

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

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

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Prepared By: The Professional Staff of the Committee on Health Policy

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BILL: CS/SB 588

INTRODUCER: Health Policy Committee and Senator Passidomo

SUBJECT: Drug Overdoses

DATE: March 28, 2017

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Stovall	HP	<b>Fav/CS</b>
2.	_____	_____	CJ	_____
3.	_____	_____	RC	_____

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**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/SB 588 permits the voluntary reporting of a suspected or actual overdose of a controlled substance to the Department of Health (DOH) by basic and advanced life support service providers that treat and release, or transport, a person in response to an emergency call.

The bill defines overdose as a condition, including extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of any controlled substance which requires medical attention, assistance, or treatment, or clinical suspicion for drug overdose, such as respiratory depression, unconsciousness, or altered mental status, without other conditions to explain the clinical condition.

If a report is made, it must contain the date and time of the overdose, the address of where the patient was picked up or where the overdose took place, whether an emergency opioid antagonist was administered, and whether the overdose was fatal or non-fatal. Additionally, a report must include the gender and approximate age of the patient and the suspected controlled substances involved only if permitted by the reporting mechanism. Reporters must use best efforts to make the report within 120 hours.

The DOH must make the data received available to law enforcement, public health, fire rescue, and EMS agencies in each county within 120 hours after receipt. Quarterly, the DOH must provide summarized reports to the Statewide Drug Policy Advisory Council, the Department of

Children and Families (DCF), and the Florida Fusion Center, which may be used to maximize the utilization of funding programs for licensed basic and advanced life support service providers, and to disseminate available federal, state and, private funds for local substance abuse treatment services.

The bill makes a reporter exempt from civil or criminal liability for reporting, if the report is made in good faith. It also specifies that the failure to make a report is not grounds for licensure discipline against a basic or advanced life support service.

The bill has an effective date of October 1, 2017.

## II. Present Situation:

### Substance Abuse

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.<sup>1</sup> Substance abuse disorders occur when the chronic use of alcohol or drugs causes significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.<sup>2</sup> Repeated drug use leads to changes in the brain's structure and function that can make a person more susceptible to developing a substance abuse disorder.<sup>3</sup> Brain imaging studies of persons with substance abuse disorders show physical changes in areas of the brain that are critical to judgment, decision making, learning and memory, and behavior control.<sup>4</sup>

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, a diagnosis of substance abuse disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.<sup>5</sup> The most common substance abuse disorders in the United States are from the use of alcohol, tobacco, cannabis, stimulants, hallucinogens, and opioids.<sup>6</sup>

### Opioid Abuse and Overdose

Opioids are commonly abused, with an estimated 15 million people worldwide suffering from opioid dependence.<sup>7</sup> Drug overdose is now the leading cause of injury-related death in the United

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<sup>1</sup> World Health Organization, *Substance Abuse*, available at [http://www.who.int/topics/substance\\_abuse/en/](http://www.who.int/topics/substance_abuse/en/), (last visited Mar. 23, 2017).

<sup>2</sup> Substance Abuse and Mental Health Services Administration, *Substance Use Disorders*, (last updated Oct. 27, 2015) available at <http://www.samhsa.gov/disorders/substance-use>, (last visited Mar. 23, 2017).

<sup>3</sup> National Institute on Drug Abuse, *Drugs, Brains, and Behavior: The Science of Addiction*, (last updated July 2014), available at <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-abuse-addiction>, (last visited Mar. 23, 2017).

<sup>4</sup> Id.

<sup>5</sup> *Supra* note 2.

<sup>6</sup> *Supra* note 2.

<sup>7</sup> World Health Organization, *Information Sheet on Opioid Overdose* (November 2014), available at [http://www.who.int/substance\\_abuse/information-sheet/en/](http://www.who.int/substance_abuse/information-sheet/en/), (last visited Mar. 23, 2017).

States.<sup>8</sup> In 2015, Florida ranked fourth in the nation with 3,228 deaths from drug overdoses,<sup>9</sup> and the presence of at least one opioid in a person's body caused 2,530 of those deaths.<sup>10</sup> Statewide, in 2015, heroin caused 733 deaths, fentanyl caused 705, oxycodone caused 565, and hydrocodone caused 236; deaths caused by heroin and fentanyl increased more than 75 percent statewide when compared with 2014.<sup>11</sup>

Drug overdose deaths doubled in Florida from 1999 to 2012.<sup>12</sup> Over the same time period, drug overdose deaths occurred at a rate 13.2 deaths per 100,000 persons.<sup>13</sup> The crackdown on “pill mills” dispensing prescription opioid drugs, such as oxycodone and hydrocodone, reduced the rate of death attributable to prescription drugs,<sup>14</sup> but may have generated a shift to heroin use, contributing to the rise in heroin addiction.<sup>15</sup>

### ***Emergency Response to Overdose***

Opioid overdose can occur when an individual deliberately misuses a prescription opioid or an illicit drug such as heroin.<sup>16</sup> It can also occur when a patient takes an opioid as directed, but the prescriber miscalculated the opioid dose, an error was made by the dispensing pharmacist, or the patient misunderstood the directions for use.<sup>17</sup> Opioid overdose is life threatening and requires immediate emergency attention.<sup>18</sup>

To treat an opioid overdose, emergency personnel or a physician may administer an opioid antagonist such as Narcan® or Nalaxone. An opioid antagonist is a drug that blocks the effects of exogenously administered opioids. Opioid antagonists are used in opioid overdoses to counteract life-threatening depression of the central nervous system and respiratory system, allowing an overdose victim to breathe normally.<sup>19</sup> This occurs because opioid antagonists create a stronger bond with opioid receptors than opioids. This forces the opioids from the opioid receptors and allows the transmission of signals for respiration to resume.<sup>20</sup>

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<sup>8</sup> Trust for America's Health, *The Facts Hurt: A State-by-State Injury Prevention Policy Report 2015*, available at <http://healthyamericans.org/reports/injuryprevention15/>, (last visited Mar. 23, 2017).

<sup>9</sup> Centers for Disease Control and Prevention, *Drug Overdose Death Data* (Dec. 16, 2016), available at <https://www.cdc.gov/drugoverdose/data/statedeaths.html>, (last visited Mar. 23, 2017).

<sup>10</sup> Florida Department of Law Enforcement, *Drugs Identified in Deceased Persons by Florida Medical Examiners-2015 Annual Report* (Sept. 2016), available at <https://www.fdle.state.fl.us/cms/MEC/Publications-and-Forms/Documents/Drugs-in-Deceased-Persons/2015-Annual-Drug-Report.aspx>, (last visited on Mar. 23, 2017).

<sup>11</sup> *Id.* at pg. 3.

<sup>12</sup> Department of Health, *Special Emphasis Report: Drug Poisoning (Overdose) Deaths (1999-2012)*, available <http://www.floridahealth.gov/statistics-and-data/florida-injury-surveillance-system/documents/CDC-Special-Emphasis-Drug-poisoning-overdose-1999-2012-B-Poston-FINAL.pdf>, (last visited on Mar. 21, 2017).

<sup>13</sup> *Id.*

<sup>14</sup> *Supra* note 10.

<sup>15</sup> World Health Organization, *Substance Abuse*, available at [http://www.who.int/topics/substance\\_abuse/en/](http://www.who.int/topics/substance_abuse/en/), (last visited Mar. 23, 2017).

<sup>16</sup> Substance Abuse and Mental Health Services Administration, *Opioid Overdose Prevention Toolkit* (Rev. 2016), available at <http://store.samhsa.gov/shin/content/SMA16-4742/SMA16-4742.pdf>, (last visited Mar. 23, 2017).

<sup>17</sup> *Id.*

<sup>18</sup> *Id.*

<sup>19</sup> Harm Reduction Coalition, “*Understanding Naloxone*,” available at <http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understanding-naloxone/>, (last visited Mar. 23, 2017).

<sup>20</sup> Harm Reduction Coalition, *Guide to Developing and Managing Overdose Prevention and Take-Home Naloxone Projects*, (2012), available at <http://harmreduction.org/our-work/overdose-prevention/> (last visited Mar. 23, 2017).

From 2004 through 2009, emergency department visits nationally involving the nonmedical use of pharmaceuticals increased 98.4 percent, from 627,291 visits to 1,244,679 visits.<sup>21</sup> In 2009, almost one million emergency room visits nationally involved illicit drugs, either alone or in combination with other drugs.<sup>22</sup>

From 2008 to 2011, about half of all emergency department visits nationally for both unintentional and self-inflicted drug poisoning involved drugs in the categories of analgesics,<sup>23</sup> antipyretics,<sup>24</sup> and antirheumatics<sup>25</sup> or sedatives, hypnotics, tranquilizers, and other psychotropic agents.<sup>26</sup>

Opiates or related narcotics, including heroin and methadone, accounted for 14 percent of emergency department visits nationally for unintentional drug poisoning from 2008 to 2011.<sup>27</sup> In Florida, there were approximately 21,700 opioid-related emergency department visits in 2014.<sup>28</sup>

## **Privacy Rights of Individuals Receiving Substance Abuse Treatment**

### ***Florida Protections***

Section 397.501, F.S., establishes statutory rights for individuals receiving substance abuse services, including the right to dignity, non-discriminatory services, quality services, confidentiality, counsel and habeas corpus. In particular it prohibits service providers from disclosing records containing the identity, diagnosis, prognosis, and services provided to any individual without written consent of the individual, with certain exceptions.<sup>29</sup> The law makes service providers who violate these rights liable for damages, unless acting in good faith, reasonably, and without negligence.

### ***Federal Protections of Personal Health Information***

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects personal health information. Privacy rules were initially issued in 2000 by the U.S. Department of Health and Human Services and later modified in 2002.<sup>30</sup> The rules address the use and disclosure of an

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<sup>21</sup> National Institute on Drug Abuse, *Drug-Related Hospital Emergency Room Visits* (May, 2011), available at <https://www.drugabuse.gov/publications/drugfacts/drug-related-hospital-emergency-room-visits>, (last visited Mar. 23, 2017).

<sup>22</sup> Id.

<sup>23</sup> Analgesics are drugs that produce insensibility to pain.

<sup>24</sup> Antipyretics are drugs that reduce fever.

<sup>25</sup> Anti-rheumatics are drugs that alleviate or prevent inflammation or pain in muscles, joints, or fibrous tissue.

<sup>26</sup> Albert, M. et al., *Emergency Department Visits for Drug Poisoning: United States, 2008–2011*, NCHS Data Brief No. 196, April 2015, available at <https://www.cdc.gov/nchs/data/databriefs/db196.htm>, (last visited Mar. 23, 2017).

<sup>27</sup> Id.

<sup>28</sup> Weiss, A.J., et al., *Opioid-Related Inpatient Stays and Emergency Department Visits by State, 2009-2014*, HCUP Statistical Brief No. 219, January 2017, available at <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb219-Opioid-Hospital-Stays-ED-Visits-by-State.pdf>, (last visited Mar. 23, 2017).

<sup>29</sup> Disclosure is permitted to: health service providers in cases of medical emergency if the information is necessary to provide services to the individual; DCF for the purposes of scientific research; comply with state-mandated child abuse and neglect reporting; comply with a valid court order; report crimes that occur on program premises or against staff; federal, state or local governments for audit purposes; or third party payors providing financial assistance or reimbursement.

<sup>30</sup> United States Department of Health and Human Services, *The Privacy Rule*, available at <http://www.hhs.gov/ocr/privacy/hipaa/administrative/privacyrule/>, (last visited on Mar. 23, 2017).

individual's personal health information and create standards for information security. Only certain entities, "covered entities," are subject to HIPAA's provisions. Covered entities are obligated to meet HIPAA's requirements to ensure privacy and confidentiality of personal health information. These "covered entities" include:<sup>31</sup>

- Health plans;
- Health care providers;
- Health care clearinghouses; and
- Business associates of any of the above.

Additionally, federal law restricts the disclosure of alcohol and drug patient records maintained by federally assisted alcohol and drug abuse programs, which identify a patient as an alcohol or drug abuser.<sup>32</sup> Disclosure of patient-identifying information is permitted in certain cases and patients may consent in writing to the disclosure of such information.<sup>33</sup>

### ***Statewide Drug Policy Advisory Council***

The Legislature created the Office of Drug Control and the Drug Policy Advisory Council<sup>34</sup> in the Executive Office of the Governor in 1999. In 2011, the Legislature replaced it with the Statewide Drug Policy Advisory Council (the Council)<sup>35</sup> under the Florida Department of Health (DOH). The Council, among other things, submits annual reports to the Governor, the President of the Senate, and the Speaker of the House of Representatives with recommendations concerning developing and implementing a state drug control strategy.<sup>36</sup>

The Council's 2016 Report concluded that a key problem in combating drug overdoses in Florida is that there is "no sustainable process to compile massive amounts of data and information, perform analysis, and develop an evidence-based call to action."<sup>37</sup> To improve data collection and surveillance, the Council recommends that DOH collaborate with other agencies, organizations, and institutions to create a comprehensive statewide strategy addressing the fentanyl and heroin overdoses in the state.<sup>38</sup>

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<sup>31</sup>United States Department of Health and Human Services, *For Covered Entities and Business Associates* <http://www.hhs.gov/ocr/privacy/hipaa/understanding/coverentities/> (last visited on Mar. 23, 2017).

<sup>32</sup> 42 CFR Part 2 (2016).

<sup>33</sup> Disclosure is allowed to comply with state-mandated child abuse and neglect reporting; to report the cause of death; to comply with a valid court order; in cases of medical emergency; to report crimes that occur on program premises or against staff; to entities having administrative control; to qualified service organizations and to outside auditors, evaluators, central registries, and researchers.

<sup>34</sup> Section 397.332, F.S., created by s. 3, ch. 99-187, Laws of Fla.

<sup>35</sup> Section 397.333, F.S., created by s. 8, ch. 2011-51, Laws of Fla.

<sup>36</sup> Section 397.333(3), F.S.

<sup>37</sup> Florida Department of Health, *Statewide Drug Policy Advisory Council 2016 Annual Report* (Dec. 1, 2016), p. 4, available at <http://www.floridahealth.gov/provider-and-partner-resources/dpac/DPAC-Annual-Report-2016-FINAL.pdf>, (last visited Mar. 23, 2017).

<sup>38</sup> *Id.* at 14.

## DOH Data Systems

### *Florida Injury Surveillance Data System*

DOH's Injury Surveillance Data System is a passive data reporting mechanism that utilizes data resources from other agencies and systems, including:

- Vital records (death certificates);
- Hospital discharge data;
- Emergency department discharge data;
- Motor vehicle crash records;
- Behavioral Risk Factor Surveillance System;
- Youth Risk Behavior Surveillance System;
- Child Death Review;
- Uniform Crime Reporting System; and
- Emergency medical services.<sup>39</sup>

The Injury Surveillance Data System is used to monitor the frequency of fatal and non-fatal injuries, determine the risk factors for these injuries, evaluate the completeness, timeliness, and quality of data sources, provide information to Florida's injury prevention community for program planning and evaluation, and provide a foundation for injury prevention strategies.<sup>40</sup> One of the injury mechanisms it receives information on is poisoning, which includes drug overdoses;<sup>41</sup> however it is not currently set up to actively receive data regarding overdoses, or any other injury mechanism.<sup>42</sup>

### *Emergency Medical Services Tracking and Reporting System (EMSTARS)*

The DOH maintains<sup>43</sup> the Emergency Medical Services Tracking and Reporting System (EMSTARS) to collect data on pre-hospital emergency care from EMS providers.<sup>44</sup> This system allows for the collection and analysis of incident level data from EMS agencies for benchmarking and quality improvement initiatives.<sup>45</sup> Participation in the EMSTARS system, and the transmission of electronic incident level data from EMS Providers<sup>46</sup> to DOH, is voluntary.<sup>47</sup> However, the complete provision of incident level data, and full participation in the EMSTARS

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<sup>39</sup> Department of Health, *Florida Injury Surveillance Data System*, available at <http://www.floridahealth.gov/statistics-and-data/florida-injury-surveillance-system/index.html>, (last visited Mar. 23, 2017).

<sup>40</sup> Id.

<sup>41</sup> Department of Health, *External Cause of Injury Intent and Mechanism Classifications and Descriptions* (Sept. 8, 2008), available at <http://www.floridahealth.gov/statistics-and-data/florida-injury-surveillance-system/documents/icd-code-explanations.pdf>, (last visited Mar. 13, 2017).

<sup>42</sup> Department of Health, *House Bill 249 Analysis* (similar to SB 588), p. 6, (Jan. 17, 2017) (on file with Senate Committee on Health Policy).

<sup>43</sup> In 2004, the DOH signed a memorandum of understanding to participate in a national project that would standardize data collection for EMS agencies nationwide. The National Emergency Medical Services Information System is the national repository used to aggregate and analyze prehospital data from all participating states.

<sup>44</sup> Florida Department Of Health, *The Basic Facts: Prehospital EMS Tracking and Reporting System*, p. 1, available at [http://www.floridaemstars.com/docs/EMSTARSFactSheet\\_102314.pdf](http://www.floridaemstars.com/docs/EMSTARSFactSheet_102314.pdf), (last visited Mar. 23, 2017).

<sup>45</sup> Id.

<sup>46</sup> There are 147 participating EMS agencies. Florida Department of Health, *Florida EMS Agencies Participating in EMSTARS*, available at <http://www.floridaemstars.com/docs/partagencies.pdf>, (last visited Mar. 23, 2017).

<sup>47</sup> *Supra*, note 44.

Program, fulfills EMS Provider prehospital reporting requirements.<sup>48</sup> The data collected by EMSTARS includes:

- All NHTSA “national” data elements for demographic data and EMS event data;
- Other selected elements identified by participants and other stakeholders;
- Demographic elements for the provider agency, its personnel, and patients;
- Incident and unit times;
- Situation and scene information;
- Patient care information including vital signs, injury assessment, trauma score, and intervention and procedural information; and
- Outcome and disposition information.<sup>49</sup>

Additionally, EMSTARS collects minimal data elements for overdoses if EMS administers an emergency opioid antagonist.<sup>50</sup> There are currently two versions of EMSTARS in use by EMS providers permitted by Rule 64J-1.014, F.A.C., versions 1.4.1 and 3.0. The more recent version allows EMS providers to capture the additional information about the patient, including his or her gender, as well as alcohol and drug use indicators.<sup>51</sup>

The electronic patient care records submitted by licensed EMS agencies to EMSTARS are confidential and exempt pursuant to s. 401.30(4), F.S.

### ***Washington/ Baltimore High Intensity Drug Trafficking Overdose Detection Mapping Application Program (HIDTA)***

The Washington/ Baltimore High Intensity Drug Trafficking Area (HIDTA) is a federal grant program administered by the White House Office of National Drug Control Policy, provides resources to assist federal, state, local and tribal agencies coordinate activities that address drug trafficking.<sup>52</sup> HIDTA created an app, known as the Overdose Detection Mapping Application Program, which allows EMS agencies to report overdose incidents, which will then be transmitted to the app in real time with an electronic map showing the location, date, time, and incident type. It does not allow EMS agencies to report on the patient’s age or gender or suspected controlled substance involved in the overdose.

### **Emergency Medical Technicians and Paramedics**

An emergency medical technician (EMT) a person who is certified by DOH to perform basic life support.<sup>53</sup> A paramedic is a person who is certified by DOH to perform basic and advanced life

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<sup>48</sup> See Rule 64J-1.014(1), F.A.C.

<sup>49</sup> Id.

<sup>50</sup> *Supra*, note 42.

<sup>51</sup> Florida Department of Health, Bureau of Emergency Medical Oversight, *Emergency Medical Services Tracking and Reporting System, Version 2, EMS Data Standards*, (Oct. 2015), available at <http://www.floridaemstars.com/docs/flemstarsdatastandardsvers3.pdf> (last visited Mar. 23, 2017).

<sup>52</sup> Washington/Baltimore High Intensity Drug Trafficking Area, available at <http://www.hidta.org/>, (last visited Mar. 23, 2017).

<sup>53</sup> Sections 401.23(11), F.S.; s. 401.23(7), F.S., defines “basic life support” as, the assessment or treatment through the use of techniques described in the Emergency Medical Technician Basic National Standard Curriculum or the National EMS Education Standards of the U.S. Department of Transportation.



support.<sup>54</sup> EMTs and paramedics are regulated by DOH, under ch. 401, Part III, F.S. EMTs and paramedics care for sick or injured patients in an emergency medical setting and often work closely with police and firefighters during an emergency situation.<sup>55</sup> Some of the typical duties of an EMT or paramedic are:

- Responding to 911 calls for emergency medical assistance;
- Assessing a patient's condition and determining a course of treatment;
- Helping transfer patients to the emergency department of a healthcare facility and report their observations and treatment to the staff; and
- Creating a patient care report, documenting the medical care given to the patient.<sup>56</sup>

Currently, there are 35,315 certified EMTs and 29,731 certified paramedics in Florida.<sup>57</sup>

### III. Effect of Proposed Changes:

#### Legislative Findings, Intent, and Goals

CS/SB 588 makes the following legislative findings:

- Substance abuse and drug overdose are a major health problems that affect the lives of many people, and multiple service systems, leading to profoundly disturbing consequences;
- These overdoses are a crisis and stress financial, health care, and public safety resources; and
- A central database that could quickly help address this problem does not currently exist.

The bill sets out the intent of the Legislature to:

- Require the collaboration of local, regional, and state agencies; service systems; and program offices to address the needs of the public;
- Establish a comprehensive system addressing the problems associated with drug overdoses;
- Reduce duplicative requirements across local, county, state, and health care agencies;
- Maximize the efficiency of financial, public education, health professional, and public safety resources so that these resources may be concentrated on areas and groups in need on the performance of professional functions; and
- Maximize the utilize funding programs for the dissemination of available federal, state, and private funds through contractual agreements with community based organizations or units of state or local government that deliver local substance abuse services.

The goals of the Legislature for the bill are identified as:

- Discouraging substance abuse and overdoses by quickly identifying the type of drug involved, the age of the individual involved, and the areas where drug overdoses pose a potential risk to the public, schools, workplaces, and communities; and

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<sup>54</sup> Section 401.23(17), F.S.; s. 401.23(1), F.S., defines “advanced life support” as, the assessment or treatment by a qualified person through the use of techniques such as endotracheal intubation, the administration of drugs or intravenous fluids, telemetry, cardiac monitoring, cardiac defibrillation, and other techniques described in the EMT-Paramedic National Standard Curriculum or the National EMS Education Standards.

<sup>55</sup> U.S. Bureau of Labor Statistics, EMTs and Paramedics, available at <http://www.bls.gov/ooh/Healthcare/EMTs-and-paramedics.htm#tab-2>, (last visited Mar. 23, 2017).

<sup>56</sup> Id.

<sup>57</sup> Florida Department of Health, Division of Medical Quality Assurance, *Annual Report and Long-Range Plan: Fiscal Year 2015-2016*, available at <http://mqawebteam.com/annualreports/1516/#12>, (last visited Mar. 23, 2017).



- Providing a central data point so that data can be shared between the health care community and municipal, county, and state agencies to quickly identify needs and provide short and long term solutions while protecting and respecting the rights of individuals.

### **Overdose Reporting**

The bill creates s. 401.253, F.S., which permits EMTs and paramedics, who provide basic and advanced life support services on an emergency call to report to the DOH a suspected or actual controlled substances overdose. The bill defines “overdose” as a condition which includes, but is not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death from the consumption or use of a controlled substance that requires medical attention, assistance, or treatment, and a clinical suspicion of a drug overdose such as respiratory depression, unconsciousness, or an altered mental state which is not explained by another condition.

An EMT or paramedic who treats and releases an individual, or treats and or transports an individual to a medical facility, in response to an emergency call for a suspected or actual overdose of a controlled substance, may voluntarily report. If they report, they must use best efforts to do so within 120 hours. The report must contain:

- The date and time of the overdose;
- The address of where the patient was picked up or where the overdose took place;
- Whether an emergency opioid antagonist was administered; and
- Whether the overdose was fatal or non-fatal.

Additionally, the report must include the approximate age and gender of the patient and the suspected controlled substances involved in the overdose only if permitted by its reporting mechanisms.

The bill requires reporters to use EMSTARS, the Washington/Baltimore High Intensity Drug Trafficking Overdose Detection Mapping Application Program, or other program identified by the DOH in rule.

Anyone who files a report in good faith is not subject to civil or criminal liability for making the report. The bill also specifies that the failure to make a report is not grounds for licensure discipline against a basic or advanced life support service.

### ***Use of Report***

The bill encourages reporting to the DOH within 120 hours. Within 120 hours of receiving the data, the DOH must make it available to law enforcement, public health, fire rescue, and EMS agencies in each county.

Additionally, the DOH must report quarterly to the Council, the DCF, and the Florida Fusion Center,<sup>58</sup> summarizing the data received. The Council, the DCF, and the DOH may use the

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<sup>58</sup> The Fusion Center, housed within the Florida Department of Law Enforcement, is a collaborative effort of state and federal agencies working with local partners to share resources, expertise, and/or information to better identify, detect, prevent, apprehend and respond to criminal and terrorist activity utilizing an all crimes/all hazards approach. Florida Department of

reports to maximize the utilization of funding programs for basic and advanced life support service providers, and to disseminate available federal, state and, private funds for local substance abuse treatment services.

The bill has an effective date of October 1, 2017.

**IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

**V. Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

The information collected by the DOH, and being made available to law enforcement, public health, fire rescue and emergency medical services agencies in each county may require a separate bill for a public records exception to protect the information from being obtained by other third parties.

**VIII. Statutes Affected:**

This bill creates section 401.253 of the Florida Statutes.

**IX. Additional Information:**

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

**CS by Health Policy on March 27, 2017:**

The CS:

- Deletes mandatory reporting requirements for certain health care professionals, institutions, and their employees;
- Limits reporting to basic and advanced life support services who respond to an emergency call for a suspected or actual overdose;
- Makes reporting voluntary, and encourages reporting within 120 hours;
- Specifies the data elements to be reported;
- Deletes criminal penalties for failure to report;
- Provides that the failure to report is not grounds for licensure discipline;
- Reassigns the responsibility for receiving the reported data to the DOH rather than the county's chief law enforcement officer;
- Authorizes the DOH to identify the reporting system in rule; and
- Requires the DOH to disseminate raw data received within 120 hours to specified entities and a summary report quarterly.

- B. **Amendments:**

None.