

STORAGE NAME: h1739.hcr

DATE: April 9, 1997

**HOUSE OF REPRESENTATIVES
COMMITTEE ON
HEALTH CARE STANDARDS & REGULATORY REFORM
BILL RESEARCH & ECONOMIC IMPACT STATEMENT**

BILL #: HB 1739

RELATING TO: Emergency Medical Services

SPONSOR(S): Representative Saunders

STATUTE(S) AFFECTED: ss. 365.171 and 395.1027, F.S.

COMPANION BILL(S): SB 2068 (i)

ORIGINATING COMMITTEE(S)/COMMITTEE(S) OF REFERENCE:

- (1) HEALTH CARE STANDARDS & REGULATORY REFORM
- (2)
- (3)
- (4)
- (5)

I. SUMMARY:

This bill requires local governmental entities which operate "911" emergency telephone systems to divert calls involving exposure to toxic substances to a regional poison control center. It also requires these governmental entities and poison control centers to enter into cooperative agreements. An agreement must outline a protocol as to when 911 calls involving exposures to toxic substances must be diverted to a center. If a call is diverted, the center must then assess each poison related emergency and recommend an appropriate response.

This bill will have no fiscal impact on the state, local government, or the private sector in general.

II. SUBSTANTIVE RESEARCH:

A. PRESENT SITUATION:

Currently, many local government entities operate "911" emergency systems throughout the state. These systems must divert emergency calls to law enforcement, firefighting, and emergency medical services. These systems may also divert calls to services such as poison control, suicide prevention, and emergency management services. Thus, these 911 systems are not required by statute to divert emergency calls to poison control.

According to the Department of Health, there are currently three regional Poison Information Centers (PICs) operating in Florida. They are located in Jacksonville, Miami and Tampa. These Centers are funded through the Department of Health and serve approximately 170,000 callers annually, according to the PIC located in Miami. Callers access PICs directly through a toll-free number, through transfers following consultation with a health care practitioner, and through emergency medical dispatchers.

B. EFFECT OF PROPOSED CHANGES:

This bill would require local government entities that operate "911" systems to divert emergency calls involving exposure to toxic substances to PICs. Further, these entities must enter into a cooperative agreement with a regional poison control center. An agreement must outline a protocol under which the poison control center is consulted via a telephone conference. Such a protocol would define situations that require emergency "911" dispatchers to immediately divert calls involving poisonous substances to the regional PIC.

C. APPLICATION OF PRINCIPLES:

1. Less Government:

a. Does the bill create, increase or reduce, either directly or indirectly:

(1) any authority to make rules or adjudicate disputes?

No.

(2) any new responsibilities, obligations or work for other governmental or private organizations or individuals?

Yes. This bill would require "911" operators to divert calls involving exposure to toxic substances to PICs. Currently, the contacting of PICs by emergency operators is optional. Thus, this bill will increase the volume of calls and, subsequently, the workload of these PICs.

(3) any entitlement to a government service or benefit?

No.

b. If an agency or program is eliminated or reduced:

(1) what responsibilities, costs and powers are passed on to another program, agency, level of government, or private entity?

N/A.

(2) what is the cost of such responsibility at the new level/agency?

N/A.

(3) how is the new agency accountable to the people governed?

N/A.

2. Lower Taxes:

a. Does the bill increase anyone's taxes?

No.

b. Does the bill require or authorize an increase in any fees?

No.

c. Does the bill reduce total taxes, both rates and revenues?

No.

d. Does the bill reduce total fees, both rates and revenues?

No.

e. Does the bill authorize any fee or tax increase by any local government?

No.

3. Personal Responsibility:

- a. Does the bill reduce or eliminate an entitlement to government services or subsidy?

No.

- b. Do the beneficiaries of the legislation directly pay any portion of the cost of implementation and operation?

No.

4. Individual Freedom:

- a. Does the bill increase the allowable options of individuals or private organizations/associations to conduct their own affairs?

No.

- b. Does the bill prohibit, or create new government interference with, any presently lawful activity?

No.

5. Family Empowerment:

- a. If the bill purports to provide services to families or children:

- (1) Who evaluates the family's needs?

N/A.

- (2) Who makes the decisions?

N/A.

- (3) Are private alternatives permitted?

N/A.

- (4) Are families required to participate in a program?

N/A.

(5) Are families penalized for not participating in a program?

N/A.

b. Does the bill directly affect the legal rights and obligations between family members?

N/A.

c. If the bill creates or changes a program providing services to families or children, in which of the following does the bill vest control of the program, either through direct participation or appointment authority:

(1) parents and guardians?

N/A.

(2) service providers?

N/A.

(3) government employees/agencies?

N/A.

D. SECTION-BY-SECTION RESEARCH:

Section 1. Amends s. 365.171, F.S., to require local emergency "911" systems to include poison control, in addition to law enforcement, firefighting, and emergency medical services, in its emergency "911" services plan. It further requires local governmental entities to enter into a cooperative agreement with poison control centers. The agreement must outline a protocol under which a poison control center is consulted when a "911" system receives a call involving a toxic substance.

Section 2. Amends s. 395.1027, F.S., to also require regional poison control centers to enter into a cooperative agreement with local governmental entities that operate a "911" emergency system. The agreement must outline a protocol under which a poison control center is consulted when a "911" system receives a call involving a toxic substance.

Section 3. Provides an effective date of July 1, 1997.

III. FISCAL RESEARCH & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

1. Non-recurring Effects:

None.

2. Recurring Effects:

None.

3. Long Run Effects Other Than Normal Growth:

None.

4. Total Revenues and Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring Effects:

None.

2. Recurring Effects:

None.

3. Long Run Effects Other Than Normal Growth:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:

None.

2. Direct Private Sector Benefits:

None.

3. Effects on Competition, Private Enterprise and Employment Markets:

None.

D. FISCAL COMMENTS:

According to the Department of Health, this legislation will have no fiscal impact.

IV. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

A. APPLICABILITY OF THE MANDATES PROVISION:

The bill does not require counties or municipalities to spend funds or to take an action requiring the expenditures of funds.

B. REDUCTION OF REVENUE RAISING AUTHORITY:

The bill does not reduce the authority that municipalities or counties have to raise revenues in the aggregate.

C. REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:

The bill does not reduce the percentage of a state tax shared with counties or municipalities.

V. COMMENTS:

Concerns have been raised as to whether the state is mandating the use of the poison control centers for all exposures to toxic substances. Specifically, it may not be necessary for the poison control center to be called for "common" exposures that emergency medical technicians deal with regularly. Further, concerns have been raised over jurisdiction. That is, if an ambulance is dispatched, its personnel are operating under a physician's license. That physician's control over the ambulance personnel may be subordinate to the Poison Control Center if this bill is passed.

VI. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

None.

VII. SIGNATURES:

COMMITTEE ON HEALTH CARE STANDARDS & REGULATORY REFORM:

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