

THE FLORIDA SENATE  
2018 SUMMARY OF LEGISLATION PASSED  
**Committee on Health Policy**

**CS/CS/HB 21 — Controlled Substances**

by Health and Human Services Committee; Health Quality Subcommittee; and Rep. Boyd and others (CS/SB 8 by Health Policy Committee; and Senators Benacquisto, Perry, Stargel, Bean, Passidomo, and Young)

CS/CS/HB 21 amends various sections of law to increase the regulation, training, and reporting required when controlled substances are prescribed and dispensed. The bill:

- Requires all prescribing practitioners who are authorized to prescribe controlled substances to complete a two-hour training course prior to biennial licensure renewal on the safe and effective prescribing of controlled substances, unless such practitioner is already required to take such a course by his or her practice act.
- Defines “acute pain” as the normal, predicted, physiological, and time-limited response to an adverse chemical, thermal, or mechanical stimulus associated with surgery, trauma, or acute illness. The term specifically does not include pain related to:
  - Cancer;
  - A terminal condition;
  - Palliative care to provide relief of symptoms related to an incurable, progressive illness or injury; or
  - A serious traumatic injury with an Injury Severity Score of 9 or greater.
- Provides restrictions on certain prescriptions written to treat acute pain by:
  - Requiring applicable health care regulatory boards to create guidelines for prescribing controlled substances for the treatment of acute pain.
  - Limiting a prescription for an opioid listed in Schedule II to no more than three days if prescribed to treat acute pain as defined. This limit is increased to seven days if determined to be medically necessary by the prescribing practitioner and with proper documentation.
  - Requiring a prescriber to co-prescribe an opioid antagonist when prescribing controlled substances for serious traumatic injury.
- Requires clinics that are exempt from the requirement to register as a pain management clinic to obtain and maintain a certificate of exemption from the Department of Health (DOH). These provisions take effect January 1, 2019.
- Requires pharmacists and dispensing practitioners to verify a patient’s identity prior to dispensing controlled substances.
- Confirms an exemption allowing health care practitioners to dispense controlled substances in connection with a surgical procedure to the limits on prescribing established for Schedule II opioid medications.
- Creates an exemption to allow a physician to dispense Schedule II and III controlled substances approved by the United States Food and Drug Administration (FDA) for the medication-assisted treatment (MAT) of his or her own patients.
- Explicitly authorizes electronic prescriptions for controlled substances.
- Adds and reschedules substances to the various schedules of controlled substances.

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- Substantially rewords the Prescription Drug Monitoring Program (PDMP) with changes including, but not limited to:
  - Including Schedule V controlled substances in the list of drugs that must be reported to the PDMP;
  - Requiring prescribing practitioners to consult the PDMP before prescribing controlled substances with certain exceptions;
  - Allowing the DOH to coordinate and share Florida's PDMP data with other states' PDMPs and to enter into contracts to establish secure connections between the PDMP and prescribing or dispensing health care practitioner's electronic health records; and
  - Allowing prescribers and dispensers with Veterans' Affairs, the military, and the Indian Health Services, and Florida medical examiners access to data in the PDMP.
- Increases the penalty from a 3rd degree felony to a 2nd degree felony for a patient or health care practitioner who knowingly obtains or provides a controlled substance that is not medically necessary.
- Creates a new 3rd degree felony for unlawfully possessing and using tableting or encapsulation machines.

The bill also provides appropriations for the Fiscal Year 2018-2019 as follows:

- \$27,035,532 in nonrecurring funds is appropriated from the Federal Grants Trust Fund to the Department of Children and Families (DCF) for expenditures related to the second year of the State Targeted Response to the Opioid Crisis grant.
- \$14,626,911 in recurring general revenue funds is appropriated to the DCF for community-based services to address the opioid crisis, including, but not limited to MAT.
- \$5,000,000 in recurring general revenue funds is appropriated to the DOH for the purchase of emergency opioid antagonists to be made available to first responders.
- \$6,000,000 in recurring general revenue is appropriated to the Office of State Court Administrator for MAT of substance abuse disorders related to the criminal justice system.
- \$873,089 in recurring and \$117,700 in nonrecurring general revenue funds are appropriated to the DOH for improvements to the PDMP.

If approved by the Governor, and except as otherwise provided in the act, these provisions take effect July 1, 2018.

*Vote: Senate 37-0; House 99-0*