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 Health Regulation Committee

BILL:	CS/SB 1722
INTRODUCER:	Health Regulation Committee and Senators Fasano and Gaetz
SUBJECT:	Prescription Drug Monitoring Program
DATE:	March 10, 2010 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Bell	Wilson	HR	**Fav/CS**
2.			CJ	
3.			GO	
4.			HA	
5.				
6.				

Please see Section VIII. for Additional Information:

A. COMMITTEE SUBSTITUTE.....	X	Statement of Substantial Changes
B. AMENDMENTS.....		Technical amendments were recommended
		Amendments were recommended
		Significant amendments were recommended

I. Summary:

The committee substitute (CS) for SB 1722 modifies the current specifications for the prescription drug monitoring program (PDMP) that the Department of Health (Department) is required to implement by December 1, 2010. The CS requires the PDMP to comply with additional national requirements, authorizes the PDMP to provide reports directly to the Florida Department of Law Enforcement for investigative purposes, requires the Department to establish a method to allow corrections to the PDMP database, requires additional information to be reported to the database, requires PDMP staff to submit fingerprints for criminal records checks, and establishes additional restrictions on entities requesting access to information in the PDMP.

The CS authorizes the State Surgeon General to enter into a reciprocal agreement for the sharing of prescription drug monitoring information with another state that has a compatible PDMP after the Florida PDMP has been operational for 18 months.

This CS substantially amends ss. 893.055 and 893.0551, F.S.

II. Present Situation:

Prescription Drug Monitoring Programs

In efforts to control drug abuse, addiction or diversion, 39 states have enacted legislation establishing PDMPs, 34 of the PDMPs are currently operational.[1] Prescription-drug-monitoring programs collect prescription data from pharmacies in either paper or electronic format. The data may be reviewed and analyzed for educational, public health, and investigational purposes. The goals of the PDMPs are dependent on the mission of the state agency that operates the program or uses the data.

Each state that has implemented a PDMP has its own set of goals for its program. PDMPs may cover a specified number of controlled substances. Several states cover only controlled substances listed in Schedule II, while others cover a range of controlled substances listed in Schedules II through V. PDMPs may combine the use of serialized prescription forms by prescribing practitioners that are tracked by state officials and an electronic data system that tracks the prescriptions.

Florida's Prescription Drug Monitoring Program

In 2009, the Legislature passed legislation that requires the Department to design and establish a PDMP in Florida by December 1, 2010.[2] Section 893.055, F.S., provides the Department direction in the design, functionality, and reporting requirements for a state PDMP. All costs incurred by the Department for the prescription drug monitoring program, shall be reimbursed through federal, private, or grant funding applied for by the State of Florida.[3]

Current law specifies that a specific legislative appropriation may not be used to fund the PDMP. The Office of Drug Control is authorized to create a direct-support organization to provide assistance, funding, and promotional support for the PDMP.[4] The Department and state government are required to cooperate with the direct-support organization in seeking grant funds and other funding for the PDMP, so long as the costs of doing so are not considered material.[5]

When the direct-support organization, established by the Office of Drug Control, receives at least $20,000 in nonstate moneys or the state receives at least $20,000 in federal grants for the PDMP, the Department must adopt rules to implement the PDMP.[6] Florida has been approved to receive $420,000 in grant funding for the development of the PDMP.[7]

The Department is directed to design and establish a comprehensive electronic system to monitor controlled substances, or a PDMP. The PDMP must be designed to provide information regarding dispensed prescriptions of controlled substances and may not infringe upon the legitimate prescribing of a controlled substance by a prescribing practitioner, dispensing

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[1] United States Department of Justice, Drug Enforcement Administration, Office of Diversion Control, Questions and Answers. Found at: <http://www.deadiversion.usdoj.gov/faq/rx_monitor.htm> (Last visited on March 8, 2010).
[2] See Laws of Florida, Chapter No. 2009-198 and Chapter 2009-197.
[3] Section 893.055(10), F.S.
[4] Section 893.055(11), F.S.
[5] Section 893.055(10), F.S.
[6] Section 893.055(2)(b), F.S.
[7] Telephone correspondence with Department of Health staff, March 8, 2010.

pharmacist, or dispensing practitioner acting in good faith and in the course of professional practice. The PDMP must be consistent with standards of the American Society for Automation in Pharmacy for the monitoring of prescribing and dispensing controlled substances to an individual. The PDMP must also comply with the Health Insurance Portability and Accountability Act (HIPAA) and all other relevant state and federal privacy and security laws and regulations. The reporting of prescribed controlled substances to the PDMP must include a dispensing transaction with a dispenser who is not located in Florida but who is otherwise subject to the jurisdiction of Florida regarding that dispensing transaction.[8]

When operational, the PDMP will provide prescription information, or advisory reports, to a patient's health care practitioner and pharmacist, as determined by the Department rule. Advisory reports will be written information concerning the dispensing of controlled substances provided by the Department to a prescriber, dispenser, pharmacy, or patient. Practitioners and pharmacists must request to receive advisory reports from the PDMP.

Upon receipt of funding for the PDMP the Department, in consultation with the Office of Drug Control, must adopt rules concerning the reporting, accessing, evaluation, management, development, implementation, operation, security, and storage of information within the system, including rules for when advisory reports are provided to pharmacies and prescribers. The patient advisory reports must be provided in accordance with s. 893.13(7)(a)8., F.S., which makes it unlawful for a person to withhold information from a practitioner from whom the person seeks to obtain a controlled substance or a prescription for a controlled substance that the person making the request has received a controlled substance or a prescription for a controlled substance of like therapeutic use from another practitioner within the previous 30 days.[9] The Department is required to work with professional licensure boards and other appropriate organizations, including the Office of Drug Control, Attorney General, the Florida Department of Law Enforcement, and the Agency for Health Care Administration, to develop rules appropriate for the prescription drug monitoring program.[10]

Once the PDMP is operational, the Department must notify all dispensers and prescribers subject to the reporting requirements of the implementation date for the reporting requirements. The Department must adopt rules to implement the prescription drug monitoring program by October 1, 2010.[11]

The pharmacy dispensing the controlled substance and each prescriber who directly dispenses a controlled substance must submit to the PDMP, by a procedure and in a format established by the Department, the following minimum information for inclusion in the database:

- The name of the prescribing practitioner and the practitioner's federal Drug Enforcement Administration registration number, the practitioner's National Provider Identification or other appropriate identifier, and the date of the prescription.
- The date the prescription was filled and the method of payment.
- The name, address, and date of birth of the person for whom the prescription was written.

[8] Section 893.055(2)(a), F.S.
[9] A violation of s. 893.13(7)(a)8., F.S., is a third degree felony punishable by imprisonment up to five years and the imposition of a fine up to $5,000.
[10] Section 893.055(2)(b), F.S.
[11] Section 893.055(16), F.S.

- The name, national drug code, quantity, and strength of the controlled substance dispensed.
- The full name, federal Drug Enforcement Administration registration (DEA) number and address of the pharmacy or other location from which the controlled substance was dispensed. If dispensed by a practitioner other than a pharmacist, the dispensing practitioner's full name, DEA number and address.
- The name of the pharmacy or practitioner other than a pharmacist dispensing the controlled substance and the practitioner's National Provider Identification.
- Other appropriate identifying information as determined by the Department rule.

A dispensing practitioner or pharmacy must report data to the PDMP regarding the dispensing of controlled substances as soon as possible, but not more than 15 days after the date the controlled substance is dispensed, each time that such controlled substance is dispensed. A pharmacy or dispensing practitioner will submit data concerning each controlled substance in a Department-approved, secure methodology and format. The formats may include, but are not limited to, submission via the Internet, on a disc, or by use of regular mail. By law, reporting costs must not be material or extraordinary.

There are exemptions from reporting controlled substance dispensing and administration to the PDMP if the drug is:[12]

- Administered by a health care practitioner directly to a patient if the amount of the controlled substance is adequate to treat the patient during that particular session;
- Administered by a pharmacist or a health care practitioner to a patient or resident receiving care as an admitted patient or resident at a hospital, nursing home, ambulatory surgery center, hospice, or intermediate care facility for the developmentally disabled which is licensed in Florida;
- Administered or dispensed to a person in the health care system of the Department of Corrections;
- Administered in the emergency room of a licensed hospital;
- Administered or dispensed by a health care practitioner to a person under the age of 16; or
- Dispensed by a pharmacist or a dispensing practitioner as a one-time, 72-hour emergency resupply of a controlled substance to a patient.

A pharmacy, prescriber, or dispenser may access information in the prescription drug monitoring program's electronic system which relates to a patient of that pharmacy, prescriber, or dispenser for the purpose of reviewing the patient's controlled drug prescription history.[13] Other access to the program's electronic system will be limited to the program's manager and designated program staff, who may act only in the absence of the program manager. Access by the program manager or such designated staff is only for prescription drug program management and for management of the database.

The following entities are not allowed direct access to information in the PDMP database, but may request information that is otherwise confidential and exempt under s. 893.0551, F.S., from the program manager and when authorized by the program manager, the program manager's program and support staff. Before the release of information, the request must be verified as

[12] Section 893.055(5), F.S.
[13] Section 893.055(7)(b), F.S.

authentic and authorized with the requesting organization by the program manager, the program manager's staff, or as determined in rules by the Department as being authentic and as having been authorized by the requesting entity:

- The Department or its relevant health care regulatory boards responsible for licensure, regulation, or discipline of practitioners, pharmacists, or other persons who are authorized to prescribe, administer, or dispense controlled substances and who are involved in a specific controlled substance investigation involving a designated person for one or more prescribed controlled substances;
- The Attorney General for Medicaid fraud cases involving prescribed controlled substances;
- A law enforcement agency during active investigations regarding potential criminal activity, fraud, or theft regarding prescribed controlled substances; or
- A patient or legal guardian or designated health care surrogate of an incapacitated patient who for verifying the accuracy of the database information, submits a written notarized request that includes the patient's full name, address, and date of birth, and includes the same information if the legal guardian or health surrogate submits the request. The Department must validate and verify specified information to honor the request.

A similar procedure is outlined in s. 893.0551, F.S., relating to the public records exemption for the PDMP, for the Department to verify the legitimacy of requests from the Attorney General and his or her designee when working on Medicaid fraud cases involving prescription drugs or when the Attorney General has initiated a review of specific identifiers of Medicaid fraud regarding prescription drugs; or a law enforcement agency that has initiated an active investigation involving a specific violation of law regarding prescription drug abuse or diversion of prescribed controlled substance. Law enforcement agencies may disclose confidential and exempt information received from the Department to a criminal justice agency as part of an active investigation that is specific to a violation of prescription drug abuse or prescription drug diversion law for controlled substances.

The information submitted to the Department under the PDMP may be transmitted to any person or agency authorized to receive it, and that person or agency may maintain the information received for up to 24 months before purging the information from its records. All required transmissions must comply with relevant federal and state privacy and security laws. However, any authorized agency receiving such information may maintain the information for a period longer than 24 months if the information is pertinent to an ongoing investigation or prosecution.

The Department is required to report performance measures as specified in s. 893.055, F.S., each December 1, beginning in 2011. The Department staff may request data without identifying information so that the Department may undertake public health care and safety initiatives that take advantage of observed trends. The Program Implementation and Oversight Task Force may request data without identifying information for its reporting to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

If grant funding is available, the Department must collaborate with the Office of Drug Control to study the feasibility of enhancing the PDMP for the purposes of public health initiatives and statistical reporting that respects the privacy of the patient, the prescriber, and the dispenser.

Current law authorizes requirements of the National All Schedules Prescription Electronic Reporting (NASPER) Act in order to apply for federal NASPER funding.[14]

Information in the PDMP database is not discoverable or admissible in any civil or administrative action, except in an investigation or disciplinary proceeding by the Department or appropriate regulatory board.

Any person who knowingly fails to report the dispensing of a controlled substance listed in Schedule II, Schedule III, or Schedule IV, to the PDMP as required in law, commits a first degree misdemeanor, punishable by jail up to 1 year, and a fine up to $1,000 may be imposed.

Office of Drug Control

Section 397.332, F.S., specifies the duties of the Office of Drug Control. The Office of Drug Control is created within the Executive Office of the Governor. The Governor must appoint a director of the Office of Drug Control, who is subject to confirmation by the Florida Senate. The purpose of the Office of Drug Control is to work in collaboration with the Office of Planning and Budgeting to:

- Coordinate drug control efforts and enlist the assistance of the public and private sectors in those efforts, including, but not limited to, federal, state, and local agencies.
- Provide information to the public about the problem of substance abuse and the substance abuse programs and services that are available.
- Act as the Governor's liaison with state agencies, other state governments, the federal Office of National Drug Control Policy, federal agencies, and with the public and private sectors on matters that relate to substance abuse.
- Work to secure funding and other support for the state's drug control efforts, including, but not limited to, establishing cooperative relationships among state and private agencies.
- Develop a strategic program and funding initiative that links the separate jurisdictional activities of state agencies with respect to drug control. The office may designate lead and contributing agencies to develop such initiatives.
- Advise the Governor and the Legislature on substance abuse trends in this state, the status of current substance abuse programs and services, the funding of those programs and services, and the status of the Office of Drug Control in developing and implementing the state drug control strategy.
- Make recommendations to the Governor on measures that the director considers advisable for the effective implementation of the state drug control strategy.

Under the authority provided in s. 893.055(11), F.S., the Office of Drug Control, in coordination with the Department, has established a direct-support organization to provide assistance, funding and promotional support for the PDMP.

Prescription Drug Monitoring Program Implementation and Oversight Task Force

In 2009, the Legislature created a PDMP Implementation and Oversight Task Force in the Executive Office of the Governor to monitor the implementation and safeguarding of the electronic system established for the PDMP; and to ensure the privacy, protection of individual medication history; and the electronic system's appropriate use by physicians, dispensers,

[14] Section 893.055(13), F.S.

pharmacies, law enforcement agencies, and those authorized to request information from the electronic system.[15]

The director of the Office of Drug Control is a non-voting, ex officio member of the Task Force and acts as chair. The Governor must appoint twelve members of the public that meet certain specifications in law. Other members of the Task Force include: the Attorney General: the Secretary of Children and Family Services, the Secretary of the Agency for Health Care Administration, and the State Surgeon General, or their respective designees. The PDMP Implementation and Oversight Task Force is repealed on July 1, 2012 and the Task Force will be required to provide a final report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by July 1, 2012. The first PDMP Implementation and Oversight Task Force meeting was held January 15, 2010.

Federal Funding for Prescription Drug Monitoring Programs

There are currently two federal sources of funding for state PDMPs. The first is the Harold Rogers Prescription Drug Monitoring Program (HRPDMP) administered by the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. The HRPDMP provides grants for planning, implementing, and enhancing state PDMPs. A state must already have a regulation permitting the establishment of a PDMP to be eligible for HRPDMP funding.[16]

The second source of federal funding is the National All Schedule Prescription Electronic Reporting Act (NASPER)[17] administered by the U.S. Department of Health and Human Services. The NASPER grant program was enacted to foster the establishment of PDMPs that would meet consistent national criteria and have the capacity for the interstate exchange of information. Congress appropriated $2 million in FY2009 and FY 2010[18] for NASPER grants. NASPER grants are available for states to create a PDMP database or enhance an existing one.[19]

The NASPER includes minimum grant eligibility requirements for states seeking grant funding. One primary consideration for NASPER grant eligibility is state PDMP database interoperability with bordering states that also operate a PDMP or a plan to achieve interoperability in order to detect drug diversion and abuse that crosses state lines. Eligibility for grant funding is also contingent upon states conforming to the NASPER reporting, use and disclosure, database requirements and specifications.

Health Insurance Portability and Accountability Act of 1996

The 1996 Health Insurance Portability and Accountability Act (HIPAA)[20] required the Administration to issue regulations protecting the privacy of health information. The U.S. Department of Health and Human Services (HHS) issued Standards for Privacy of Individually

[15] See Laws of Florida, Chapter No. 2009-198.
[16] U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, Harold Rogers Prescription Drug Monitoring Program. Found at: <http://www.ojp.usdoj.gov/BJA/grant/prescripdrugs.html> (Last visited on March 8, 2010).
[17] NASPER; Public Law 109-60.
[18] The Congressional fiscal year begins October 1 and ends on September 30.
[19] United States Department of Justice, Drug Enforcement Administration, Office of Diversion Control, Questions and Answers. Found at: <http://www.deadiversion.usdoj.gov/faq/rx_monitor.htm> (Last visited on March 8, 2010).
[20] Section 262 of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, enacted on August 21, 1996, directed the United States Department of Health and Human Services to develop standards to protect the security, including the confidentiality and integrity, of health information.

Identifiable Health Information on December 28, 2000, which took effect on April 14, 2003. The regulations only apply to health plans, health care clearinghouses and certain health care providers. The regulations permit states to afford greater privacy protections to health information.[21] Exceptions for state law are provided for public health and state regulatory reporting.[22]

American Society for Automation in Pharmacy

The American Society for Automation in Pharmacy assists its members with the application of computer technology in pharmacy.[23] The society promotes the application of computer technology in the pharmacist's role as caregiver and the efficient operation and management of a pharmacy.[24] The society's membership includes independent and hospital pharmacies, state boards of pharmacy, and government agencies. The society has adopted standards for prescription monitoring programs.

III. Effect of Proposed Changes:

The CS amends s. 893.055, F.S., to modify the section of Florida law that mandates the establishment of a PDMP by December 1, 2010.

The CS modifies the current specifications of the PDMP to:

- Require the PDMP to comply with the NASPER minimum requirements for authenticating a practitioner who requests information in the PDMP and certification of the purpose for which information is requested.
- Require the PDMP to provide reports directly to the Department of Law Enforcement, without Department or regulatory board review, to investigate potential controlled substance criminal activity. The PDMP must also provide reports to the appropriate state attorney or other law enforcement agencies. The Department is directed to develop the parameters of these reports by rule after consultation with the Department of Law Enforcement, the Florida Medical Association, and the Florida Osteopathic Medical Association.
- Require the Department to establish a method to allow corrections in the PDMP database when a practitioner or pharmacist notifies the PDMP.
- Require the PDMP to capture the number of prescription refills ordered and whether the drug was dispensed as a refill or a first-time request.
- Remove the current exemption from reporting to the PDMP when practitioners administer or dispense a controlled substance in the Department of Corrections health care system.
- Modify the current exemption from reporting to the PDMP when the patient is under the age of 16. The CS exempts a health care practitioner from reporting to the PDMP only when

[21] Sections 160.201, 160.203, 160.204, and 160.205, C.F.R.

[22] The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) generally preempts state health information privacy laws, unless they provide a higher level of protection than the act. (Pub. L. No.104-191, s. 262, 110 Stat. 1936, 2029.) However, these state privacy provisions may not be preempted if the Secretary of Health and Human Services determines that the state law has as its principal purpose the regulation of the manufacture, registration, distribution, dispensing, or other control of any controlled substances (as defined in 21 U.S.C. s. 802), or that is deemed a controlled substance by state law. (45 C.F.R. s. 160.203 (a)(2)). See also, 42 U.S.C.A s. 1320d-7.

[23] See the website of the American Society for Automation in Pharmacy at: <http://www.asapnet.org/index.html> (Last visited on March 8, 2010).

[24] *Id.*

administering a controlled substance directly to a patient under the age of 16 and the amount administered is limited to that treatment session.

- Limits the current exemption from reporting to the PDMP when a pharmacist or dispensing practitioner dispenses a one-time 72-hour emergency resupply of a controlled substance, to the dispensing of a one-time 48-hour emergency resupply of a controlled substance.
- Require a pharmacy, prescriber, practitioner, or dispenser to submit a notarized registration form to the Department in order to access information in the PDMP. The Department must supply the form, approve the submitted form, and then grant access to the appropriate information in the database.
- Require the PDMP manager and all support staff with access to the PDMP database to submit fingerprints for a state and federal criminal background check.
- Clarify that the Department of Law Enforcement is not prohibited from having direct access to information in the PDMP database.
- Prohibits the Agency for Health Care Administration from having direct access to information in the PDMP database for Medicaid fraud cases or investigations. The Agency is authorized to request confidential information from the PDMP when authorized for Medicaid investigations.
- Require that a patient or legal guardian or surrogate of a patient who wishes to verify the accuracy of information in the PDMP database must submit a phone number and a copy of a government-issued photo identification in-person to the PDMP program manager along with a notarized request.

Once the Florida PDMP has been operational for 18 months, the CS requires the State Surgeon General to enter into reciprocal agreements for the sharing of prescription drug monitoring information with any other state or states that have compatible PDMPs. When assessing the compatibility of another state's PDMP system, the State Surgeon General must consider:

- The essential purposes of the PDMP and the success of the program in fulfilling those purposes;
- The safeguards for privacy of patient records and the success of the PDMP in protecting patient privacy;
- The persons authorized to view the data collected by the PDMP;
- Which controlled substances are monitored;
- The data required to be submitted on each prescription; and
- Any implementation criteria deemed essential for a thorough comparison.

The CS also requires the State Surgeon General to prioritize PDMP data sharing with states that border Florida and review all PDMP data sharing agreements yearly. Any PDMP reciprocal agreements must prohibit the sharing of information about a Florida resident, practitioner, pharmacist, or other prescriber for any purpose not otherwise authorized under ss. 893.055 and 893.0551, F.S.

The CS amends s. 893.0551, F.S., to authorize the Department to disclose confidential and exempt information contained in the state PDMP, when the State Surgeon General enters into a reciprocal agreement with another state to share PDMP data.

The effective date of the CS is July 1, 2010.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this CS have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this CS have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this CS have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The Department plans to contract with an entity for the development and administration of the PDMP. The increased system requirements in the CS may increase the cost of the contract.

The CS requires the Department of Corrections to report the administration and dispensing of controlled substances to the PDMP. This reporting requirement may increase costs for the Department of Corrections.

The Office of Drug Control in the Governor's Office has indicated that the provisions of the CS will allow the Department, other state agencies, or the direct support organization to apply to additional sources of grant funding, including NASPER, to develop the PDMP.

VI. Technical Deficiencies:

It is unclear what is meant by the word "parameters" on line 106 of the CS. Is the rule to set the format for the reports, the content of the reports, or both?

VII. Related Issues:

The provision in lines 97-101 may conflict with existing state law. The CS specifies that the PDMP will provide reports directly to the Department of Law Enforcement, without review by the Department or any regulatory board. The CS does not address section 893.0551(3), F.S., that prohibits law enforcement agencies from having direct access to information in the PDMP and that specifies a formal process by which law enforcement agencies must request PDMP information during active investigations.

It is not clear whether the modifications to the PDMP specifications in the CS will align Florida law with all of the required NASPER elements. Florida may not be eligible for NASPER grant funding if the Florida PDMP specifications do not align with the NASPER standards.

VIII. Additional Information:

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

CS by Health Regulation on March 9, 2010:
Clarifies that the Department will develop rules *after consultation* with the Department of Law Enforcement and other entities for the PDMP reports;

- Corrects the title of the Florida Osteopathic Medical Association and removes the Florida Pain Society from the list of organizations with which the Department must consult in developing the rules for the PDMP reports;
- Clarifies that the Department of Law Enforcement is not prohibited from having direct access to information in the PDMP database;
- Authorizes the State Surgeon General to enter into reciprocal data sharing agreements with other states that have compatible PDMPs, after Florida's PDMP has been operational for 18 months; and
- Authorizes the Department to disclose confidential and exempt information contained in the state PDMP when the State Surgeon General enters into reciprocal data sharing agreements with other states.

B. Amendments:

None.

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