospital that treats individuals with primary mental health issues, but can manage co-occurring substance use disorders **We are not** a substance abuse/rehab or residential program.

We offer psychiatric treatments not medical treatments. If someone needs to address their medical issues they should be referred to a medical hospital first. *We do have a medical NP who provides basic medical care daily at the hospitals.

How the process works: Patient would present in person at either hospital for a free assessment by our intake staff to determine if the individual is appropriate for admission.

Once admitted to NBH, the individual would work collaboratively with a multidisciplinary treatment staff during their stay to achieve stabilization and safe discharge. Our staff is comprised of licensed professionals across disciplines.

We strive to help individuals learn to shift their mindset to find the hope and strength to propel them towards recovery

When "I" is
replaced by "we"
even *illness*
becomes
wellness

To refer a patient to either hospital
please call our 24/7 referral line at:

561-299-4305

Questions??????

Dana Hammill

Outreach Manager

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Virtual tour: www.nbhospitals.com



Elevated drug overdose mortality among Americans who visit Florida, 2003–2020

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ABSTRACT

Objective Florida state has played a conspicuous role in the current U.S. drug epidemic. Reports suggest that even non-Florida residents may suffer excessive overdose fatalities while visiting the state, possibly in connection to two sets of events: (1) the overprescribing of controlled substances, and more recently, (2) the exploitation of patients' insurance benefits by unscrupulous operators of substance use treatment facilities in Florida. To date, however, no research has examined the overdose fatalities of non-Florida residents inside Florida.

Methods Death certificate data were used to calculate proportionate mortality ratios for overdoses among Florida residents and visitors. Deaths occurring in the rest of the USA were used as reference populations.

Results Between 2003 and 2020, overdose mortality was slightly elevated for Florida residents within their home counties (106.7 (95% CI 105.8 to 107.5)) and in other Florida counties (113.0 (95% CI 110.0 to 116.0)). Significantly, this mortality was much higher among out-of-state visitors in Florida (163.1 (95% CI 157.5 to 168.8)). When analysed by year, greater overdose mortality among visitors coincided with years when drug prescribing in Florida was rampant, and with the advent of expanded insurance coverage for substance use treatment. During this more recent period (since 2014), overdose mortality was exceptionally high for out-of-state visitors in Palm Beach County, where reports of malpractice in the Florida treatment industry have been concentrated.

Conclusions Overdose mortality was disproportionately high among out-of-state visitors in Florida. The results suggest that the regulatory policies in Florida may be implicated in drug-related casualties of people who live in other parts of the USA.

The USA is in the grips of a drug epidemic that has grown progressively worse over the past two decades. During this time, the state of Florida has been an epicentre of this crisis, in light of two distinct sets of events. First, since the early 2000s, there was a steady increase of 'pill mills' operating in Florida, in which pain management clinics, physicians and pharmacies dispensed inappropriate amounts of prescription medications, usually in exchange for cash and outside the realm of conventional medical practice.^{1,2} This overprescribing was assumed to be a large contributor to the rising overdose rates in Florida throughout the decade, until state legislation enacted tight restrictions in 2010 and 2011 that curbed excessive prescribing.¹

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ Anecdotal reports suggest that Americans who have visited Florida have been at greater risk of drug overdose, but there has been little research to test this possibility.

WHAT THIS STUDY ADDS

⇒ This study provides evidence that non-Florida residents have been disproportionately more likely to die of overdose in Florida. These fatalities coincide with years in which there was widespread overprescribing of prescription medications, as well as increases in exploitative practices in the drug treatment industry in Florida.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ These findings substantiate the need for stronger regulatory oversights in Florida, particularly those that can rein in unlawful recruitment and billing practices in the recovery industry.

The second series of events began a few years later, in 2014, when federal reforms in healthcare insurance changed how some drug treatment clinics operated in Florida. A key stipulation of these new federal laws required many insurance carriers to cover substance use treatment in their plans.³ Though this expanded coverage has resulted in many positive outcomes throughout the USA,⁴ the new money channelled toward drug treatment also led to some unintended consequences in Florida.^{5,6} The new regulations, coupled with inadequate oversight of the recovery industry in Florida, motivated some treatment providers to profit from overbilling patients' insurance companies, without having to provide quality care to patients.⁷ Consequently, there were numerous reports of poor conditions in treatment clinics and recovery centres in Florida, as well as unusually high numbers of overdoses in these communities,⁸ involving both illicit and prescription drugs.

These two episodes are noteworthy because their repercussions were not confined to Florida's borders—a sizeable portion of their casualties were people who lived outside of Florida. Many of the pill mill customers travelled from other states to obtain prescription drugs, which were then transported out of Florida and in many cases sold in drug trafficking rings in other states.^{9,10} Later, when numerous reports surfaced of Florida treatment clinics exploiting patients for profit, many of



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these victims were identified as out-of-state residents who had insurance plans with generous benefits.¹¹ These individuals were often lured to Florida through deceptive marketing tactics to enter what turned out to be settings that ultimately put them at greater risk of relapse and overdose.⁵

Thus far, however, there has been no systematic study of the overdoses of out-of-state visitors to Florida. One difficulty is that it is not possible to determine the total population of visitors to an area that would be needed to compute a death rate. To sidestep this problem, we assessed overdose burden using proportionate mortality ratios (PMRs), a metric based on the proportion of all deaths that are due to a specific cause (eg, drug poisoning). Thus, PMRs could inform whether drug poisonings deaths were disproportionately high among visitors to Florida compared with visitors to other US states. Our analysis also computed separate PMRs for Florida residents who died inside the state.

METHODS

Data

This investigation used records from Multiple Cause of Death mortality files on deaths throughout the USA between 2003 and 2020. Data were compiled by the Division of Vital Statistics of the National Center for Health Statistics,¹² based on information from death certificates. Because death certificates report the county of death and county of residence as separate variables, it was possible to identify those who died outside their county and state of residence.

The primary outcome variable examined was drug poisoning (ie, overdose) as the underlying cause of death, as identified by the *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision*. This included deaths due to unintentional self-poisoning (codes X40–X44), intentional self-poisoning (X60–X64), homicide poisoning (X85), and poisoning of undetermined intent (Y10–Y14). Because we analysed deidentified unlinked data that did not meet the definition of human subjects research under 45 CFR 46.102(e), this study was not subject to IRB review.

Statistical analysis

PMRs are useful when a population's size cannot be determined, but when the causes of death for the entire population are known.¹³ The PMR compares the proportion of deaths due to drug poisoning in the exposed group (the numerator) to the corresponding proportion in the general population (the denominator).¹⁴ This ratio is multiplied by 100 to derive the PMR. We calculated PMRs for three groups: Florida residents who died in their home county, Florida residents who died in a different Florida county, and non-Florida residents who died while visiting Florida.

We began by looking at the overdose PMRs for all three groups for the entire period from 2003 to 2020. To track how overdose fatalities changed over time, separate PMRs were calculated for each year. Because the two sets of events (described above) were distinct from one another and marked by different time periods, we examined these periods separately. Detailed descriptions of our PMR computations are reported in (online supplemental appendix A).

Background and hypotheses for earlier period, 2003–2011

Prior work has shown that drug mortality rates in Florida steadily increased each year from 2003 onward, reaching high levels in 2010 and 2011.¹⁵ During these 2 years, Florida implemented a succession of regulations intended to curb overprescribing.¹

This culminated in a state-wide Prescription Drug Monitoring Program (PDMP) that became operational in September 2011.¹⁶ As a result, drug poisoning mortality rates in Florida decreased markedly by 2012.¹⁷ Importantly, the rise and fall in drug mortality over these years were driven principally by overdoses involving prescription medications (ie, benzodiazepines and pharmaceutical opioids).¹⁵

To examine overdose fatalities while the pill mills were operating, we looked at PMRs for overdoses involving prescription drugs for the combined period of 2003–2011.

This analysis focused on poisoning fatalities in which either prescription opioids (T40.2; excluding methadone) or benzodiazepines (T42.4) was listed as a contributing cause of death on the death certificate (or if both types were listed). We expected these overdose deaths to be overrepresented among all three groups (Florida residents who died inside and outside of their home counties, and visitors to Florida) for this period, due to the ease with which residents and visitors could obtain these drugs in the state. Although the majority of out-of-state residents who travelled to purchase drugs at Florida's pain clinics no doubt survived their trips and returned home, their likelihood of overdose would have increased as soon as they acquired these drugs, leading some to overdose before leaving the state. Consequently, overdose fatality levels among some of these visitors would be an indirect indicator of the frequency of drug tourists travelling to Florida.

Background and hypotheses for later period, 2014–2020

Building on precedents set by the Mental Health Parity Act of 2008, the Affordable Care Act expanded healthcare coverage throughout the USA.³ Under these new federal regulations, insurance policies available in the individual and small-group markets were required to cover substance use treatment, a mandate that took effect on 1 January 2014.^{18 19} Moreover, policy-holders could not be denied such treatment even if they had previously been treated for substance abuse.³ These laws provided substantial access to treatment resources that were not previously affordable for many Americans, and filled a critical need in view of the worsening drug epidemic.⁴

Nevertheless, the expanded coverage, combined with insufficient state regulation over the drug recovery industry in Florida, created an incentive for some unethical operators to exploit substance users as a means to profit in Florida.⁵ We briefly describe some of these exploitative tactics, to show how they put patients at risk and to provide a rationale for our hypothesis. One type of scheme involves admitting substance users with generous insurance benefits into in-patient rehab programmes, then repeatedly submitting claims to the patient's insurance company for drug tests or other services, many of which were either medically unnecessary or never actually done. These services would be billed at exceptionally inflated costs (eg, hundreds or even thousands of dollars per drug test), allowing the clinic to pocket enormous sums for the unnecessary or non-existent services.⁷ Such fraudulent overbilling would be most profitable when the patient's insurance policy covers treatment from out-of-network providers and has high spending limits.²⁰ Because most insurance plans available to Florida residents have relatively tight restrictions on out-of-network coverage and spending,²¹ substance users with out-of-state insurance policies have been the primary targets for exploitation.^{5 8 11}

Even the most generous insurance policies only cover substance use treatment for limited durations, perhaps for a few weeks.²⁰ However, patients who relapsed and tested positive

for drug use could be re-enrolled in programmes to reset their coverage and begin the expensive treatment cycle anew.⁵ Thus, this could create a perverse incentive for unscrupulous operators to interfere with a patient's successful recovery after their coverage had ended,^{8 22 23} and in many cases lead to an ongoing succession of treatment and relapse for its victims,⁷ with each relapse putting them at risk of overdose. This process of cycling through treatment programmes and recovery centres has been termed the 'Florida Shuffle'.^{6 7}

We hypothesised that overdose PMRs among out-of-state visitors would increase in Florida in 2014 (relative to the previous year), and would remain elevated thereafter. Although victims of the Florida Shuffle certainly did not constitute all of the overdose fatalities of every visitor to Florida, we nevertheless assumed that the destructive effects of the Florida Shuffle would be detectable in the statewide results. We were less certain about how the overdose fatalities of the Florida resident groups would change over this period. Most of the anecdotal reports have focused on predatory actions toward out-of-state residents who travelled to Florida for treatment,^{5 11} and as described above, the insurance policies available to Florida residents had more restrictive spending limits.²¹ Thus, we were unsure how often Florida residents were targeted for exploitation and put at greater risk of overdose as a result.

In addition to examining the overdose PMRs for each year, aggregate PMRs were computed for the 7-year period of 2014–2020, all the years after the new insurance regulations took effect. The analyses for this time period focused on overdose mortality from any drug category, because unlike the earlier analyses connected to pill mills, substance use treatment centres were catering to patients suffering from addiction to a variety of drug types.

Finally, we conducted a set of follow-up tests that examined overdose fatalities from 2014 to 2020 in a specific county in Florida, Palm Beach County, where reports of billing fraud and related misconduct in the treatment industry have been more concentrated²⁴ (online supplemental appendix B).

Patient and public involvement

Patients and/or the public were not involved in the design, or conduct, or reporting, or dissemination plans of this research.

RESULTS

Over the 18 years studied, there were 47 151 779 decedents in the dataset throughout the USA. There were 3107 cases (0.007%) with data missing on age, and these cases were removed from the analysis. Of the remaining cases, a total of 3 335 615 deaths (of all causes) occurred inside Florida, and 63 327 of these deaths were due to drug poisoning.

Table 1 reports the drug poisoning PMRs for the three groups over the entire 18-year period. Overdoses were somewhat over-represented as a cause of death among Florida residents (the first two groups; PMRs=106.7 and 113.0), relative to people who died in their own state of residence elsewhere in the USA. Additionally, the drug mortality levels among out-of-state visitors to Florida were substantially greater than those of visitors to all other US states (PMR=163.1).

Figure 1 displays the overdose PMRs for each year. A visual inspection of the year-to-year fluctuations revealed a few distinct phases over the entire period. The higher-than-expected PMRs during the first 9 years coincided with the years that pill mills were operating with little oversight in Florida. As can be seen,

Table 1 Proportionate mortality ratios for all drug poisonings in Florida, 2003–2020

	Florida residents in home county	Residents in a different Florida county	Out-of-state visitors
Number of drug poisoning deaths			
Observed	54 606	5556	3165
Expected	51 201	4916	1940
Total deaths (of all causes)	2 870 195	362 399	102 991
Percentage (%) due to drug poisoning			
Observed	1.9	1.53	3.07
Expected	1.78	1.36	1.88
Drug poisoning PMR	106.7	113	163.1
95% CI	105.8–107.5	110.0–116.0	157.5–168.8

PMR, proportionate mortality ratio.

the overdose PMRs for each group began to decline in 2011, though they were all still greater than expected that year.

Table 2 reports the results for overdoses involving prescription opioids or benzodiazepines between 2003 and 2011. These prescription-drug poisonings were strongly over-represented as a cause of death among the Florida residents (PMRs=151.1 and 162.6), and were, once again, extremely high among out-of-state visitors to Florida (PMR=258.8). Online supplemental appendix figure 1 shows the year-to-year prescription-drug overdose PMRs during this period.

By 2012, the overdose PMRs (for all drug types) were at moderate levels for all three groups, very near the null 100 value (see figure 1). However, in 2014, they began to rise precipitously among visitors to Florida, while the PMRs for both groups of Florida residents changed little that year, and rose less dramatically in the succeeding years. Table 3 reports the aggregate results for 2014–2020. Drug poisoning deaths were over-represented in all three groups, and markedly so for visitors to Florida.

DISCUSSION

Over the entire 18-year period under study, drug poisonings comprised an excessive proportion of the deaths in Florida among all three groups. Importantly, the pattern of these results varied over time.

Drug overdose was over-represented as a cause of death for Florida residents and visitors between 2003 and 2011. This was particularly true for overdoses from prescription opioids and benzodiazepines, which were dispensed in large quantities in Florida during this period. Overdose fatality levels—those involving prescription drugs or any drug type—were especially high among non-resident visitors in Florida. It is known, from arrest records and law enforcement investigations of drug trafficking,¹⁰ that Americans living outside of Florida were recipients of much, if not most, of the medications dispensed by Florida pill mills during this period.⁹ To our knowledge, our results are the first to indicate that overdose deaths of out-of-state visitors to Florida were elevated.

Although the fatal overdose levels among visitors were high during this period, our results may have nevertheless underestimated the extent to which drugs received at Florida pain clinics contributed to fatalities. This is because our findings only reflected the sample of visitors who died during their temporary stay in Florida. Among the many drug tourists who travelled to Florida, most probably returned to their state of residence with

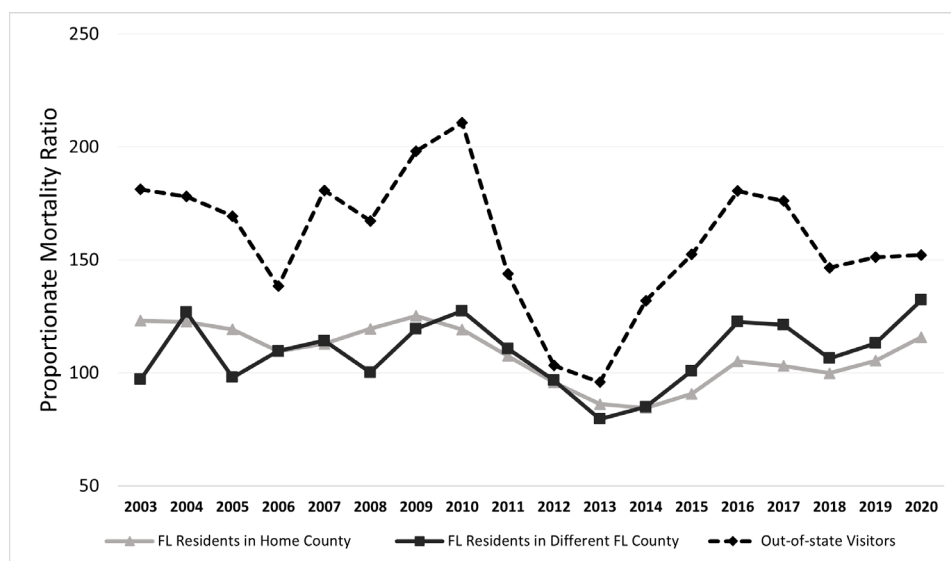


Figure 1 Proportionate mortality ratios for all drug poisonings in Florida, by year, 2003–2020.

their newly acquired medications.²⁵ Our data did not reflect any subsequent overdoses to which those drugs contributed.

Overprescribing was a problem outside of Florida as well, and in response many states enacted legal restrictions to control this problem during the 2000s decade, the most prominent of which were state-wide PDMPs.¹ By 2008, most other US states had implemented PDMPs that restricted overprescribing,²⁶ whereas a PDMP was not operational in Florida until 2011.¹⁶

During these intervening years, when Florida remained one of the few states in its vicinity allowing relatively unregulated drug prescribing, visits from out-of-state drug tourists had reportedly increased.⁹ This is consistent with our results showing that fatal overdoses among out-of-state visitors to Florida grew to their highest levels in 2009 and 2010 (see [figure 1](#) and online supplemental appendix figure 1).

By 2012, the proportion of deaths due to overdoses in Florida was roughly similar to those in the rest of the country. However, these levels among visitors to Florida increased sharply in 2014 and remained excessive throughout the remaining years. The timing of this increase—occurring the same year federal laws mandated coverage of substance use treatment—was consistent with reports that numerous drug treatment operators in Florida targeted out-of-state patients for exploitation and put them

at greater risk of overdose.^{8 11} This explanation was bolstered by our county-level analysis from 2014 to 2020 showing that overdose deaths were extremely over-represented in Palm Beach County (online supplemental appendix B), where reports of such misconduct have been especially prevalent.²⁷

Limitations

There were several limitations to this study. First, the data could not reveal how much time visitors spent in an area before they died, nor the factors leading up to their deaths. Second, in the analysis of prescription drug overdoses, the particular drugs contributing to an overdose are not always detected by the presiding medical examiner or coroner, leading to the undercounting of deaths involving specific drug types.²⁸ Although such undercounting would apply to both the exposed groups in Florida as well as the comparison populations outside Florida, some work has found that drug-detection omissions are unevenly distributed across states.²⁹ Third, data for the year 2020 were included to provide the most up-to-date time period, but the results for that year should be interpreted more cautiously in view of the coronavirus pandemic that began during that year.

Table 2 Proportionate mortality ratios for drug poisonings involving prescription opioids or benzodiazepines in Florida, 2003–2011

	Florida residents in home county	Residents in a different Florida county	Out-of-state visitors
Number of drug poisoning deaths			
Observed	8422	671	413
Expected	5575	413	160
Total deaths (of all causes)	1 327 641	159 917	47 397
Percentage (%) due to drug poisoning			
Observed	0.63	0.42	0.87
Expected	0.42	0.26	0.34
Drug poisoning PMR	151.1	162.6	258.8
95% CI	147.8–154.3	150.3–174.9	233.8–283.7
PMR, proportionate mortality ratio.			

Table 3 Proportionate mortality ratios for all drug poisonings in Florida, 2014–2020

	Florida residents in home county	Residents in a different Florida county	Out-of-state visitors
Number of drug poisoning deaths			
Observed	28 386	3375	1986
Expected	27 693	2920	1249
Total deaths (of all causes)	1 229 379	164 021	44 696
Percentage (%) due to drug poisoning			
Observed	2.31	2.06	4.44
Expected	2.25	1.78	2.8
Drug poisoning PMR	102.5	115.6	159
95% CI	101.3–103.7	111.7–119.5	152.0–166.0
PMR, proportionate mortality ratio.			

CONCLUSIONS

The data reported in this paper were framed by two distinct sets of events centred in Florida. The findings from the earlier period were consistent with existing evidence that people living outside of Florida were recipients of excessive amounts of prescription drugs dispensed in Florida throughout the 2000s,¹⁰ a dynamic that very likely exacerbated the burgeoning U.S. drug epidemic at the time.⁹ Specifically, the widespread dispersion of these drugs is assumed to have increased the prevalence of substance use and addiction in parts of the country where such drugs had previously been more difficult to acquire.²⁵

While there has been considerable research on the impact of Florida pill mills,^{1 15 17} thus far there has been little empirical work on the more recent spate of fraud and exploitation in Florida's recovery industry, or its effects on patients. One of our goals was to provide some suggestive evidence for these effects, but further investigation is needed to examine them in greater detail. Despite a series of law enforcement efforts to eliminate these abuses in Florida, they remain an ongoing problem,^{6 30} and similar schemes have been reported in other parts of the country.³¹ These crimes are destructive on several fronts, preying on vulnerable people in desperate need of help, eroding trust toward legitimate treatment providers, and exerting large economic costs on the healthcare system. Our findings suggest the need for stronger regulatory interventions that can address the interstate scope of the problem both inside and outside of Florida.

Contributors IS conceived of the study concept, acquired the data, carried out the data analyses, drafted the initial manuscript, revised the manuscript, and prepared the manuscript for submission. JF contributed to the design of the study, interpreted the data, wrote portions of the manuscript, and provided critical revisions of the manuscript. IS serves as the guarantor, and accepts full responsibility for the finished work.

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Patient and public involvement Patients and/or the public were not involved in the design, or conduct, or reporting, or dissemination plans of this research.

Patient consent for publication Not applicable.

Ethics approval Not applicable.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement Data may be obtained from a third party and are not publicly available. Much of the data reported for this study were based on publicly-available datasets that can be downloaded at http://www.cdc.gov/nchs/data_access/vitalstatonline.htm. Some of the data used for this research are not publicly available due to privacy restrictions. These data were provided in restricted-use files with special permission from the National Center for Health Statistics, Division of Vital Statistics, and were granted under the terms of a data-use agreement for this study.

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Supplementary Material

Appendix A. Detailed Description of Proportionate Mortality Ratio Computations.

Appendix Figure 1. Proportionate mortality ratios for drug poisonings involving prescription opioids or benzodiazepines in Florida, by year, 2003-2012.

Appendix B. Analysis of Palm Beach County for 2014-2020.

Appendix Table 1. Proportionate mortality ratios for drug poisoning in Palm Beach County and all other counties in Florida, 2014-2020.

Appendix A. Detailed description of proportionate mortality ratio computation

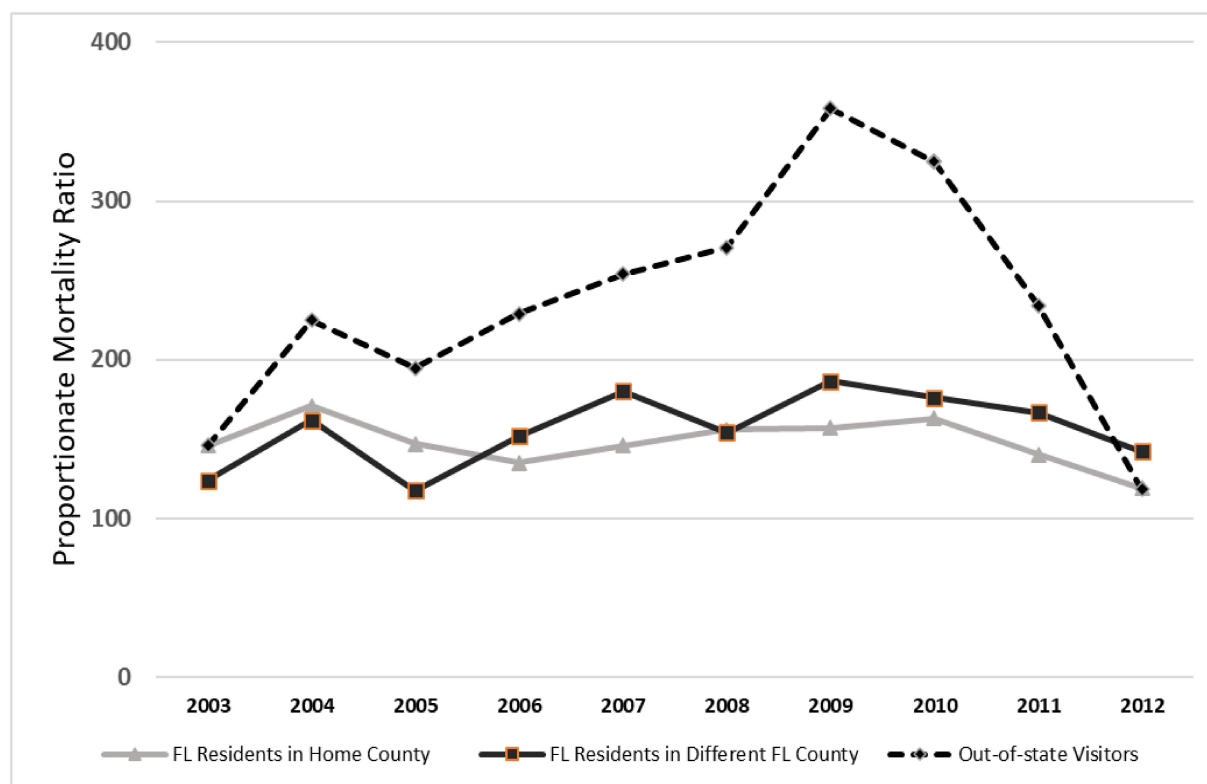
Proportionate mortality ratios (PMRs) were computed for three groups of decedents: the first two groups were Florida residents who died in Florida, and the third represented out-of-state residents who died while visiting Florida. Each PMR used a different comparison (non-exposed) population in the rest of the U.S. chosen to resemble the observed (exposed) group. The first PMR focused on residents of Florida who died inside their counties of residence (i.e., home counties). The observed proportion of drug poisoning deaths for this group was compared to the expected proportion of these deaths among everybody else in the rest of the U.S. (the other 49 states and Washington DC) who died inside their home counties. Thus, the first PMR only focused on deaths occurring in one's own county of residence. The second PMR looked at Florida residents who died inside Florida but outside of their own residence county (in-state travelers). The comparison population for this PMR was everyone else in the US who died inside their home state but outside their own county of residence (in-state travelers outside of Florida). The third PMR focused on non-Florida residents who died in Florida. The comparison population for this analysis was everybody else in the country who died outside of their own state of residence (i.e., all other out-of-state travelers). International visitors—people who resided outside of the US—were not examined in this study. Americans who resided or died in US outlying territories (e.g., Puerto Rico, the Virgin Islands) were also not included in the analyses.

All PMR results in this paper were standardized for each person's gender (male, female), race (white, black, other), and age (by decade: 0–9, 10–19, 20–29, 30–39, 40–49, 50–59, 60–69, 70–79, 80–89, 90–99, 100 and older). This standardization procedure computed the expected proportion of drug poisoning deaths separately for each gender/race/age category. Each proportion was then multiplied by the total number of deaths (of all causes) observed in Florida for that gender/race/age group (1).

To demonstrate how these calculations were made, we give the following example from the first PMR group discussed above (i.e., Florida residents in their home county). Within this group, 12.4% (or 0.123776) of all white male quadragenarian (aged 40–49) deaths were due to drug poisoning outside of Florida, among those who died inside their home county. There were 56,510 white male quadragenarians who died in their home county inside Florida (of all causes, over the 18-year period), so we expected that there would be 6994.6 due to drug poisoning. This value was then summed across all gender/race/age categories to obtain the standardized expected number of drug poisoning fatalities for the comparison population.

The 95% confidence interval (CI) for each PMR was calculated as: $CI = PMR \pm 1.96 \times SE$ (2). The standard error (SE) is the PMR divided by the square root of the observed number of poisoning deaths in the exposed group: $SE = PMR/\sqrt{OBS}$.

Appendix Figure 1. Proportionate mortality ratios for drug poisonings involving prescription opioids or benzodiazepines in Florida, by year, 2003-2012



Appendix B. Analysis of Palm Beach County for 2014-2020

Separate analyses were conducted for a specific region in Florida, Palm Beach County. This was done to provide a more specific test of whether factors related to Florida’s drug treatment industry were related to elevated overdose mortality. Palm Beach County has been home to an especially large drug recovery community for decades (3), and the concentration of substance abuse clinics in this county is substantial, even relative to other counties in Florida (4,5). At the same time, reports of fraud and exploitation in this industry have also been higher in Palm Beach County (3,4), which even led to the creation of a well-publicized county-level task force in 2016 devoted to investigating and stopping such corruption there (6).

If fraud and exploitation in Florida’s treatment industry have contributed to excessive overdose fatalities among visitors to Florida, then we should expect these fatalities to be particularly high in Palm Beach County. To test this hypothesis, overdose PMRs were computed for deaths occurring only in Palm Beach County from 2014-2020. This included an examination of Florida residents, though our primary interest was in the results for out-of-state visitors in Palm Beach County. The outcome of interest was overdose death from any drug type, and the comparison populations for all these PMRs were similar to those used in the main analyses (see Appendix A). Special permission was obtained from the National Center for Health Statistics for data containing county-level identifiers (7).

The first overdose PMR focused on residents of Palm Beach County who died in this county. The second PMR was calculated for residents of any other Florida county who died inside Palm Beach County. The third looked at out-of-state visitors (non-Florida residents) who died in Palm Beach County.

We also computed three separate overdose PMRs for deaths occurring anyplace else in Florida *besides* Palm Beach County (i.e., the rest of Florida). The first of these PMRs considered Florida residents dying inside their home counties; the second PMR examined Florida residents (excluding residents of Palm Beach County) who died in different Florida counties; the third PMR was based on out-of-state visitors who died in any part of Florida except Palm Beach County. Again, the comparison populations for all six of these PMRs were analogous groups of residents and visitors in the rest of the United States.

Appendix Table 1. Proportionate mortality ratios for drug poisoning in Palm Beach County and all other counties in Florida, 2014-2020

Location	Residents in home county	Residents in a different Florida county	Out-of-state visitors
Palm Beach County	147.7	199.7	314.0
All Florida counties except Palm Beach County	98.8	111.3	131.9

The results are shown in Appendix Table 1. For the two groups of Florida residents who died inside Palm Beach County, overdose fatalities were overrepresented as a cause of death. We did not have a priori hypotheses about these two groups, because we did not expect that Florida residents were as likely to be exploited in fraudulent schemes, due to Florida residents' stricter insurance policies (8). The reasons for these two elevated PMRs are somewhat difficult to interpret, and will be a topic for future investigations.

More relevant to our current hypothesis, the overdose PMR for out-of-state visitors in Palm Beach County was extraordinarily high (PMR = 314.0). This finding, taken together with the results from our main analyses, supports the possibility that exposure to the Florida drug treatment industry was connected to excessive overdose mortality during this period.

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Beyond Parsippany Local News

Dunn Pushes To Certify Sober Living Homes, Operators Following State Report

By **Frank L. Cahill** Mar 3, 2024

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Assemblywoman Aura Dunn

MORRIS COUNTY — Assemblywoman Aura Dunn’s legislation creating a process to certify sober living homes and owners would protect patients in recovery and support a state agency’s recommendations following its report on widespread misconduct in New Jersey’s addiction rehabilitation industry.

Translate »

“By certifying sober living homes and operators, New Jersey could hold them accountable for meeting industry best practices that prioritize the needs of patients recovering from drug addiction,” Dunn (R-Morris) said. “It would also provide peace of mind to the residents and their families that they are receiving the quality care they deserve in a drug-free environment.”

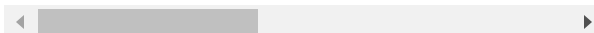
The state’s Commission of Investigation released a [report](#) last week describing misconduct and unethical practices among New Jersey’s drug rehabilitation facilities. Bolstering the regulation of the state’s sober living homes was among the commission’s recommendations to address the findings of overdoses and illicit drugs in homes, and an untold number of unlicensed operations subjecting unwitting patients to harm. The commission also suggested enacting legislation to crack down on deceptive marketing practices.

Dunn’s bill ([A3230](#)) requires the Department of Community Affairs to select a credentialing entity to conduct a voluntary annual certification program for sober living homes and recovery residence administrators or owners. The certification program would include criminal background checks for recovery administrators and employees, onsite and unannounced inspections of homes, and regular monitoring. Homes and administrators that falsely claim to be certified would be subject to a fine.

“There are recovery programs that are taking advantage of desperate families who are struggling to find resources to help their loved ones in the throes of addiction. My legislation would make it clear which programs are operating ethically and legally and direct families to legitimate sober living residences in New Jersey,” Dunn explained.

Certified sober living homes and their contact information would be published on a website. The Department of Community Affairs would direct health care practitioners and addiction treatment providers to the website and require them to only refer patients to a certified recovery residence or one that is owned by a licensed or certified treatment provider.

“New Jersey’s sober living homes should be a haven and beacon of hope for people in recovery, but the state is lacking safeguards and not fully enforcing the laws that do exist. Exposing vulnerable people suffering from addiction to additional harm will not only interfere with their recovery, it could cost them their lives. I want to showcase shining examples of places that are getting sober living right so we can connect people to the most effective help,” Dunn said.



Report: Fla. has highest rate of ODs for visitors

Numbers are 63% more than any other state's

Antigone Barton Palm Beach Post USA TODAY NETWORK

As drug overdose deaths in Palm Beach County climbed steeply in 2017, then-Lake Worth Beach City Commissioner and local business owner Andy Amoroso spoke to a Boston reporter about the rising toll among young people who came to Florida for addiction treatment.

"My message would be, 'Stop sending your children and your loved ones to South Florida,' " he said, " 'because we're sending them back in body bags.' " Now a study by Pennsylvania State University researchers has added numbers to that warning, showing the chances of dying of a drug overdose are 63% higher for out-of-state visitors in Florida than they are for visitors to any other state.

Researchers based their findings on information recorded on death certificates, which show both the county where a death has taken place as well as the county of residence. They searched deaths caused by drug overdoses nationwide from 2003 to 2020.

Lax regulation in Florida appears to contribute to the state's disproportionately high drug overdose rates, the authors wrote, bringing people into dangerous settings where deadly drugs are easier to get than effective treatment.

Researchers cite deadly failure to monitor pain clinics

During the first nine years examined in the study, said Ilan Shrira, a social psychologist who led the study, so-called "pain clinics" operated with no oversight in Florida as they dispensed prescription drugs indiscriminately, bringing people seeking opioid drugs from outside the state.