

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 Budget Subcommittee on Criminal and Civil Justice Appropriations

BILL: CS/SB 402

INTRODUCER: Health Regulation Committee and Senators Negron and Fasano

SUBJECT: Prescription Drug Abuse

DATE: December 13, 2011 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Wilson	Stovall	HR	Fav/CS
2.	Sneed	Sadberry	BJA	Pre-meeting
3.			BC	
4.				
5.				
6.				

Please see Section VIII. for Additional Information:

A. COMMITTEE SUBSTITUTE..... Statement of Substantial Changes

B. AMENDMENTS..... Technical amendments were recommended

Amendments were recommended

Significant amendments were recommended

I. Summary:

The bill creates the Statewide Task Force on Prescription Drug Abuse and Newborns within the Department of Legal Affairs. The purpose of the task force is to examine and analyze the emerging problem of neonatal withdrawal syndrome as it pertains to prescription drugs. The task force will research the impact of prescription drug use and neonatal withdrawal syndrome, evaluate effective strategies for treatment and prevention, and provide policy recommendations to the Legislature.

This bill creates one undesignated section of law.

II. Present Situation:

Abuse of Prescription Drugs

Prescription drug abuse is the intentional use of a medication without a prescription of one's own; in a way other than as prescribed; or for the experience or feeling it causes. According to several national surveys, prescription medications, such as those used to treat pain, attention deficit disorders, and anxiety, are being abused at a rate second only to marijuana among illicit

drug users.¹ The consequences of this abuse are reflected in increased treatment admissions, emergency room visits, and overdose deaths.

Although many types of prescription drugs are abused, there is currently a growing, deadly epidemic of prescription painkiller abuse. In 2008, drug overdoses in the United States caused 36,450 deaths. Opioid pain relievers were involved in 14,800 deaths (73.8 percent) of the 20,044 prescription drug overdose deaths. Opioid pain relievers now account for more overdose deaths than heroin and cocaine combined.² In 2009, 1.2 million hospital emergency department visits (an increase of 98.4 percent since 2004) were related to misuse or abuse of pharmaceuticals, compared with 1.0 million emergency department visits related to use of illicit drugs such as heroin and cocaine.³

Reports from the National Survey on Drug Use and Health combine four prescription-type drug groups into a category referred to as “psychotherapeutics.” The four categories of prescription-type drugs (pain relievers, tranquilizers, stimulants, and sedatives) cover numerous medications that currently are or have been available by prescription. They also include drugs within these groupings that originally were prescription medications but currently may be manufactured and distributed illegally, such as methamphetamine, which is included under stimulants. Use of over-the-counter drugs and legitimate use of prescription drugs are not included.

The national findings from the 2010 National Survey on Drug Use and Health indicate that 7.0 million persons aged 12 or older (2.7 percent of the population) were *nonmedical* users of psychotherapeutic drugs, including 5.1 million users of pain relievers, 2.2 million users of tranquilizers, 1.1 million users of stimulants, and 374,000 users of sedatives.⁴ According to the findings from the survey, the number and percentage of persons aged 12 or older who were current *nonmedical* users of psychotherapeutic drugs have remained about the same since 2002.⁵

Drug Use by Pregnant Women

According to the national findings from the 2010 National Survey on Drug Use and Health, 4.4 percent of pregnant women aged 15 to 44 were current illicit drug users based on data averaged across 2009 and 2010.⁶ This was lower than the rate among women in this age group who were not pregnant (10.9 percent). The rate of current illicit drug use was 16.2 percent among pregnant women aged 15 to 17, 7.4 percent among pregnant women aged 18 to 25, and 1.9 percent among pregnant women aged 26 to 44. Illicit drugs include marijuana/hashish,

¹ National Institute on Drug Abuse, *Prescription Drugs: Abuse and Addiction*. Found at:

<<http://drugabuse.gov/ResearchReports/Prescription/prescription2.html#whatis>> (Last visited on November 29, 2011).

² CDC, *Vital Signs: Overdoses of Prescription Opioid Pain Relievers – United States, 1999 – 2008*, Morbidity and Mortality Weekly Report (MMWR), November 4, 2011 / 60(43); 1487-1492. Found at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm?s_cid=mm6043a4_w> (Last visited on November 29, 2011).

³ *Id.*

⁴ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings*, page 12. Found at:

<<http://oas.samhsa.gov/NSDUH/2k10NSDUH/2k10Results.pdf>> (Last visited on November 29, 2011).

⁵ *Id.*, p. 12 and 13.

⁶ *Id.*, p. 20.

cocaine (including crack), heroin, hallucinogens, inhalants, and prescription-type psychotherapeutics used nonmedically.

Neonatal Withdrawal Syndrome

Neonatal Withdrawal Syndrome (NWS), also commonly referred to as Neonatal Abstinence Syndrome is a group of problems that occur in a newborn who was exposed to addictive illegal or prescription drugs while in the mother's womb. Drugs taken during pregnancy pass through the placenta – the organ that connects the baby to its mother in the womb – and reach the baby. The baby becomes addicted along with the mother. At birth, the baby is still dependent on the drug. Because the baby is no longer getting the drug after birth, symptoms of withdrawal occur.⁷

The symptoms of NWS depend on the type of drug the mother used, how much of the drug she was taking, for how long she used the drug, and whether the baby was born full-term or early. Symptoms can begin within 1-3 days after birth, or they may take 5-10 days to appear. The symptoms may include: blotchy skin coloring, diarrhea, excessive crying or high-pitched crying, excessive sucking, fever, hyperactive reflexes, increased muscle tone, irritability, poor feeding, rapid breathing, seizures, sleep problems, slow weight gain, stuffy nose, sneezing, sweating, trembling, and vomiting. NWS can last from 1 week to 6 months.⁸

According to the Florida Center for Health Information and Policy Analysis in the Agency for Health Care Administration, the number of cases of drug withdrawal syndrome in newborns jumped from 354 in 2006 to 1,374 in 2010.⁹ These numbers include all drugs, not just prescription drugs. However, recent media reports indicate that hospitals are experiencing a rise in the number of infants born withdrawing from opiate-based pills such as oxycodone and hydrocodone.¹⁰

Task Forces

Chapter 20, F.S., establishes provisions for the organizational structure of state government. Subsection 20.03(8), F.S., defines “committee” or “task force” to mean “an advisory body created without specific statutory enactment for a time not to exceed 1 year or created by specific statutory enactment for a time not to exceed 3 years and appointed to study a specific problem and recommend a solution or policy alternative with respect to that problem. Its existence terminates upon the completion of its assignment.”

⁷ U.S. National Library of Medicine, PubMed Health, A.D.A.M. Medical Encyclopedia, *Neonatal abstinence syndrome*. Found at: <<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004566/>> (Last visited on November 29, 2011).

⁸ *Id.*

⁹ The Florida Center for Health Information and Policy Analysis queried the Center's hospital inpatient discharge data for the years 2006 through 2010 for the principal and secondary diagnosis fields for Drug Withdrawal Syndrome in Newborns with a diagnosis code of 779.5.

¹⁰ Ray Reyes, *Number of babies born addicted to pain pills rising in Tampa Bay*, The Tampa Tribune, July 25, 2011. Found at: <<http://www2.tbo.com/news/breaking-news/2011/jul/25/number-of-babies-born-addicted-to-pain-pills-risin-ar-246186/>> (Last visited on November 29, 2011).

Donna Leinwand Leger, *Doctors see surge in newborns hooked on mothers' pain pills*, USA Today. Found at: <<http://yourlife.usatoday.com/parenting-family/babies/story/2011-11-13/Doctors-see-surge-in-newborns-hooked-on-mothers-pain-pills/51186076/1>> (Last visited on November 29, 2011).

III. Effect of Proposed Changes:

The bill creates the Statewide Task Force on Prescription Drug Abuse and Newborns within the Department of Legal Affairs. The purpose of the task force is to research the impact of prescription drug use and neonatal withdrawal syndrome, evaluate effective strategies for treatment and prevention, and provide policy recommendations to the Legislature. The task force is charged with:

- Collecting and organizing data concerning the nature and extent of neonatal withdrawal syndrome from prescription drugs in this state;
- Collecting and organizing data concerning the costs associated with treating expectant mothers and newborns suffering from withdrawal from prescription drugs;
- Identifying available federal, state, and local programs that provide services to mothers who abuse prescription drugs and newborns who have neonatal withdrawal syndrome; and
- Evaluating methods to increase public awareness of the dangers associated with prescription drug abuse, particularly to women, expectant mothers, and newborns.

The bill specifies the membership of the 14-member task force and provides for reimbursement for per diem and travel expenses of the members. The organizational meeting of the task force is to be held by May 1, 2012, and the task force must subsequently meet at least four times per year. The task force must submit an interim report of its recommendations to the President of the Senate and the Speaker of the House of Representatives by January 15, 2013, and a final report of its recommendations by January 15, 2015.

The Department of Legal Affairs is directed to provide staff support to the task force.

The effective date of the bill is upon the act becoming a law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill 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 the bill 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 bill 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 estimated fiscal impact to the Office of the Attorney General (OAG) will be minimal. The OAG has indicated that it will use existing employees to staff the task force, organize the meetings, and write the report. The four required task force meetings will cost the OAG approximately \$14,500, or \$3,600 per meeting. The OAG has identified a legal settlement that could cover all task force costs.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

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 December 7, 2011:**

The Committee Substitute specifies four additional members of the task force and requires an interim and a final report to the President of the Senate and the Speaker of the House of Representatives.

B. Amendments:

None.