

Tab 1	CS/SB 366 by HP, Braynon (CO-INTRODUCERS) Pizzo, Book; (Compare to H 00171) Infectious Disease Elimination Programs						
208576	A	S	RCS	AHS, Harrell	Delete L.65 - 66:	03/07 08:27 AM	

Tab 2	SB 592 by Albritton; (Similar to H 00375) Prescription Drug Monitoring Program						
289882	A	S	RCS	AHS, Harrell	Delete L.23 - 26:	03/07 08:29 AM	

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA
APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Bean, Chair
Senator Harrell, Vice Chair

MEETING DATE: Wednesday, March 6, 2019
TIME: 4:15—6:00 p.m.
PLACE: Pat Thomas Committee Room, 412 Knott Building

MEMBERS: Senator Bean, Chair; Senator Harrell, Vice Chair; Senators Book, Diaz, Farmer, Flores, Hooper, Passidomo, Rader, and Rouson

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	CS/SB 366 Health Policy / Braynon (Compare H 171)	Infectious Disease Elimination Programs; Citing this act as the "Infectious Disease Elimination Act (IDEA)"; providing that a county commission may authorize a sterile needle and syringe exchange program; requiring the development of an oversight and accountability system for certain purposes; providing for immunity from civil liability under certain circumstances, etc. HP 02/19/2019 Fav/CS AHS 03/06/2019 Fav/CS AP	Fav/CS Yeas 9 Nays 0
2	SB 592 Albritton (Similar H 375)	Prescription Drug Monitoring Program; Expanding the exceptions to a requirement that a prescriber or dispenser must consult the program to review a patient's controlled substance dispensing history before prescribing or dispensing a controlled substance for a patient of a certain age, etc. HP 02/19/2019 Favorable AHS 03/06/2019 Fav/CS AP	Fav/CS Yeas 9 Nays 0
3	Senator Presentations of the Health and Human Services Local Funding Initiatives Requests for Fiscal Year 2019-2020		Presented

Other Related Meeting Documents

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.)

Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

BILL: PCS/CS/SB 366 (858036)

INTRODUCER: Appropriations Subcommittee on Health and Human Services; Health Policy Committee; and Senators Braynon, Pizzo, and Book

SUBJECT: Infectious Disease Elimination Programs

DATE: March 7, 2019 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Lloyd</u>	<u>Brown</u>	<u>HP</u>	<u>Fav/CS</u>
2.	<u>Gerbrandt</u>	<u>Kidd</u>	<u>AHS</u>	<u>Recommend: Fav/CS</u>
3.	_____	_____	<u>AP</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

PCS/CS/SB 366 establishes the Infectious Disease Elimination Act (IDEA) and modifies s. 381.0038, F.S. The bill eliminates references to the current sterile needle and syringe exchange pilot program in Miami-Dade County except to authorize its continuation until the Miami-Dade County Board of County Commissioners authorizes the program under the IDEA or July 1, 2021, whichever occurs first.

The bill allows county commissions to establish sterile needle and syringe exchange programs through the adoption of a county ordinance and satisfaction of the specified program requirements. Exchange programs must cooperate with the Department of Health (DOH) and the local county health department. Exchange programs are prohibited from using state funds; however, programs may be funded with county or municipal funds, or with private donations.

The bill provides the DOH with rulemaking authority for data collection and reporting requirements.

The bill has no fiscal impact on state government. See Section V.

The effective date of the bill is July 1, 2019.

II. Present Situation:

HIV/AIDS

The first cases of human immunodeficiency virus (HIV) were reported in 1981 and since then, approximately 77 million people have been infected with the virus.¹ HIV is a virus that is transmitted through certain body fluids and weakens the body's immune system. Over time, the body is unable to fight off infections and disease. No effective cure currently exists but with proper medical care, it can be controlled.²

HIV can eventually lead to the development of AIDS or acquired immunodeficiency syndrome.³ The term *diagnosis of HIV infection* is defined by the Centers for Disease Control and Prevention (CDC) as a diagnosis of HIV infection regardless of the state of the disease (stage 0, 1, 2, 3 (AIDS), or unknown), and refers to all person with a diagnosis of HIV infection.⁴

The CDC's *HIV Surveillance Report* compares Florida to other states, the region, and nation. For example, in the South, a year-by-year and a cumulative death rate is given from 2012 through 2016. The surveillance reports provide one-year figures that show both the rate per 100,000 in population, raw totals, three-year rolling rates, raw totals for infection rates, and death totals. Cause of death or cause for infection are also broken out by state and by certain metropolitan statistical areas (MSA)⁵. The cumulative three-year death total for the South⁶ is 134,957.⁷ An HIV infection diagnosis rate attributed to injected drug use for the period of 2012 to 2017 in the South for men is 77 and 103 for women.⁸

For 2016, 4,708 adults and adolescents in Florida, plus 18 children (those under age 13) for a total of 4,726 in 2016 were newly diagnosed with HIV in Florida. This number increased in 2017 to 4,783 newly diagnosed adults or adolescents and 17 children for a total of 4,800.⁹ The Florida

¹ Kaiser Family Foundation, *The Global HIV/AIDS Epidemic*, (Jan 28, 2019) available at: <https://www.kff.org/global-health-policy/fact-sheet/the-global-hivaids-epidemic/> (last visited Feb. 26, 2019).

² Centers for Disease Control and Prevention, *About HIV/AIDS*, (last updated: October 31, 2018) available at: <https://www.cdc.gov/hiv/basics/whatishiv.html> (last visited Feb. 26, 2019).

³ Kaiser Family Foundation, *supra* note 1.

⁴ Centers for Disease Control and Prevention, *HIV Surveillance Report, 2016*; vol. 28 (Nov. 2017), p. 5, available at: <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2016-vol-28.pdf> (last visited Feb. 26, 2019).

⁵ Formerly referred to as standard metropolitan statistical areas (SMSA).

⁶ The CDC's South Region includes Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

⁷ Centers for Disease Control and Prevention, *HIV Surveillance Report, 2017*; vol. 29 (Nov. 2018), Table 19b: *Deaths of persons with diagnosed HIV infection ever classified as stage 3 (AIDS), by year of death and selected characteristics, 2012-2016 and cumulative – United State and 6 dependent areas*, available at: <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf> (last visited Feb. 26, 2019).

⁸ Centers for Disease Control and Prevention, *supra* note 7 at 53.

⁹ Centers for Disease Control and Prevention, *supra* note 7 at 114.

Department of Health’s (DOH) annual report shows 116,944 persons of all ages living with an HIV diagnosis in Florida as of the end of the year, 2017.¹⁰

The Miami-Ft. Lauderdale-Palm Beach MSA had the highest prevalence of newly-diagnosed individuals with HIV infection in the nation. The prevalence rate translates to a total of 53,269 individuals who have been newly diagnosed with an HIV infection. For 2017, the Miami MSA is also ranked first in the nation for HIV infection diagnoses with a total of 2,177.¹¹ The table below shows the information in comparison to other Florida MSAs.

Diagnoses of HIV Infection, 2017 and Persons Living with Diagnoses HIV Infection (Prevalence)¹²					
MSA	Diagnosis – 2017			Prevalence of HIV Infection, 2016	
	Number	Rate	Rank	Number	Rate
Cape Coral-Ft. Myers	81	11.0	49	2,103	2,91.1
Deltona-Daytona Beach-Ormond Beach	94	14.5	29	1,804	283.3
Jacksonville	353	23.5	7	6,759	457.8
Lakeland–Winter Haven	94	13.7	36	2,247	3,36.9
Miami-Ft. Lauderdale-Palm Beach	2,177	35.3	1	53,269	8,72.2
North Port-Sarasota-Bradenton	83	10.3	57	1,901	2,41.1
Orlando-Kissimmee-Sanford	718	28.6	2	11,316	4,61.3
Palm Bay-Melbourne-Titusville	55	9.3	62	14,979	2,59.0
Tampa-St. Petersburg-Clearwater	561	18.1	14	12,308	405.3
State ^{13,14}	4,949	24.1		116,944	568.9
<i>Explanation:</i>		<i>Per 100,000 population</i>	<i>Based on rate</i>		<i>Per 100,000 population</i>

The vast majority of Floridians who received an HIV diagnosis in 2017 report their mode of HIV exposure as male to male contact (61 percent), followed by heterosexual contact either female (19 percent) or male (13 percent) with male and female injection drug use at 2 percent each.¹⁵ A combination of male-to-male contact and injection drug use was also at 2 percent. The age range with the most persons receiving an HIV diagnosis in 2017 was between 20-29 (30 percent) followed closely by ages 30 to 39 (27 percent).¹⁶ In 2017, males were much more likely to

¹⁰ Florida Dep’t of Health, *Persons Living with an HIV Diagnosis in Florida, 2017*, available at: http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/documents/factsheet/FloridaFactsheet_20180830.pdf (last visited Feb. 12, 2019).

¹¹ Centers for Disease Control and Prevention, *supra* note 7 at 121.

¹² Florida Dep’t of Health, *supra* note 10.

¹³ Florida Dep’t of Health, flhealthcharts.com, *HIV Cases*, available at: <http://www.flhealthcharts.com/charts/OtherIndicators/NonVitalHIV/AIDSViewer.aspx?cid=0471>, (report generated on Feb. 12, 2019).

¹⁴ Florida Dep’t of Health, flhealthcharts.com, *Persons Living with HIV (PLWH)*, available at: <http://www.flhealthcharts.com/charts/OtherIndicators/NonVitalHIV/AIDSViewer.aspx?cid=0471> (report generated on Feb. 12, 2019).

¹⁵ Centers for Disease Control and Prevention, *supra* note 7.

¹⁶ Centers for Disease Control and Prevention, *supra* note 7.

receive an HIV diagnosis than a female, by more than three to one. Males represented 78 percent of the HIV diagnoses and females 22 percent.¹⁷

HIV Diagnosis in Florida, 2016 and 2017¹⁸ <i>(Based on CDC Surveillance Reports)</i>									
	2016				2017 (preliminary data)				
	Adults (>13)	Adults (>13)*	Children	Child Rate*	Adults (>13)	Adults (>13)	Children	Child Rate*	Total Rate
Florida	4,708	26.6	18	0.6	4,783	26.6	17	0.6	22.9
National	40,012	14.6	130	0.2	38,640	14.0	99	0.2	11.8

**Rates are per 100,000 population.*

On the continuum of HIV/AIDS care, an individual can move from receiving an initial diagnosis to a virally suppressed status. In Florida for 2017, 25 percent of those living with an HIV diagnosis were not in care.

2017 – Florida’s Continuum of Care¹⁹ From the beginning (a diagnosis to viral suppression)					
Status	Living with HIV Diagnosis	Ever in Care	In Care	Retained in Care	Virally Suppressed
Florida	116,944	108,461	87,184	79,831	71,955
% of Whole	100%	93%	75%	68%	62%
Documented care			Less than or equal to 1 medical visit for HIV in 2017	Less than or equal to 2 medical visits for HIV in 2017; greater than 3 mos. apart in 2017	Suppression of HIV viral load as measured by level of virus in blood.

The CDC recommends that anyone at increased risk of an HIV infection,²⁰ including injection drug users (IDUs), undergo HIV testing at least annually. Individuals between the ages of 13 and 64 who are not at risk should be tested for HIV at least once as part of their normal health care routine.²¹

National HIV/AIDS Strategy

Additionally, the CDC has four strategy goals aimed at achieving its overall mission:

¹⁷ Centers for Disease Control and Prevention, *supra* note 7.

¹⁸ Centers for Disease Control and Prevention, *supra* note 4.

¹⁹ Florida Dep’t of Health, *supra* note 12.

²⁰ Those at increased risk for HIV include: men who have sex with men; individuals who have sex with an HIV-positive partner; individuals who have had more than one sexual partner since their last HIV test; individuals who have injected drugs and shared needles or the water or cotton with others; individuals who have been treated for hepatitis or tuberculosis; individuals who have traded sex for money; individuals who have been treated for another sexually transmitted disease; or individuals who have had sex with someone who can answer yes to any of the above questions or whose sexual history is unknown. See Centers for Disease Control and Prevention, *HIV Risk Reduction Tool*, available at: https://www.cdc.gov/hivrisk/how_know/testing.html (last visited Feb. 13, 2019).

²¹ Centers for Disease Control and Prevention, *Testing*, available at: <https://www.cdc.gov/hiv/basics/testing.html> (last visited Feb. 13, 2019).

The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life extending care, free from stigma and discrimination.²²

The mission is supported by four strategy goals that focus on reducing the number of new infections, increasing access to care, reducing health disparities and inequities, and achieving a more coordinated response. The 13 national HIV indicators include three which were identified as under development. The 10 other national indicators are:

- Increase the percentage of people living with HIV who know their status to at least 90 percent.
- Reduce the number of new diagnoses by 25 percent.
- Reduce the percentage of young gay and bisexual men who have engaged in HIV-risk behaviors by 10 percent.
- Increase the percentage of newly-diagnosed persons who are linked to HIV medical care within one month after HIV diagnosis to at least 85 percent.
- Increase the percentage of persons with diagnosed HIV infection who are retained in medical care (two or more visits at least 3 months apart) to at least 90 percent.
- Increase the percentage of persons who are virally suppressed to at least 80 percent.
- Reduce the percentage of persons in HIV medical care who are homeless to no more than 5 percent.
- Reduce the death rate among persons with diagnosed HIV infection by at least 33 percent.
- Reduce disparities in the rate of new diagnoses by at least 15 percent in the following groups: gay and bisexual men, young black and bisexual men, black females, and persons living in the southern United States.
- Increase the percentage of youth and persons who inject drugs with diagnosed HIV infections who are virally suppressed to at least 80 percent.²³

Twenty-eight federal offices under the coordinating efforts of the Office of the National AIDS Policy in the White House and the Director of the Health and Human Services Office of HIV/AIDS and Infectious Disease Policy work to implement the National HIV/AIDS Strategy. The coordinating group meets on a regular basis to provide feedback and advice, review outcomes, and discuss research findings. The first set of policies was released in 2010 and the most recent list of 13 was updated in 2015 with its goals set for 2020.²⁴

²² United States Dep't of Health and Human Services, Secretary's Minority AIDS Initiative Fund, The Office of National AIDS Policy, *National HIV/AIDS Strategy*, available at: <https://www.hiv.gov/federal-response/national-hiv-aids-strategy/overview> (last visited Feb. 26, 2019).

²³ United States Dep't of Health and Human Services, *supra* note 22.

²⁴ United States Dep't of Health and Human Services, Secretary's Minority AIDS Initiative Fund, *Strategy Implementation*, available at: <https://www.hiv.gov/federal-response/national-hiv-aids-strategy/strategy-implementation> (last visited Feb. 14, 2019).

Florida IDEA Pilot Program

In 2016, the Miami-Dade Infectious Disease Elimination Act (IDEA)²⁵ was enacted by the Legislature and implemented by the University of Miami as a sterile needle and syringe exchange pilot program. The pilot program is prohibited by state law from accepting public funds. The pilot program currently receives funds from the Gilead COMPASS Initiative (Commitment to Partnership in Addressing HIV/AIDS in Southern States)²⁶ to support the program's screening component.²⁷ Funding is also obtained through grants from the MAC AIDS Fund, the Elton John AIDS Foundation, the Fishman Family Foundation, the Comer Family Foundation, and the Health Foundation of South Florida.²⁸

Needle and syringe exchange programs provide sterile needles and syringes in exchange for used needles and syringes to reduce the transmission of human immunodeficiency virus (HIV) and other blood-borne infections associated with the reuse of contaminated needles and syringes by IDUs. Florida's IDEA pilot program in Miami-Dade provides one-for-one needle exchange as well as prevention services at its main site and on its mobile unit. Services include providing basic wound care, bandages, antibiotics, sanitizers, and condoms. Rapid and anonymous testing for HIV and Hepatitis C is also offered at both the main site and on its mobile unit. For those that need referrals to rehabilitation and treatment, the pilot program will provide assistance linking individuals with community stakeholders who can provide those services.²⁹

In addition to the services above, the pilot program offers two different kits. One is a *Safe Injection Pack* which is intended to reduce the need for sharing of needles and other related items, which the program hopes will lead to a decrease in the spread of HIV and Hepatitis C. The kit includes cottons, cookers, ties, sterile water, alcohol swabs, and portable sharps containers. The other kit is the *Naloxone Pack* which includes Narcan, a prescription medication used to treat drug overdoses.³⁰

According to its August 1, 2018 annual report, the IDEA pilot program has:

- Enrolled over 800 participants.
- Exchanged 173,532 clean needles for 186,167 used needles.
- Distributed over 1,300 boxes of Narcan.
- Made 682 overdose referrals.
- Administered 600 HIV tests and 500 Hepatitis C tests.
- Added five mobile sites with 141 enrollees.

²⁵ Chapter 2016-68, Laws of Fla., (amending s. 381.0038, F.S, effective July 1, 2016).

²⁶ COMPASS Initiative, *Who We Are*, available at: <https://www.gileadcompass.com/whoweare/> (last visited Feb. 12, 2019).

²⁷ Sammy Mack, *New HIV Cases and an Investigation on a Closed Street: Doctor Explains Situation under 836 Overpass* HEALTHNEWS FLORIDA (Nov. 8, 2018), available at: <http://health.wusf.usf.edu/post/new-hiv-cases-and-investigation-closed-street-doctor-explains-situation-under-836-overpass#stream/0> (last visited Feb. 12, 2019).

²⁸ University of Miami Miller School of Medicine, *Senator Bill Nelson Tours Miller School's Needle Exchange, Sees Opioid Epidemic First Hand* (July 16, 2018), available at: <http://med.miami.edu/news/senator-bill-nelson-tours-miller-schools-needle-exchange-sees-opioid-epidem> (last visited Feb. 12, 2019).

²⁹ IDEA Exchange, *Services*, <http://ideaexchangeflorida.org/services/> (last visited Feb. 26, 2019).

³⁰ *Id.*

- Been selected as one of two international site for a multi-year grant which will allow 250 random patients to receive a direct-acting anti-viral medication on site.³¹

The IDEA pilot program annual report also notes that during the first half of the 2017, there were 133 fatal overdoses compared with 217 for the second half of 2016. The overall death rate in Miami-Dade related to HIV/AIDS has also lowered while the pilot program has been in operation.³²

Intravenous Drug Use in Florida

At the end of 2016, there were a total of 114,772 diagnosed persons living with HIV in Florida.³³ The modes of exposure for adults (age 13 and above) in 2016 are shown in the table below.

Adult (Age 13+) Diagnosed Persons Living with HIV, Year End 2016, Florida³⁴		
Mode of Exposure	Male Count (%)	Female Count (%)
Men who have sex with Men (MSM)	56,829 (69%)	NA
Injection Drug Use	5,300 (6%)	3,977 (13%)
Heterosexual Contact	15,625 (19%)	26,894 (85%)
Other Risk	775 (1%)	874 (3%)
State Total:	82,863	31,745

During this same time period, the state's total number of deaths from HIV was 864. This is a decrease over a nine-year period from 1,526 in 2007 to 864 in 2016.³⁵ However, within these rates there are differences between races and ethnicities. For example, the age-adjusted death rate due to HIV was nine times higher for non-Hispanic blacks compared to non-Hispanic whites. Among non-Hispanic blacks, the age-adjusted resident death rate due to HIV decreased by 56 percent from 2007, decreased by 49 percent for non-Hispanic whites, Hispanics by 58 percent, and other races by 55 percent.³⁶

³¹ Miami-Dade County Commission Agenda Item, *Resolution Urging the Florida Legislature to Authorize Additional Institutions to Collaborate with the University of Miami in the Operation of the Miami-Dade Infectious Disease Elimination Act Needle and Syringe Exchange Pilot Program*, Agenda Item 11(A)(19) (September 5, 2018), available at: <http://www.miamidade.gov/govaction/legistarfiles/Matters/Y2018/181939.pdf> (last visited Feb. 26, 2019).

³² *Id.*

³³ Florida Dep't of Health, *FL HealthCHARTS.com Statistical Brief, HIV Trends in Florida 2007 Through 2016* (July 2018), available at: <http://www.flhealthcharts.com/charts/StatisticalBriefs.aspx> (last visited Feb. 26, 2019).

³⁴ *Id.*

³⁵ *Id.*

³⁶ *Id.*

Resident Deaths Due to HIV by Count and Rate per 100,000 Population, 2007-2016, Florida³⁷										
Year	White Non-Hispanic		Black Non-Hispanic		Hispanic		Other³⁸		State Total	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2007	389	3.5	917	35.3	202	5.3	18	2	1,526	8.3
2016	244	1.8	482	15.7	112	2.2	26	0.9	864	3.9

A study conducted at the University of Miami and Jackson Health System from July 1, 2013, through June 30, 2014, reviewed the charts of patients hospitalized for injection drug use-related infections.³⁹ Records from the emergency room and inpatient hospitalizations were researched for drug abuse and use, infection, and hospitalization during this time period. The findings over the 12 month period included:

- 349 IDUs hospitalized with 423 total admissions for injection-related infections.
 - 59 percent abused cocaine.
 - The median hospital charge for an injection-related infection was \$39,896 with a range in claims from \$14,158 to \$104,912.
- Only 8 percent of the population had private insurance; 41 percent had Medicaid, 15 percent had Medicare, and 36 percent were uninsured.
- Of those hospitalized, 64 percent had skin and soft tissue infections resulting from dirty or unsterile needles.
- Opiate abuse was diagnosed in 37 percent of patients.⁴⁰

The study notated above occurred prior to the implementation of Miami-Dade’s needle exchange pilot program. A group of doctors found that at Jackson Memorial Hospital the total costs over one year from hospitalizations relating to bacterial infections linked to using dirty needles cost \$11.4 million.⁴¹

Florida Comprehensive Drug Abuse Prevention and Control Act⁴²

In Florida, the term “drug paraphernalia” is defined as all equipment, products, and materials of any kind which are used, intended for use, or designed for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, transporting, injecting, ingesting, inhaling, or otherwise introducing into the human body, a controlled substance in violation of ch. 893, F.S., or s. 877.111, F.S.⁴³

³⁷ *Id.*

³⁸ Other includes American Indian/Alaska Native, Asian/Pacific Islander, and multi-racial.

³⁹ Hansel Tookes, Channele Diaz, et al., *A Cost Analysis of Hospitalizations for Infections Related to Drug Use at a County Safety-Net Hospital in Miami, Florida*, (2015), PLOS ONE 10(6): e0129360, available at: <https://doi.org/10.1371/journal.pone.0129360> (last visited February 12, 2019).

⁴⁰ *Id.*

⁴¹ Christine Dimattei, *Miami Doctor Behind Florida’s New Needle-Exchange Programs Says It Will Save Lives*, (WLRN radio broadcast March 30, 2016), transcript available at: <http://www.wlrn.org/post/miami-doctor-behind-floridas-new-needle-exchange-program-says-it-will-save-lives>.

⁴² Chapter 893, F.S.

⁴³ Section 893.145, F.S.

Section 893.147, F.S., regulates the use or possession of drug paraphernalia. Currently, it is unlawful for any person to use, or to possess with intent to use, drug paraphernalia:

- To plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, or conceal a controlled substance in violation of ch. 893, F.S.; or
- To inject, ingest, inhale, or otherwise introduce into the human body a controlled substance in violation of ch. 893, F.S.

Any person who violates this provision commits a first degree misdemeanor.⁴⁴

It is unlawful for any person to deliver, possess with intent to deliver, or manufacture with intent to deliver drug paraphernalia, knowing, or under circumstances where one reasonably should know, that it will be used:

- To plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, or conceal a controlled substance in violation of the Florida Comprehensive Drug Abuse Prevention and Control Act; or
- To inject, ingest, inhale, or otherwise introduce into the human body a controlled substance in violation of the Florida Comprehensive Drug Abuse Prevention and Control Act.

Any person who violates this provision commits a third degree felony.⁴⁵

A court or jury is required to consider a number of factors in determining whether an object is drug paraphernalia, such as proximity of the object in time and space to a controlled substance, the existence of residue of controlled substances on the object, and expert testimony concerning its use.⁴⁶

Safe Sharps Disposal

Improperly discarded sharps pose a serious risk for injury and infection to sanitation workers and the community. “Sharps” is a medical term for devices with sharp points or edges that can puncture or cut the skin.⁴⁷ Examples of sharps include:

- Needles: hollow needles used to inject drugs or medications under the skin.
- Syringes: devices used to inject medication into or withdraw fluid from the body.
- Lancets, also called finger stick devices: instruments with a short, two-edged blade used to get drops of blood for testing.
- Auto injectors: includes epinephrine and insulin pens or syringes with pre-filled fluid medication designed to be self-injected into the body.
- Infusion sets: tubing systems with a needle used to deliver drugs to the body.

⁴⁴ A first degree misdemeanor is punishable by up to 1-year imprisonment in a county jail, a fine of up to \$1,000, or both. *See* ss. 775.082 and 775.083, F.S.

⁴⁵ A third degree felony is punishable by up to 5 years in state prison, a fine not to exceed \$5,000, or both. *See* ss. 775.082 and 775.083, F.S.

⁴⁶ Section 893.146, F.S.

⁴⁷ United States Food and Drug Administration, *Safely Using Sharps* (page last updated August 30, 2018), available at: <https://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/HomeHealthandConsumer/ConsumerProducts/Sharps/default.htm>, (last visited Feb. 13, 2019).

- Connection needles/set: needles that connect to a tube used to transfer fluids in and out of the body.⁴⁸

Used needles and other sharps pose a dangerous risk to people and animals if not properly disposed of, as they can spread disease and cause injury. The most common infections are Hepatitis B (HBV), Hepatitis C (HCV), and HIV.⁴⁹

A National HIV Behavioral Surveillance Report on HIV Infection, Risk, Prevention, and Testing Behaviors among Persons Who Inject Drugs, conducted in 20 cities in 2015, produced data from 10,485 participants, including participants from Miami and was released in 2016. Approximately one third of the participants reported using a syringe used by someone else with 25 percent indicating that the syringe had been used by an HIV-positive IDU. Fifty-two percent of the respondents indicated they had received syringes from a syringe services program or syringe exchange program during the past 12 months; however the range of participation varied greatly with the HIV-negative group by city, from 2 percent to 90 percent.⁵⁰

For the Miami site, 412 participants, or 88.6 percent of the survey respondents, indicated they had had at least one HIV test performed. Of those that had an HIV test performed, 300 participants, or 64.5 percent, had most recently had a test within the past 12 months, as recommended by the CDC. The national averages in the report were 91.4 percent had ever had a test done and 57.1 percent had done so within the past 12 months.

Safe disposal of syringes is also an important component to decrease the number of accidental transmission of infections and the re-use of spoiled syringes. Only 18 percent of IDUs reported the use of safe disposal methods for used syringes. The U.S. Food and Drug Administration's guidelines for disposal are to never place loose needles or other sharps in household or public trashcans or recycling bins, and to never flush them down toilets.⁵¹ Many Florida counties and municipalities have their own sharps disposal programs through their respective county health departments.⁵²

Needle and Syringe Exchange Programs in Other States

Sixteen other states have passed laws authorizing needle and syringe exchanges.⁵³ California has passed legislation permitting the sale of syringes and needles as non-prescription items for

⁴⁸ *Id.*

⁴⁹ *Id.*

⁵⁰ Centers for Disease Control and Prevention, *HIV Infection, Risk, Prevention, and Testing Behaviors among Persons Who Inject Drugs—National HIV Behavioral Surveillance: Injection Drug Use, 20 U.S. Cities, 2015*, HIV Surveillance Special Report 18, Revised edition, available at: <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html> (Published May 2018) (last visited Feb. 27, 2019).

⁵¹ U.S. Food and Drug Administration, *Do's and Don'ts – Safe Disposal of Needles and Other Sharps Used at Home, Work, or While Traveling*, available at: <https://www.fda.gov/downloads/MedicalDevices/ProductsandMedicalProcedures/HomeHealthandConsumer/ConsumerProducts/Sharps/UCM278775.pdf> (last visited February 13, 2019).

⁵² Florida Dep't of Health, *A Safe Way to Throw Away Needles*, available at: <http://www.floridahealth.gov/environmental-health/biomedical-waste/documents/HomeDisposal.pdf> (last visited Feb. 26, 2019).

⁵³ Centers for Disease Control and Prevention, *Access to Clean Syringe – Improving Access to Prevent Spread of HIV and HCV*, available at: <https://www.cdc.gov/policy/hst/hi5/cleansyringes/index.html> (last visited February 11, 2019).

personal use if sold by a pharmacy, doctor, or by an authorized syringe exchange program.⁵⁴ As of January 1, 2015, California removed the prior limits on the number of the non-prescription sale of hypodermic needles and syringes by pharmacies and physicians that an adult may purchase and possess.⁵⁵

Louisville, Kentucky, has a syringe exchange program operated by Volunteer America in a mobile RV that also provides wound supplies, safe injection supplies, biohazard containers/sharps containers, HIV/HCV testing and referrals for care, naloxone testing and referrals for care, safe injection education, and referrals for drug treatment, medical care, and community resources.⁵⁶ Kentucky's program also permits local health departments to operate outreach programs whereby individuals can exchange used hypodermic needles and syringes for clean needles and syringes.⁵⁷

The Kentucky guidelines also discuss the different syringe and needle exchange transaction models:

- Needs Based Negotiation: The program does not set a limit on the number of syringes a participant can receive regardless of the number of returned syringes. The number of new, sterile syringes given out is based on the participant's need, frequency of injection, and the length of time until the participant can next visit the program. Some programs may place an upper limit on the number of sterile syringes distributed per individual.
- Strict One-for-One Exchange: Provides the participant with the exact same number of sterile syringes as the participant brings in for disposal. If the participant did not bring in any syringes or needles, the participant would not receive any new, sterile syringes or needles in return.
- One-for-One-Plus Exchange: Modifies the strict one-for-one exchange by providing a pre-determined number of needles that can be obtained beyond the one-for-one ratio. A voucher system could also be used for the additional syringes or needles.⁵⁸

In Maine, the Church of Safe Injection distributes free supplies, including syringes and Narcan, a drug which can reduce an opioid overdose. The Church of Safe Injection operates in several states and is one of six programs certified in Maine.⁵⁹ It is also illegal in Maine to possess

⁵⁴ California Department of Public Health, Office of AIDS, *Fact Sheet – For Syringe Exchange Programs and Law Enforcement, Non-Prescription Sale and Provision of Syringes (January, 2017)*, available at: https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/Fact%20Sheet%20-%20What%20the%20Law%20Says_ADA.pdf (last visited Feb. 11, 2019).

⁵⁵ California Department of Public Health, Office of AIDS, *California Legal Code Related to Access to Sterile Needles and Syringes* (updated January 2017), available at: https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/CA%20Legal%20Code_Jan%202017_AD_A.pdf.

⁵⁶ Louisville, Kentucky Office of Addiction Services, *Syringe Exchange*, available at: https://louisvilleky.gov/sites/default/files/health_and_wellness/educationalmaterials/2017julysepbrochure2.pdf (last visited Feb. 11, 2019).

⁵⁷ Kentucky Public Health, *Kentucky Harm Reduction and Syringe Exchange Program (HRSEP) Guidelines for Local Health Departments Implementing Needle Exchange Programs* (May 11, 2015), available at: https://louisvilleky.gov/sites/default/files/health_and_wellness/clinics/2015_kydph_hrsep_guidelines_long_version.pdf (last visited Feb. 11, 2019).

⁵⁸ *Id.*

⁵⁹ Deborah Becker, 'Church of Safe Injection' Offers Needles, Naloxone to Prevent Opioid Overdoses, NPR.org, available at: <https://www.npr.org/sections/health-shots/2019/02/12/693653562/church-of-safe-injection-offers-needles-naloxone-to->

hypodermic needles unless you are a certified needle exchange.⁶⁰ For the time period of November 2014, through October 2015, Maine’s six certified sites collected 545,475 contaminated needles from 4,264 individuals. Maine state law and administrative rule, requires certified needle exchange sites to only exchange needles on a strict one-for-one exchange policy up to ten needles at a time, to individuals age 18 and older who are enrolled in the program.⁶¹

Federal Status of Needle Exchange Programs

Syringe service programs are described as an effective component of a comprehensive, integrative approach to a community-based HIV prevention program in CDC and U.S. Department of Health and Human Services guidance documents.⁶² On December 23, 2011, President Barack Obama signed the 2012 omnibus spending bill that reinstated a 1988 ban on the use of federal funds for sterile needle or syringe programs, which reversed the 111th Congress’ 2009 decision to allow federal funds to be used for such programs.⁶³ However, on December 18, 2015, President Obama signed the Consolidated Appropriations Act of 2016 (Pub. L. 114-113), which modified the restriction on the use of federal funds for needle exchange programs for persons who inject drugs to allow the use of federal funds for certain services.⁶⁴

The Consolidated Act, 2016, allows:

SEC. 520. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.⁶⁵

Additionally, under the Consolidated Appropriations Act of 2016, needle exchange programs must be part of a comprehensive service program that includes:

- Comprehensive sexual and injection risk reduction counseling.

[prevent-opioid-overdoses?utm_medium=RSS&utm_campaign=shotshealthnews](#) (February 12, 2019) (last visited Feb 12, 2019).

⁶⁰ *Id.*

⁶¹ State of Maine, Dep’t of Human Services, Maine Center for Disease Control and Prevention, Chapter 252: Rules Governing the Implementation of Hypodermic Apparatus Exchange Programs, *available at*: <https://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/provider/documents/nep-rules.pdf> (last visited Feb. 14, 2019).

⁶² Centers for Disease Control and Prevention, *Syringe Services Programs*, *available at*: <https://www.cdc.gov/hiv/risk/ssps.html> (last visited Feb. 13, 2019).

⁶³ Centers for Disease Control and Prevention, *U.S. Department of Health and Human Services Implementation Guide to Support Certain Component of Syringe Services Programs, 2016*, (Mar. 29, 2016), *available at*: <https://www.cdc.gov/hiv/pdf/risk/hhs-ssp-guidance.pdf>, (last visited Feb. 13, 2019).

⁶⁴ *Id.*

⁶⁵ *Id.*

- HIV, viral hepatitis, other sexually transmitted diseases, and tuberculosis screening, prevention care and treatment services, and referral and linkage to HIV, viral hepatitis A virus, and human papillomavirus vaccinations.
- Referral to integrated and coordinated substance abuse disorder services, mental health services, physical health care services, social services, and recovery support services.
- Provision of naloxone to reverse opioid overdoses.
- Provision of sterile needles, syringes, and other drug preparation equipment purchased with non-federal funds and disposal services.⁶⁶

While the federal government does continue to prohibit the use of federal funds to purchase sterile needles and syringes for exchange programs, it does allow the use of federal funds by the state or local health department for other needs⁶⁷ of such programs. In order to receive such funds from the Department of Health and Human Services, a state must first consult with the CDC and provide evidence that its jurisdiction is experiencing or is at risk for significant increases in hepatitis infections or an HIV outbreak due to injection drug use.⁶⁸ As of February 6, 2019, 37 states, the District of Columbia, one territory, six counties, and one city have demonstrated adequate need, according to federal law, and are thereby authorized to use federal funds to purchase needles or syringes.⁶⁹

Federal Law Exemption

Any person authorized by local, state, or federal law to manufacture, possess, or distribute drug paraphernalia is exempt from the federal drug paraphernalia statute.⁷⁰

III. Effect of Proposed Changes:

Section 1 provides that the act may be cited as the “Infectious Disease Elimination Act (IDEA).”

Section 2 amends subsection (4) of section 381.0038, F.S., to authorize sterile needle and syringe exchange programs in counties other than Miami-Dade rather than limiting such programs to a single pilot program at the University of Miami.

The bill allows a county commission to authorize a sterile needle and syringe program within its county boundaries. The program may operate at one or more fixed or mobile locations. The bill prohibits a needle and syringe exchange program from being established unless authorized by the county commission through a county ordinance.

The stated goal for a sterile needle and syringe exchange program must be the prevention of disease transmission. The bill defines an “exchange program” as a sterile needle and syringe program established by a county commission.

⁶⁶ *Id.*

⁶⁷ Other needs include personnel, virus testing, syringe disposal services, naloxone provisions, condom dissemination, outreach activities, and educational materials.

⁶⁸ U.S. Department of Health and Human Services, *supra* note 62.

⁶⁹ Centers for Disease Control and Prevention, *Syringe Service Program Determination of Need*, (Feb. 8, 2019) available at: <https://www.cdc.gov/hiv/risk/ssps-jurisdictions.html> (last visited Feb. 13, 2019).

⁷⁰ 21 U.S.C. § 863(f)(1).

Before a program can be established, a county commission must complete a number of steps:

- Authorize the program through a county ordinance.
- Enter into a letter of agreement with the Department of Health (DOH) in which the county commission agrees that any needle and syringe exchange program will operate in accordance with the provisions of the IDEA.
- Enlist the local county health department to provide ongoing advice, consultation, and recommendations for the operation of the program.
- Contract with one of the following entities to operate the program:
 - A hospital licensed under chapter 395;
 - A health care clinic licensed under part X of chapter 400;
 - A medical school in Florida accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation;
 - A licensed addictions receiving facility as defined in s. 397.311, F.S.⁷¹; or
 - A 501(c) (3) HIV/AIDS service organization.

An exchange program is required to:

- Develop an oversight and accountability system with measurable objectives to track the program's progress towards its goals and report routinely to the county commission and the DOH.
- Incorporate into its accountability system mechanisms to address issues of compliance or noncompliance with contractual obligations.
- Provide for maximum security of sites where needles and syringes are exchanged as with the current pilot program, including an accounting of the number of needles and syringes in use, the number in storage, safe disposal of returned needles, and other measures.
- Operate a one-to-one exchange; however, a waiver of this requirement may be granted under exigent circumstances.
- Require the program operator to offer educational materials whenever needles or syringes are exchanged.
- Provide onsite counseling or referrals for drug abuse prevention, education, and treatment, and provide onsite HIV and viral hepatitis screening, and, if such services are not provided onsite, referrals for same services must be available within 72 hours of a referral. The county commission may adjust the 72-hour time period in rural areas if the availability of providers warrants such an adjustment.
- Provide kits containing an emergency opioid antagonist, as defined in s. 381.887, F.S.⁷², or provide referrals to a program that can provide a kit.
- Collect data for annual reporting purposes, including the number of people served, services provided, types of services provided, and number of needles and syringes exchanged and received.

⁷¹ Section 397.311(26)(a)1., F.S., defines a licensed addictions receiving facility as a secure, acute care facility that provides, at a minimum, detoxification and stabilization services; is operated 24 hours per day, 7 days per week; and is designated by the Florida Department of Children and Families to serve individuals found to be substance abuse impaired as described in s. 397.675, F.S., who meet the placement criteria for this component.

⁷² Section 381.887(1)(d), F.S., defines an emergency opioid antagonist as naloxone hydrochloride or any similarly acting drug that block the effects of opioids administered from outside the body and that is approved by the United States Food and Drug Administration for the treatment of an opioid overdose.

- Submit a report to its county commission and to the DOH annually by August 1st.

The DOH is required to compile annual reports of exchange programs and submit the compilation report to the Governor, President of the Senate, and the Speaker of the House of Representatives annually by October 1st. The bill provides the DOH with rulemaking authority for the parameters for data collection and reporting.

Immunity is provided, notwithstanding chapter 893 or any other law, to any program staff member, volunteer, or participant, from criminal prosecution for possession of a needle or syringe that is obtained or surrendered as part of this program. The extension of this immunity protects volunteers, staff members, or participants who are handling needles and syringes that are being turned in or exchanged pursuant to the terms of the program.

The bill prohibits an exchange from using state funds to operate; however, programs may be funded with county or municipal funds, or with private resources.

The bill provides that a law enforcement officer who acts in good faith by arresting or charging an individual with a needle or syringe who is thereafter found to be immune from prosecution is granted immunity from any civil liability that may be incurred because of the officer's actions.

Section 3 authorizes the continued operation of the Miami-Dade pilot program, as authorized under chapter 2016-68, Laws of Florida, until the Miami-Dade County Board of County Commissioners establishes an exchange program under this act or until July 1, 2021, whichever occurs first.

Section 4 contains a severability clause so that if any provision of the act is found to be invalid, that invalidity does not affect the ability of the other provisions of the act to go into effect. If that provision is severed, the other provisions of this act can be given effect.

Section 5 provides an effective date of July 1, 2019.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Areas that elect to participate in this program may see a reduction in the number of infectious diseases consistent with the results seen in the pilot program in Miami-Dade County.

C. Government Sector Impact:

Local governments may elect to provide funding for a sterile needle and syringe program; however, the bill specifically prohibits the use of state funding. The program is voluntary and requires the county commission to opt-in through adoption of an ordinance and satisfaction of statutory requirements. There is no requirement for any minimum funding level.

Local law enforcement are also impacted as the bill provides limited immunity to program staff, volunteers, and participants who are in possession of a syringe or needle that was obtained through the program or was surrendered to the program. If the syringe or needle was obtained in this manner, then the individual may be immune from prosecution under chapter 893, Florida Statutes, Florida's drug abuse prevention and control law.^{73,74}

Additionally, for those local governments that elect to participate, they may see a reduction in other health care expenditures related to the treatment of blood-borne diseases associated with intravenous drug use. For example, local governments pay a portion of costs for some patients with AIDS who are enrolled in Medicaid, the AIDS

⁷³ Under s. 893.147(3)(b), F.S., it is unlawful for any person to sell or otherwise deliver hypodermic syringes, needles, or other objects which may be used, are intended for use, or are designed for use in parenterally injecting substances into the human body to any person under 18 years of age, except that hypodermic syringes, needles, or other such objects may be lawfully dispensed to a person under 18 years of age by a licensed practitioner, parent, or legal guardian or by a pharmacist pursuant to a valid prescription for same. Any person who violates the provisions of this paragraph is guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083. For a misdemeanor of the first degree, it may be punishable by a term of imprisonment of not more than one year or a fine of not more than \$1,000.

⁷⁴ Section 893.145, F.S. defines drug paraphernalia as all equipment, products, and materials of any kind which are used, intended for use, or designed for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, transporting, injecting, ingesting, inhaling, or otherwise introducing into the human body a controlled substance in violation of this chapter or s. 877.111. Drug paraphernalia is deemed to be contraband which shall be subject to civil forfeiture. The term includes, but is not limited to... (11) Hypodermic syringes, needles, and other objects used, intended for use, or designed for use in parenterally injecting controlled substances into the human body.

Drug Assistance Program, and the AIDS Insurance Continuation Program. The lifetime cost per individual for HIV treatment is estimated to be \$379,668 in 2010 dollars.⁷⁵

Studies of the New York City needle syringe exchange program showed an estimated savings of \$1,300 to \$3,000 per individual per year and a drop in the HIV prevalence rate from 50 percent to 17 percent in the time period of 1990 to 2002.⁷⁶

In 2015, for those who do not have insurance and for whom the hospital or other local charity programs or local government must pay, a study which involved the Miami-Dade area found that the median hospital charge for an injection-related infection was \$39,896 with a range in claims from \$14,158 to \$104,912.⁷⁷

The DOH is required to enter into a letters of agreement with any county commission that elects to establish an exchange program, in which the county agrees that the program will abide by all of the provisions of the IDEA. The DOH must collect annual data from each exchange program for the compilation of the annual report for submission to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

A county commission must also enlist its county health department to provide ongoing advice, consultation, and recommendations for the program. The local county health department could play an ongoing advisory and oversight role in the program.

The bill prohibits the use of any state funds to operate an exchange program. In 2017, the DOH questioned how it could effectively administer the program, promulgate rules or complete any comprehensive reports without using any state funds (i.e. through the use of department staff and salary).⁷⁸ The bill authorizes, but not require the DOH to promulgate rules related to the collection of data and the compilation of the annual report.

VI. Technical Deficiencies:

None

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 381.0038 of the Florida Statutes.

⁷⁵ Centers for Disease Control, *Improving access to prevent the spread of HIV and HCV*, (page last updated Aug. 5, 2016) available at <https://www.cdc.gov/policy/hst/hi5/cleansyringes/index.html> (last visited Feb. 25, 2019).

⁷⁶ *Id.*

⁷⁷ Hansel Tookes, Chanelle Diaz, et al., *Supra* note 46.

⁷⁸ Florida Dep't of Health, *Senate Bill 800 Analysis* (November 13, 2017) (on file with Senate Committee on Health Policy).

IX. Additional Information:

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

Recommended CS/CS by Appropriations Subcommittee on Health and Human Services on March 6, 2019:

The committee substitute clarifies the types of entities that a county commission can contract with to operate a sterile needle and syringe exchange program, including a Florida medical school accredited by the Liaison Committee on Education or the Commission on Osteopathic College Accreditation.

CS by Health Policy on February 19, 2019:

The CS modifies the sterile needle and syringe exchange program and provides a process by which a county commission may authorize an exchange program. A program's goal of disease prevention is specifically stated. The CS also defines the term "exchange program" as a sterile needle and syringe exchange program established by a county commission and provides that an exchange program may not operate unless it has been approved by the county commission in accordance with the IDEA.

The CS provides specific requirements for the county commission before an exchange program may be established. Those requirements for the county commission include specific adoption of a county ordinance approving the program, approval of the program's needle and syringe exchange program operator, coordination with the DOH and county health department, and development of an accountability and tracking system.

Exchange programs have several operational requirements under the CS including:

- Operate a one-to-one exchange; however, the CS permits the county commission to grant a waiver of this requirement for exigent circumstances.
- Offer educational materials to program participants whenever needles or syringes are exchanged.
- Provide onsite counseling or referrals for drug abuse prevention, education, treatment, and provide onsite HIV and viral hepatitis screening or referrals. If not available on site, must be available within 72 hours. The CS also provides for a rural exception if providers are not readily available.
- Provide kits or refer to a program that can provide the kits containing an opioid antagonist.
- Collect and submit data to the county commission and the DOH.

The CS also recognizes the existence of the pilot program in Miami-Dade County and authorizes its continuation until the Miami-Dade County Board of County Commissioners establishes an exchange program as defined under the IDEA or until July 1, 2021, whichever occurs first.

- B. **Amendments:**

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.



208576

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/07/2019	.	
	.	
	.	
	.	

Appropriations Subcommittee on Health and Human Services
(Harrell) recommended the following:

Senate Amendment

Delete lines 65 - 66

and insert:

c. A medical school in the state accredited by the Liaison
Committee on Medical Education or Commission on Osteopathic
College Accreditation.

By the Committee on Health Policy; and Senators Braynon, Pizzo,
and Book

588-02477-19

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1 A bill to be entitled
2 An act relating to infectious disease elimination
3 programs; providing a short title; amending s.
4 381.0038, F.S.; providing that a county commission may
5 authorize a sterile needle and syringe exchange
6 program; defining the term "exchange program";
7 prohibiting the establishment of an exchange program
8 under certain conditions; providing requirements for
9 establishing an exchange program; specifying entities
10 that may operate an exchange program; requiring the
11 development of an oversight and accountability system
12 for certain purposes; specifying requirements for
13 exchange programs; requiring the collection of data
14 and submission of reports; authorizing the Department
15 of Health to adopt certain rules; providing for
16 immunity from civil liability under certain
17 circumstances; authorizing sources of funding for
18 exchange programs; authorizing the continuation of a
19 specified pilot project under certain circumstances;
20 providing severability; providing an effective date.

21
22 Be It Enacted by the Legislature of the State of Florida:

23
24 Section 1. This act may be cited as the "Infectious Disease
25 Elimination Act (IDEA)."

26 Section 2. Subsection (4) of section 381.0038, Florida
27 Statutes, is amended to read:

28 381.0038 Education; sterile needle and syringe exchange
29 programs ~~pilot program~~.—The Department of Health shall establish

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

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30 a program to educate the public about the threat of acquired
31 immune deficiency syndrome.
32 (4) ~~A county commission~~ The University of Miami and its
33 ~~affiliates may authorize establish a single sterile needle and~~
34 ~~syringe exchange pilot program to operate within its county~~
35 ~~boundaries in Miami-Dade County.~~ The pilot program may operate
36 at one or more fixed locations a fixed location or through a
37 mobile health units ~~unit~~. The pilot program shall offer the free
38 exchange of clean, unused needles and hypodermic syringes for
39 used needles and hypodermic syringes as a means to prevent the
40 transmission of HIV, AIDS, viral hepatitis, or other blood-borne
41 diseases among intravenous drug users and their sexual partners
42 and offspring. Prevention of disease transmission must be the
43 goal of the program. For the purposes of this subsection, the
44 term "exchange program" means a sterile needle and syringe
45 exchange program established by a county commission under this
46 subsection. A sterile needle and syringe exchange program may
47 not operate unless it is authorized and approved by a county
48 commission in accordance with this subsection.
49 (a) Before an exchange program may be established, a county
50 commission must:
51 1. Authorize the program under the provisions of a county
52 ordinance;
53 2. Enter into a letter of agreement with the department in
54 which the county commission agrees that any exchange program
55 authorized by the county commission will operate in accordance
56 with this subsection;
57 3. Enlist the local county health department to provide
58 ongoing advice, consultation, and recommendations for the

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

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59 operation of the program;

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

62 a. A hospital licensed under chapter 395.

63 b. A health care clinic licensed under part X of chapter
64 400.

65 c. An accredited medical school associated with a
66 university in this state.

67 d. A licensed addictions receiving facility as defined in
68 s. 397.311.

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

70 (b)(a) An exchange ~~The pilot~~ program must:

71 1. Develop an oversight and accountability system to ensure
72 the program's compliance with statutory and contractual
73 requirements. The system must include measurable objectives for
74 meeting the goal of the program and must track the progress in
75 achieving those objectives. The system must require the program
76 operator to routinely report its progress in achieving the
77 objectives and the goal of the program. The system must also
78 incorporate mechanisms to track the program operator's
79 compliance or noncompliance with contractual obligations and to
80 apply consequences for noncompliance. The program must receive
81 the county commission's approval of the oversight and
82 accountability system before commencing operations.

83 2.1. Provide for maximum security of ~~exchange~~ sites where
84 needles and syringes are exchanged and of any equipment used
85 under the program, including, at a minimum, an accounting of the
86 number of needles and syringes in use, the number of needles and
87 syringes in storage, safe disposal of returned needles, and any

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88 other measure that may be required to control the use and
89 dispersal of sterile needles and syringes.

90 32. Operate a one-to-one exchange, whereby a ~~the~~
91 participant shall receive one sterile needle and syringe unit in
92 exchange for each used one. ~~The county commission is authorized~~
93 to grant a waiver of this requirement under its contract with
94 the program operator if the terms of such a waiver require the
95 operator to maintain the one-to-one ratio except for exigent
96 circumstances delineated in the waiver.

97 43. Make available educational materials and referrals to
98 education regarding the transmission of HIV, viral hepatitis,
99 and other blood-borne diseases. The program operator must offer
100 such materials to program participants whenever needles or
101 syringes are exchanged; ~~provide referrals for drug abuse~~
102 prevention and treatment; and provide or refer for HIV and viral
103 hepatitis screening.

104 5. Provide onsite counseling or referrals for drug abuse
105 prevention, education, and treatment, and provide onsite HIV and
106 viral hepatitis screening or referrals for such screening. If
107 such services are offered solely by referral, they must be made
108 available to participants within 72 hours. The county commission
109 in a rural county may, under its contract with the program
110 operator, adjust the 72-hour requirement if the commission finds
111 that the availability of providers warrants an extended
112 timeframe.

113 6. Provide kits containing an emergency opioid antagonist,
114 as defined in s. 381.887, or provide referrals to a program that
115 can provide such kits.

116 7. Collect data for annual reporting purposes. The data

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117 must include the number of participants served; the number of
 118 used needles and syringes received and the number of clean,
 119 unused needles and syringes distributed through exchange with
 120 participants; the demographic profiles of the participants
 121 served; the number of participants entering drug counseling or
 122 treatment; the number of participants receiving testing for HIV,
 123 AIDS, viral hepatitis, or other blood-borne diseases; and other
 124 data that may be required under department rule. However, a
 125 participant's personal identifying information may not be
 126 collected for any purpose. Each exchange program must submit a
 127 report to its county commission and to the department by August
 128 1 annually. The department must submit a compilation report
 129 encompassing data from all exchange programs annually by October
 130 1 to the Governor, the President of the Senate, and the Speaker
 131 of the House of Representatives. The department may adopt rules
 132 to implement this subparagraph.

133 (c)(b) The possession, distribution, or exchange of needles
 134 or syringes as part of an exchange ~~the pilot~~ program established
 135 under this subsection is not a violation of any part of chapter
 136 893 or any other law.

137 (d)(e) ~~An exchange~~ A pilot program staff member, volunteer,
 138 or participant is not immune from criminal prosecution for:

139 1. The possession of needles or syringes that are not a
 140 part of the exchange ~~pilot~~ program; or

141 2. The redistribution of needles or syringes in any form,
 142 if acting outside the exchange ~~pilot~~ program.

143 ~~(d) The pilot program must collect data for quarterly,~~
 144 ~~annual, and final reporting purposes. The annual report must~~
 145 ~~include information on the number of participants served, the~~

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146 ~~number of needles and syringes exchanged and distributed, the~~
 147 ~~demographic profiles of the participants served, the number of~~
 148 ~~participants entering drug counseling and treatment; the number~~
 149 ~~of participants receiving testing for HIV, AIDS, viral~~
 150 ~~hepatitis, or other blood borne diseases; and other data~~
 151 ~~necessary for the pilot program. However, personal identifying~~
 152 ~~information may not be collected from a participant for any~~
 153 ~~purpose. Quarterly reports must be submitted to the Department~~
 154 ~~of Health in Miami-Dade County by October 15, January 15, April~~
 155 ~~15, and July 15 of each year. An annual report must be submitted~~
 156 ~~to the Department of Health by August 1 every year until the~~
 157 ~~program expires. A final report is due on August 1, 2021, to the~~
 158 ~~Department of Health and must describe the performance and~~
 159 ~~outcomes of the pilot program and include a summary of the~~
 160 ~~information in the annual reports for all pilot program years.~~

161 (e) A law enforcement officer acting in good faith who
 162 arrests or charges a person who is thereafter determined to be
 163 immune from prosecution under this section shall be immune from
 164 civil liability that might otherwise be incurred or imposed by
 165 reason of the officer's actions.

166 (f)(e) ~~State, county, or municipal~~ funds may not be used to
 167 operate an exchange ~~the pilot~~ program. Exchange programs may ~~The~~
 168 ~~pilot program shall~~ be funded fully or partially through county
 169 commission expenditures or through grants and donations from
 170 private resources and funds.

171 ~~(f) The pilot program shall expire July 1, 2021.~~

172 Section 3. Notwithstanding s. 381.0038(4), Florida
 173 Statutes, as amended by this act, the pilot program established
 174 in Miami-Dade County under chapter 2016-68, Laws of Florida, may

588-02477-19

2019366c1

175 continue to operate under that chapter until the Miami-Dade
176 County Board of County Commissioners establishes an exchange
177 program as defined under this act or until July 1, 2021,
178 whichever occurs first.

179 Section 4. If any provision of this act or its application
180 to any person or circumstance is held invalid, the invalidity
181 does not affect other provisions or applications of the act
182 which can be given effect without the invalid provision or
183 application, and to this end the provisions of this act are
184 severable.

185 Section 5. This act shall take effect July 1, 2019.



The Florida Senate

Committee Agenda Request


To: Senator Aaron Bean, Chair
Appropriations Subcommittee on Health and Human Services

Subject: Committee Agenda Request

Date: February 20, 2019

I respectfully request that **Senate Bill # CS/SB 366**, relating to *Infectious Disease Elimination Programs; Citing this act as the "Infectious Disease Elimination Act (IDEA)"; authorizing certain eligible entities to establish sterile needle and syringe exchange programs, rather than a single program established in Miami-Dade County; exempting certain persons affiliated with a program from prosecution for possession of a needle or syringe under certain circumstances, etc.*, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.


Senator Oscar Braynon II
Florida Senate, District 35

cc. Tonya Kidd
Robin Jackson

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/6/19
Meeting Date

3660
Bill Number (if applicable)

Topic Infectious Disease Elimination Programs

Amendment Barcode (if applicable)

Name Daphnee Sainvil

Job Title Legislative Policy Advisor

Address 100 s. Andrews Ave., Main Library, 8th Floor Phone 954-253-7320
Street

Ft. Lauderdale FL 33301
City State Zip

Email dsainvil@broward.org

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Broward County Bd. of County Commissioners

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/6/19
Meeting Date

SB366
Bill Number (if applicable)

Topic Infectious Disease Elimination Program Amendment Barcode (if applicable)

Name Diana Arceaga

Job Title VP Govt Relations

Address 1800 NW 49th Street
Street

Phone 754-900-6389

Fort Lauderdale FL 33309
City State Zip

Email darceaga@browardhealth.org

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Broward Health

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/6/19

Meeting Date

SB 366

Bill Number (if applicable)

Topic Needle Exchange

Amendment Barcode (if applicable)

Name Tyler Bartholomew

Job Title PhD student

Address 1200 Brickell Bay Drive
Street

Phone 710-605-9988

Miami
City

FL
State

33131
Zip

Email tsb61@miami.edu

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing University of Miami

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

4:15 - 412 K

THE FLORIDA SENATE APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/6/19
Meeting Date

366
Bill Number (if applicable)

Topic Needle Exchange

Amendment Barcode (if applicable)

Name Stephen Winn

Job Title Exec. Director

Address 2544 Blairstone Pines Dr

Phone 878-3056

Street

Tallahassee

FL

32301

Email winnsr@earthlink.net

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Osteopathic Medical Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD

Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3-8-19

Meeting Date

366

Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name JESS MCCARTY

Job Title ASSISTANT COUNTY ATTORNEY

Address 111 NW 1ST STREET, SUITE 2810

Phone 305-979-7110

Street

MIAMI

FL

33128

Email JMM2@MIAMIDADE.GOV

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing MIAMI-DADE COUNTY

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

March 6, 2019

Meeting Date

366

Bill Number (if applicable)

Topic IDEA

Amendment Barcode (if applicable)

Name Mary Thomas

Job Title Assistant General Counsel

Address 1430 Piedmont Dr E

Phone 850 224 6496

Street

TUH FL 32308

Email MThomas@jmedical.org

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Medical Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/6/19

Meeting Date

SB 366

Bill Number (if applicable)

Topic Infectious Disease Elimination

Amendment Barcode (if applicable)

Name Nicolette Springer

Job Title Legislative Analyst

Address _____
Street

Phone 407 484 3656

City

State

Zip

Email nicollette@LWVFL.org

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing League of ~~Deals~~ Women Voters

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/6/2019
Meeting Date

SB 366
Bill Number (if applicable)

Topic Infectious Disease Elimination Program

Amendment Barcode (if applicable)

Name Kathy Winn

Job Title Volunteer

Address 1006 Brookwood Dr.

Phone (850) 766-2612

Street

Tall.
City

FL
State

32308
Zip

Email kathy.winn@clan@embargo.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing League of Women Voters of Florida

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/6/19

Meeting Date

366

Bill Number (if applicable)

Topic Needle Exchange Program

Amendment Barcode (if applicable)

Name Claudia Davant

Job Title _____

Address 205 S Adams St

Phone _____

Street

Tallahassee

FL

32301

City

State

Zip

Email _____

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Broward County

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3-6-19

Meeting Date

366
SB
Bill Number (if applicable)

Topic Infectious Disease Elimination Programs

Amendment Barcode (if applicable)

Name Melissa McKinlay

Job Title Commissioner - Palm Beach County

Address 301 N. Olive Ave.

Phone 561 355 2204

Street

WPB

City

FL

State

33401

Zip

Email mmckinlay@pbcc.gov

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/6/2019

Meeting Date

SB 366

Bill Number (if applicable)

Topic Infectious Disease Elimination Programs

Amendment Barcode (if applicable)

Name Patricia Greene

Job Title Senior Policy Advisor

Address 119 South Monroe Street, Suite 200

Phone 850-205-9000

Street

Tallahassee

Florida

32301

Email patricia.greene@mhdfirm.com

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing The AIDS Institute

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

03/06/19

Meeting Date

366

Bill Number (if applicable)

Topic SB 366- Infectious Disease Elimination Programs

Amendment Barcode (if applicable)

Name Jasmyne ~~Anderson~~ Henderson

Job Title Attorney

Address 1028 East Park Avenue

Phone (850) 216-1002

Street

Tallahassee

Florida

32301

City

State

Zip

Email jasmyne@pittman-law.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Palm Beach County

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3-6-19
Meeting Date

3666
Bill Number (if applicable)

Topic Needle Exchange

Amendment Barcode (if applicable)

Name Jill Grant

Job Title Policy Adviser

Address 310 E Park

Phone 850 818 2196

Street
Tallahassee FL 32301
City State Zip

Email jill@fadaa.org

Speaking: For Against Information



Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing FL Council for Behavioral Health

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/6/2019

Meeting Date

366

Bill Number (if applicable)

Topic Infectious Diseases Elimination

Amendment Barcode (if applicable)

Name Jorge Chamizo

Job Title Attorney

Address 108 South Monroe Street

Phone (850) 681-0024

Street Tallahassee, FL 32301

Email jorge@flapartners.com

City State Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Broward County and North Broward Hospital District

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

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.)

Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

BILL: PCS/SB 592 (300818)

INTRODUCER: Appropriations Subcommittee on Health and Human Services and Senator Albritton

SUBJECT: Prescription Drug Monitoring Program

DATE: March 7, 2019

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Looke</u>	<u>Brown</u>	<u>HP</u>	Favorable
2.	<u>Loe</u>	<u>Kidd</u>	<u>AHS</u>	Recommend: Fav/CS
3.	_____	_____	<u>AP</u>	_____

I. Summary:

PCS/SB 592 amends s. 893.055, F.S., to exempt prescribers and dispensers from the requirement to check the prescription drug monitoring program (PDMP) database before prescribing or dispensing controlled substances to a patient for the alleviation of pain related to a terminal condition.

The bill has no impact on state revenues or expenditures.

The bill is effective July 1, 2019.

II. Present Situation:

Florida's Prescription Drug Monitoring Program (PDMP)

Chapter 2009-197, Laws of Florida, established the PDMP in s. 893.055, F.S. The PDMP uses a comprehensive electronic database to monitor the prescribing and dispensing of certain controlled substances.¹ The PDMP became operational on September 1, 2011, when it began receiving prescription data from pharmacies and dispensing practitioners.² Health care practitioners began accessing the PDMP on October 17, 2011.³

¹ Section 893.055(2)(a), F.S.

² Florida Dept. of Health, *2012-2013 Prescription Drug Monitoring Program Annual Report* (Dec. 1, 2013), available at <http://www.floridahealth.gov/reports-and-data/e-forcse/news-reports/documents/2012-2013pdmp-annual-report.pdf> (last visited on Jan. 7, 2018).

³ Id.

Section 893.055, F.S., requires a dispensing practitioner to report specified information⁴ by the close of the next business day for each controlled substance⁵ dispensed to a patient in Florida. All acts of administration, the dispensing of a controlled substance to a person under the age of 16, and the dispensing of a controlled substance in a health care system of the Department of Corrections are exempt from the requirement to report. During the 2017-2018 reporting period, there were approximately 33 million controlled substances prescribed to Florida patients. This is a decline of 4.64 percent over the previous reporting period.⁶

Prior to the enactment of HB 21⁷ in 2018, a dispensing or prescribing health care practitioner was authorized, but not required, to check the PDMP prior to dispensing or prescribing a controlled substance. HB 21 created a new requirement that all prescribing⁸ and dispensing⁹ practitioners, or a designee of the prescriber or dispenser, must consult the PDMP to review a patient's controlled substance dispensing history before prescribing or dispensing a controlled substance to the patient. This requirement does not apply when prescribing or dispensing to a patient under the age of 16, when prescribing or dispensing a non-opioid Schedule V controlled substance, or when the PDMP is not operational or cannot be accessed due to a technological or electrical failure. Between 2017 and 2018, the number of PDMP queries by health care practitioners increased by 26.6 percent – from approximately 35.8 million to approximately 45 million.¹⁰

III. Effect of Proposed Changes:

Section 1 amends s. 893.055, F.S., to exempt prescribers and dispensers from the requirement to check the prescription drug monitoring program (PDMP) database before prescribing or dispensing a controlled substance to a patient for the alleviation of pain related to a terminal condition.

Section 2 provides an effective date of July 1, 2019.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

⁴ For the information required to be reported, *see* s. 893.055(3)(a)1.-8., F.S.

⁵ Section 893.055, F.S., defines “controlled substance” as “a controlled substance listed in Schedule II, Schedule III, Schedule IV, or Schedule V of s. 893.03 or 21 U.S.C. s. 812.” Prior to the passage of HB 21 in 2018, controlled substances listed in Schedule V were exempt from reporting. *See* ch. 2018-13, Laws of Fla.

⁶ Florida Dept. of Health, *2017-2018 Prescription Drug Monitoring Program Annual Report* (Dec. 1, 2018), available at http://www.floridahealth.gov/statistics-and-data/e-forcse/health_care_practitioners/_documents/2018-pdmp-annual-report.pdf (last visited on Feb. 13, 2018).

⁷ Chapter 2018-13, Laws of Fla.

⁸ “Prescriber” means a prescribing physician, prescribing practitioner, or other prescribing health care practitioner authorized by the laws of this state to order controlled substances. (*see* s. 893.055(j), F.S.)

⁹ “Dispenser” means a dispensing health care practitioner, pharmacy, or pharmacist licensed to dispense controlled substances in or into this state. (*see* s. 893.055(e), F.S.)

¹⁰ *Supra* note 7

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

PCS/SB 592 may have a positive fiscal impact, accompanied by a reduction in workload, for health care providers who treat terminally ill patients since these practitioners will no longer be required to check the PDMP for their patients.

C. Government Sector Impact:

The bill has no impact on state revenues or expenditures.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 893.055 of the Florida Statutes.

IX. Additional Information:

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

Recommended CS by Appropriations Subcommittee on Health and Human Services on March 6, 2019:

The committee substitute removes the exemption for the requirement for prescribers and dispensers to check the prescription drug monitoring program database before prescribing or dispensing a controlled substance to a patient receiving palliative care for the relief of symptoms related to an incurable, progressive illness or injury.

- B. **Amendments:**

None.



289882

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/07/2019	.	
	.	
	.	
	.	

Appropriations Subcommittee on Health and Human Services
(Harrell) recommended the following:

Senate Amendment

Delete lines 23 - 26
and insert:
456.44(1)(a)2., or when prescribing or dispensing a nonopioid
controlled

By Senator Albritton

26-00832-19

2019592__

1 A bill to be entitled
 2 An act relating to the prescription drug monitoring
 3 program; amending s. 893.055, F.S.; expanding the
 4 exceptions to a requirement that a prescriber or
 5 dispenser must consult the program to review a
 6 patient's controlled substance dispensing history
 7 before prescribing or dispensing a controlled
 8 substance for a patient of a certain age; providing an
 9 effective date.

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

11 Section 1. Subsection (8) of section 893.055, Florida
 12 Statutes, is amended to read:

13 893.055 Prescription drug monitoring program.—

14 (8) A prescriber or dispenser or a designee of a prescriber
 15 or dispenser must consult the system to review a patient's
 16 controlled substance dispensing history before prescribing or
 17 dispensing a controlled substance for a patient age 16 or older.
 18 This requirement does not apply when prescribing or dispensing a
 19 controlled substance to a patient for the alleviation of pain
 20 related to a terminal condition, as defined in s.
 21 456.44(1)(a)2., when prescribing or dispensing a controlled
 22 substance to a patient receiving palliative care for the relief
 23 of symptoms related to an incurable, progressive illness or
 24 injury, or when prescribing or dispensing a nonopioid controlled
 25 substance listed in Schedule V of s. 893.03 or 21 U.S.C. 812.
 26 For purposes of this subsection, a "nonopioid controlled
 27 substance" is a controlled substance that does not contain any
 28
 29

Page 1 of 2

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

26-00832-19

2019592__

30 amount of a substance listed as an opioid in s. 893.03 or 21
 31 U.S.C. 812.
 32 (a) The duty to consult the system does not apply when the
 33 system:
 34 1. Is determined by the department to be nonoperational; or
 35 2. Cannot be accessed by the prescriber or dispenser or a
 36 designee of the prescriber or dispenser because of a temporary
 37 technological or electrical failure.
 38 (b) A prescriber or dispenser or designee of a prescriber
 39 or dispenser who does not consult the system under this
 40 subsection shall document the reason he or she did not consult
 41 the system in the patient's medical record or prescription
 42 record and shall not prescribe or dispense greater than a 3-day
 43 supply of a controlled substance to the patient.
 44 (c) The department shall issue a nondisciplinary citation
 45 to any prescriber or dispenser who fails to consult the system
 46 as required by this subsection for an initial offense. Each
 47 subsequent offense is subject to disciplinary action pursuant to
 48 s. 456.073.
 49 Section 2. This act shall take effect July 1, 2019.

Page 2 of 2

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



The Florida Senate

Committee Agenda Request

To: Senator Aaron Bean, Chair
Appropriations Subcommittee on Health and Human Services

Subject: Committee Agenda Request

Date: February 22, 2019

I respectfully request that **Senate Bill #592**, relating to Prescription Drug Monitoring Program, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

Senator Ben Albritton
Florida Senate, District 26

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/6/19
Meeting Date

592
Bill Number (if applicable)

Topic PDMP

Amendment Barcode (if applicable)

Name Marco Paredes

Job Title Associate Director for Health

Address 201 W Park Ave

Phone 850-205-7207

Street

Tallahassee

FL

32301

City

State

Zip

Email mparedes@flaccb.org

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing FL Conference of Catholic Bishops

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

4:15-412 K

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/6/19
Meeting Date

592
Bill Number (if applicable)

Topic PDMP

Amendment Barcode (if applicable)

Name Stephen Winn

Job Title Exec. Director

Address 2544 Blairstone Pines Dr

Phone 878-3056

Street

Tallahassee

FL

32301

Email winnsv@earthlink.net

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Osteopathic Medical Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3-6-19

Meeting Date

592

Bill Number (if applicable)

Topic PDAMP

Amendment Barcode (if applicable)

Name Jenna Paladino

Job Title Lobbyist/Hospice advocate

Address 3103 Lakestone Dr

Phone 813-777-1465

Street

Tampa, FL 33618

Email Jenna@paladinoadvocates.com

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Chapters Health System

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3.6.2019

Meeting Date

592

Bill Number (if applicable)

Topic PDMP

Amendment Barcode (if applicable)

Name Paul Ledford

Job Title President and CEO

Address 2000 Apalachee Parkway Ste. 200

Phone 878.2632

Tallahassee FL 32309

Email paul@floridahospices.org

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Hospice and Palliative Care Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3-6-2019

Meeting Date

SB 592

Bill Number (if applicable)

Topic Hospice/opioid Requirement removal

Amendment Barcode (if applicable)

Name Lynda Bell

Job Title President, Florida Right to Life

Address 19690 Crows Lane

Phone 786-208-3292

Street

Tallahassee

City

32310

State

Email Lynda.fort@bellsouth.net

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3-6-19

Meeting Date

Bill Number (if applicable)

Topic Drug monitoring SB 592

Amendment Barcode (if applicable)

Name Dr. Diane Gowski

Job Title physician

Address 1383 Temple St

Phone 727-480-7574

Street Clermont State FL Zip 33756

Email dianetg@aol.com

City State Zip

+ Speaking:

For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing State director for FL for CMA | Catholic Medical Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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No material available

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/6/2019

Meeting Date

Bill Number (if applicable)

Topic Auditory Oral Early Intervention

Amendment Barcode (if applicable)

Name Tina Morris

Job Title Operations Mgr, Clarke Schools for Hearing and Speech

Address 1844 S. Cappero Drive Phone 904-880-9601

Street

St. Augustine FL 32092 Email t.morris@clarqueschools.org

City

State

Zip

Speaking: [] For [] Against [] Information

Waive Speaking: [x] In Support [] Against (The Chair will read this information into the record.)

Representing Clarke Schools for Hearing and Speech

Appearing at request of Chair: [] Yes [x] No

Lobbyist registered with Legislature: [] Yes [x] No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

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3/6/19

Meeting Date

Bill Number (if applicable)

Topic Auditory Oral Early Intervention

Amendment Barcode (if applicable)

Name Debra Golinski

Job Title CEO

Address 6333 River Rd

Phone 727-312-3881

Street

New Port Richey FL 34652

Email debra@familyhearing.org

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Sertoma Speech & Hearing Foundation

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE

APPEARANCE RECORD

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3/6/2019

Meeting Date

Bill Number (if applicable)

Topic Auditory Oral Early Intervention

Amendment Barcode (if applicable)

Name Kara Naberhaus

Job Title Audiology Grad Student - Nova Southeastern University

Address 8165 S. Tropical Trail

Phone 321-693-9764

Street

Merritt Island

FL

32952

Email

City

State

Zip

Speaking: [] For [] Against [] Information

Waive Speaking: [x] In Support [] Against (The Chair will read this information into the record.)

Representing Nova Southeastern University Academy of Audiology

Appearing at request of Chair: [] Yes [x] No

Lobbyist registered with Legislature: [] Yes [x] No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/6/2019 Meeting Date

Bill Number (if applicable)

Topic Auditory Oral Early Intervention

Amendment Barcode (if applicable)

Name Erin Kelly

Job Title Audiology Graduate Student - Nova Southeastern University

Address 2529 Laurentina Lane Street Phone 239-220-4395

Cape Coral FL 33909 City State Zip

Email EK485@myNSU.nova.edu

Speaking: [] For [] Against [] Information

Waive Speaking: [x] In Support [] Against (The Chair will read this information into the record.)

Representing NSU Student Academy of Audiology

Appearing at request of Chair: [] Yes [x] No

Lobbyist registered with Legislature: [] Yes [x] No

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/16/19
Meeting Date

Bill Number (if applicable)

Topic Auditory Oral Early Intervention

Amendment Barcode (if applicable)

Name Terrri fist

Job Title Parent of child who is deaf

Address 601 Grand Parke Dr
Street

Phone 706-941-2194

Saint Johns FL 32259
City State Zip

Email _____

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Parents of children with hearing loss

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/6/19
Meeting Date

Bill Number (if applicable)

Topic Auditory Oral Early Intervention

Amendment Barcode (if applicable)

Name Devon Weist

Job Title Director, USF Hearing Clinic @

Past President
FL Academy of Audiology

Address 4202 E Fowler Ave PCD 1017

Phone 484-269-1390

Tampa, FL 33620
City State Zip

Email devweist@gmail.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Academy of Audiology

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/6/2019

Meeting Date

Bill Number (if applicable)

Topic AUDITORY ORAL EARLY INTERVENTION

Amendment Barcode (if applicable)

Name Ali Silverman

Job Title graduate student - NOVA Southeastern University

Address 1510 SE 6th Street
Street

Phone 954-806-1330

Deerfield Beach FL
City State

33441
Zip

Email as3501@my.nova.edu

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing NOVA Student Academy of Audiology

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/6/19
Meeting Date

Bill Number (if applicable)

Topic Auditory Oral Early Intervention Amendment Barcode (if applicable) _____

Name Julia Prusinowski Andrews Funding

Job Title VP of Florida Academy of Audiology

Address 1131 NW 96th Terrace Phone _____

Pembroke Pines FL 33024 Email _____

Street City State Zip

Speaking: For Against Information Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Academy of Audiology

Appearing at request of Chair: Yes No Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting. S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/6/2019
Meeting Date

Bill Number (if applicable)

Topic Auditory Oral Intervention

Amendment Barcode (if applicable)

Name Alyssa Whinna

Job Title Audiologist

Address 8250 SW 72nd CT, Apt W304

Phone 609 634 0028

Street

Miami

FL

33134

City

State

Zip

Email AWhinna@miami.edu

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing University of Miami Debbie School

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/6/19

Meeting Date

Bill Number (if applicable)

Topic Auditory Oral Intervention Funding

Amendment Barcode (if applicable)

Name Theresa Giral +

Job Title Student FSU - Volunteer

Address 7217 Anhney farms Rd

Phone

Street

Tallahassee FL

Email tegira2513@deafkidsca.org

City

State

Zip

Speaking: [] For [] Against [] Information

Waive Speaking: [X] In Support [] Against (The Chair will read this information into the record.)

Representing Florida Coalition for Spoken Language Options

Appearing at request of Chair: [] Yes [X] No

Lobbyist registered with Legislature: [] Yes [X] No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/6/19

Meeting Date

Bill Number (if applicable)

Topic Auditory ORAL EARLY Intervention Funding

Amendment Barcode (if applicable)

Name Theresa Bulger

Job Title Lobbyist

Address 1700 N. Monroe St. Suite #11 Box #182

Phone 904.880.9063

Tallahassee, FL 32303

Email tb@deafkids.com.org

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Coalition of Spoken Language Options / FLAA / CLAKE / SCFLAA

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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Passadomo

APPEARANCE RECORD

LFIR 1070

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/6/2019

Meeting Date

Bill Number (if applicable)

Topic Auditory ORA Early Intervention Funding

Amendment Barcode (if applicable)

Name Breanna Tonello

Job Title Student Frv - Volunteer

Address 415 Chapel drive

Phone _____

Street

Tallahassee FL

Email btone110@denkkids.com

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Coalition for Spoken Language Options

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/6/19
Meeting Date

Bill Number (if applicable)

Topic Centers for Independent Living

Amendment Barcode (if applicable)

Name Tyler Morris

Job Title Executive Director, CIL Jacksonville

Address 2709 Art Museum Drive
Street

Phone (904) 399 8484

Jacksonville
City

FL
State

32207
Zip

Email Tyler.M@theilrc.org

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Association of Centers for Independent Living

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

Bracey

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/6/19
Meeting Date

LFI 1251
Bill Number (if applicable)

Topic ASPIRE Behavioral Health - TRANSITIONAL Housing Amendment Barcode (if applicable)

Name TANYA JACKSON

Job Title Partner, PinPoint Results

Address 150 S. Monroe
Street

Phone 850 445 0107

TALLAHASSEE FL 32301
City State Zip

Email Tanya@PinPointResults.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing ASPIRE Health Partners

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

3/6/19

Meeting Date

LFI 1250

Bill Number (if applicable)

Topic Aspire Health Central Florida Acute Care Services Amendment Barcode (if applicable)

Name TANYA JACKSON

Job Title Partner, PinPoint Results

Address 150 S. Monroe

Street

Phone 850 445 0107

Tallahassee FL 32301

City

State

Zip

Email TANYA@PinPointResults.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Aspire Health Partners

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Transportation, *Vice Chair*
Agriculture
Appropriations Subcommittee on Health
and Human Services
Appropriations Subcommittee on Pre-K - 12 Education
Criminal Justice
Governmental Oversight and Accountability

SELECT COMMITTEE:

Joint Select Committee on Collective Bargaining

SENATOR DARRYL ROUSON

19th District

March 5, 2019

Chairman Aaron Bean,

Please excuse my absence from the Appropriations Subcommittee on Health and Human Services tomorrow, March 6th, 2019.

Thank you,

A handwritten signature in cursive script that reads "Darryl Rouson".

Senator Darryl Rouson

REPLY TO:

- 535 Central Avenue, Suite 302, St. Petersburg, Florida 33701 (727) 822-6828
- 212 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5019

Senate's Website: www.flsenate.gov

JOE NEGRON
President of the Senate

ANITERE FLORES
President Pro Tempore

CourtSmart Tag Report

Room: KN 412

Case No.:

Type:

Caption: Senate Appropriations Subcommittee on Health and Human Services

Judge:

Started: 3/6/2019 4:18:24 PM

Ends: 3/6/2019 5:44:39 PM Length: 01:26:16

4:18:25 PM Sen. Bean (Chair)
4:21:38 PM TAB 3 - Senator Presentations of the Health and Human Services Local Funding Initiatives Requests for Fiscal Year 2019-2020
4:22:03 PM Sen. Wright
4:22:04 PM Sen. Bean
4:22:05 PM Sen. Wright
4:24:19 PM Sen. Braynon
4:27:50 PM Sen. Berman
4:30:36 PM Sen. Bean
4:30:39 PM Sen. Berman
4:31:04 PM Sen. Bracy
4:32:49 PM Sen. Baxley
4:35:17 PM S 366
4:35:41 PM Sen. Braynon
4:36:21 PM Am. 208576
4:37:02 PM Sen. Braynon
4:37:46 PM S 366 (cont.)
4:38:09 PM Daphnee Sainvil, Legislative Policy Advisor, Broward County Board of County Commissioners (waives in support)
4:38:17 PM Diana Arteaga, VP of Government Relations, Broward Health (waives in support)
4:38:30 PM Tyler Bartholomew, PHD Student, University of Miami (waives in support)
4:38:41 PM Stephen Winn, Executive Director, Florida Osteopathic Medical Association (waives in support)
4:38:49 PM Jess McCarty, Assistant County Attorney, Miami Dade County (waives in support)
4:38:57 PM Mary Thomas, Assistant General Counsel, Florida Medical Association (waives in support)
4:39:06 PM Nicolette Springer, Legislative Analyst, League of Women Voters (waives in support)
4:39:14 PM Kathy Winn, Volunteer, League of Women Voters (waives in support)
4:39:21 PM Claudia Dawant, Lobbyist, Broward County (waives in support)
4:39:27 PM Melissa McKinlay, Commissioner, Palm Beach County (waives in support)
4:39:36 PM Patricia Greene, Senior Policy Advisor, The AIDS Institute (waives in support)
4:39:45 PM Jasmyne Henderson, Attorney, Palm Beach County (waives in support)
4:39:53 PM Jill Gran, Policy Advisor, FL Council for Behavioral Health (waives in support)
4:40:03 PM Jorge Chamizo, Attorney, Broward County and North Broward Hospital District (waives in support)
4:40:29 PM Sen. Book
4:40:49 PM Sen. Harrell
4:41:14 PM Sen. Braynon
4:42:21 PM TAB 3 (cont.)
4:42:28 PM Sen. Taddeo
4:44:46 PM S 592
4:45:29 PM Sen. Albritton
4:45:55 PM Sen. Bean
4:46:33 PM Sen. Albritton
4:47:25 PM Sen. Bean
4:47:34 PM Sen. Albritton
4:47:52 PM Sen. Book
4:48:22 PM Sen. Harrell
4:50:08 PM Diane Gowski, State Director, Catholic Medical Association
4:53:40 PM Sen. Bean
4:54:44 PM D. Gowski
4:55:34 PM Sen. Passidomo
4:55:45 PM D. Gowski
4:56:05 PM Sen. Passidomo
4:56:20 PM D. Gowski

4:57:03 PM Sen. Passidomo
4:57:38 PM D. Gowski
4:58:10 PM Sen. Harrell
4:58:42 PM D. Gowski
4:59:12 PM Sen. Harrell
4:59:31 PM D. Gowski
5:00:10 PM Daniel Looke. Analyst, Health Policy
5:00:51 PM Sen. Book
5:01:52 PM Lynda Bell, President, Florida Right to Life
5:03:14 PM Sen. Bean
5:03:19 PM L. Bell
5:06:50 PM Paul Ledford, President, Florida Hospice Care Association
5:08:52 PM Sen. Passidomo
5:10:04 PM P. Ledford
5:10:30 PM Sen. Bean
5:10:55 PM Sen. Harrell
5:11:16 PM Am. 289882
5:11:41 PM Sen. Harrell
5:12:34 PM Sen. Farmer
5:14:36 PM Sen. Harrell
5:15:33 PM Sen. Albritton
5:17:25 PM Sen. Rader
5:21:14 PM D. Gowski
5:22:05 PM Sen. Bean
5:22:10 PM D. Gowski
5:23:57 PM Sen. Book
5:24:30 PM Sen. Farmer
5:26:26 PM Sen. Harrell
5:28:26 PM S 592 (cont.)
5:28:38 PM Jenna Paladino, Lobbyist, Chapters Health System (waives in support)
5:28:48 PM Stephen Winn, Executive Director, Florida Osteopathic Medical Association (waives in support)
5:29:11 PM Marco Paredes, Associate Director, FL Conference of Catholic Bishops
5:30:01 PM Sen. Farmer
5:31:58 PM Sen. Albritton
5:34:41 PM TAB 3 (cont.)
5:34:54 PM Sen. Rader
5:38:12 PM Sen. Passidomo
5:39:30 PM Sen. Harrell
5:40:00 PM
5:40:01 PM