

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 Committee on Health Policy

BILL: SPB 7016

INTRODUCER: For consideration by the Health Policy Committee

SUBJECT: Prescription Drug Monitoring

DATE: January 10, 2014

REVISED: _____

| ANALYST | STAFF DIRECTOR | REFERENCE | ACTION |
|----------|----------------|-----------|--------------------|
| 1. Looke | Stovall | | Pre-meeting |

I. Summary:

SPB 7016 amends section 893.055 of the Florida Statutes relating to the prescription drug monitoring program to improve clarity by reorganizing text, rephrasing imprecise language, and deleting outdated or redundant language.

The bill also makes several substantive changes including:

- Requiring a law enforcement agency to obtain a subpoena from a court of competent jurisdiction showing a finding of reasonable suspicion of potential criminal activity, fraud, or theft regarding prescribed controlled substances before information within the prescription drug monitoring program (PDMP) database may be released to that agency;
- Allowing the Department of Health (DOH or department) to send only relevant information which is not personal identifying information to a law enforcement agency when the DOH determines a pattern consistent with indicators of controlled substance abuse exists; and
- Defining the term “dispense” or “dispensing” using existing language in the statute and in the definitions section of ch. 893, F.S.

II. Present Situation:

Florida’s Prescription Drug Monitoring Program

Chapter 2009-197, L.O.F, established the PDMP in s. 893.055, F.S. The PDMP uses a comprehensive electronic system/database to monitor the prescribing and dispensing of certain controlled substances.¹ Dispensers of certain controlled substances must report specified information to the PDMP database, including the name of the prescriber, the date the prescription was filled and dispensed, and the name, address, and date of birth of the person to whom the controlled substance is dispensed.²

¹ S. 893.055(2)(a), F.S.

² S. 893.055(3)(a)-(c), F.S.

The PDMP became operational on September 1, 2011, when it began receiving prescription data from pharmacies and dispensing practitioners.³ Dispensers have reported over 87 million controlled substance prescriptions to the PDMP since its inception.⁴ Health care practitioners began accessing the PDMP on October 17, 2011.⁵ Law enforcement began requesting data from the PDMP in support of active criminal investigations on November 14, 2011.⁶

Accessing the PDMP database

Section 893.0551, F.S., makes certain identifying information⁷ of patient or patient's agent, a health care practitioner, a dispenser, an employee of the practitioner who is acting on behalf of and at the direction of the practitioner, a pharmacist, or a pharmacy that is contained in records held by the department under s. 893.055, F.S., confidential and exempt from the public records laws in s. 119.07(1), F.S., and s. 24(a), Art. I of the State Constitution.⁸

Direct access to the PDMP database is presently limited to medical doctors, osteopathic physicians, dentists, podiatric physicians, advanced registered nurse practitioners, physician assistants, and pharmacists.⁹ Currently, prescribers are not required to consult the PDMP database prior to prescribing a controlled substance for a patient however physicians and pharmacists queried the database more than 3.7 million times during fiscal year 2012-2013.¹⁰

Indirect access to the PDMP database is provided to:

- The DOH or its relevant health care regulatory boards;
- The Attorney General for Medicaid fraud cases;
- Law enforcement agencies during active investigations¹¹ involving potential criminal activity, fraud, or theft regarding prescribed controlled substances; and
- Patients, or the legal guardians or designated health care surrogates of incapacitated patients.¹²

Law enforcement agencies may receive information from the PDMP database through the procedures outlined in the DOH's "Training Guide for Law Enforcement and Investigative

³ 2012-2013 PDMP Annual Report, available at <http://www.floridahealth.gov/reports-and-data/e-forcse/news-reports/documents/2012-2013pdmp-annual-report.pdf>, last visited on Jan. 9, 2014.

⁴ Id.

⁵ Id.

⁶ Id.

⁷ Such information includes name, address, telephone number, insurance plan number, government-issued identification number, provider number, and Drug Enforcement Administration number, or any other unique identifying information or number.

⁸ S. 893.0551(2)(a)-(h), F.S.

⁹ S. 893.055(7)(b), F.S.

¹⁰ Supra at n. 3

¹¹ S. 893.055(1)(h), F.S., defines an "active investigation" as an investigation that is being conducted with a reasonable, good faith belief that it could lead to the filing of administrative, civil, or criminal proceedings, or that is ongoing and continuing and for which there is a reasonable, good faith anticipation of securing an arrest or prosecution in the foreseeable future.

¹² S. 893.055(7)(c)1.-4., F.S.

Agencies.”¹³ Agencies that wish to gain access to the PDMP database must first appoint a sworn law enforcement officer as an administrator who verifies and credentials other law enforcement officers’ within the same agency.¹⁴ The administrator may then register individual law enforcement officers with the DOH.

Registered law enforcement officers may not directly access the PDMP, instead when they wish to obtain information from the PDMP database, they must submit a query to the DOH.¹⁵ These queries may be for a patient’s history, a prescriber’s history, or a pharmacy’s dispensing history.¹⁶ The registered law enforcement officer must fill out a form indicating what type of search they want to perform, what parameters (name, date, time period, etc.) they want to include, and some details of the active investigation they are pursuing including a case number. This form is submitted to the DOH and, in most instances, the requested information is made available to the requesting officer. In some cases a request is denied. Generally, a request is denied due to lack of sufficient identifying information (incorrect spelling of a name, wrong social security number, etc.) or, alternatively, a request may return no results. The DOH may also deny a request that it finds not to be authentic or authorized.¹⁷

Funding the PDMP

Restrictions on how the DOH may fund implementation and operation of the PDMP are also included in statute. The DOH is prohibited from using state funds and any money received directly or indirectly from prescription drug manufacturers to implement the PDMP.¹⁸ Funding for the PDMP comes from three funding sources:¹⁹

- Donations procured by the Florida PDMP Foundation, Inc. (Foundation), the direct-support organization authorized by s. 893.055, F.S., to fund the continuing operation of the PDMP;
- Federal grants; and
- Private grants and donations.

The Legislature appropriated \$500,000 of the DOH’s general revenue funds during the 2013 session to fund the PDMP for fiscal year 2013-2014.²⁰

¹³ This training guide may be found at

http://www.hidinc.com/assets/files/flpdms/FL%20PDMP_Training%20Guide%20for%20Enforcement%20and%20Investigative%20Agencies.pdf, last viewed on Jan. 9, 2014.

¹⁴ See the DOH’s “Law enforcement administrator appointment form,” available at <http://www.floridahealth.gov/reports-and-data/e-forcse/law-enforcement-information/documents/admin-appoint-form.pdf>, last visited on Jan. 9, 2014.

¹⁵ During FY 2012-2013 a total of 487 authorized law enforcement users queried the PDMP database 32,839 times. Id. at note 3.

¹⁶ Id. at note 11.

¹⁷ S. 893.055(7)(c), F.S., requires the DOH to verify a request as being “authentic and authorized” before releasing information from the PDMP.

¹⁸ S. 893.055(10) and (11)(c), F.S.

¹⁹ Florida Department of Health, Electronic-Florida Online Reporting of Controlled Substances Evaluation (E-FORCSE) webpage, available at <http://www.floridahealth.gov/reports-and-data/e-forcse/funding/index.html>, last visited on Jan. 9, 2014.

²⁰ Ch. 2013-153, L.O.F.

Prescription Drug Monitoring Programs in Other States

As of December 2013, every state except Missouri has passed PDMP legislation and only New Hampshire and Washington D.C. have yet to bring their PDMP to operation status.²¹ The Legislature's Office of Program Policy Analysis and Government Accountability (OPPAGA) examined the PDMPs of 26 of those states, including Florida.²² All PDMPs examined are either run by the states in-house or by contract with private vendors. Most states do not require prescribers to register in order to use the PDMP and primarily encourage prescribers to use the database through education and outreach programs.²³ Only three of the 26 states require prescribers to access the database prior to prescribing most or all controlled substances.²⁴ In 17 of 23 states, including Florida, accessing the database is strictly voluntary and in the remaining six states accessing the database is only required under limited circumstances.²⁵

All states reviewed have the authority to take punitive action against dispensers of prescription drugs that do not comply with their state's respective laws and rules on their state's PDMP. These punitive actions can come in the form of fines, licensure disciplinary action, and / or criminal charges, however, states rarely use these punitive measures when dispensers do not comply with PDMP requirements.

As of December 5, 2013, 18 states require law enforcement to obtain a search warrant, subpoena, court order, or other type of judicial process in order to access the information in their state's PDMP.²⁶

Unauthorized Release of PDMP Data

In the early summer of 2013, the PDMP information of approximately 3,300 individuals was improperly shared with a person or persons who were not authorized to obtain such information.²⁷ The original information was released from the PDMP by the DOH during a Drug Enforcement Administration (DEA) investigation of a ring of individuals who used four doctor's information to conduct prescription fraud. Although as a result of the investigation only six individuals were ultimately charged, the information of approximately 3,300 individuals was released to the DEA because the DEA searched the PDMP for the records of all the patients of

²¹ National Alliance for Model State Drug Laws. *Compilation of State Prescription Monitoring Programs Maps*, can be found at <http://www.namsdl.org/library/6D4C4D9F-65BE-F4BB-A428B392538E0663/>, last visited on Jan. 10, 2014.

²² OPPAGA Review of State Prescription Drug Monitoring Programs, Jan. 31, 2013, on file with the Senate Health Policy Committee.

²³ *Id.*, p. 8

²⁴ Kentucky, New Mexico, and New York. *Id.*, p. 4

²⁵ These circumstances typically revolve around how often a drug is prescribed, if the drug is in a specific class or schedule, if there is a reasonable suspicion that the patient is abusing drugs, or if the prescription was written in a pain clinic. *Id.*

²⁶ These states are: Alaska, Arkansas, Colorado, Georgia, Iowa, Kansas, Louisiana, Maine, Maryland, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, Oregon, and Wisconsin. See the National Alliance for Model State Drug Laws, *Law Enforcement Access to State PMP Data*, available at <http://www.namsdl.org/library/C4AA9EA3-65BE-F4BB-AAFBAB1F5736F070/>, last visited on Jan 10, 2014.

²⁷ See John Woodrow Cox, *Did Florida's prescription pill database really spring a leak?*, Tampa Bay Times, July 5, 2013. Available at <http://www.tampabay.com/news/politics/did-floridas-prescription-pill-database-really-spring-a-leak/2130108>, Last visited on Jan. 9, 2014, and see the DOH presentation to the Senate Health Policy Committee on the PDMP, Sep. 24, 2013, on file with Health Policy Committee staff.

the four doctors who had been the victims of the prescription drug fraud.²⁸ During the conduct of the investigation and the resulting prosecution, the DEA shared the full file with the prosecutor who, in turn, shared the full file with the defense attorney during discovery. The improper release of information occurred when a defense attorney associated with the case shared the file with a colleague who was not associated with the case.²⁹

Reasonable Suspicion v. Probable Cause

The terms reasonable suspicion and probable cause are legal terms of art that refer to the level of proof which must be proffered before a certain action, generally a police action, may be taken. Reasonable suspicion is the lesser standard which is applied to actions such as Terry stops³⁰ and to searches in areas where there is a lesser expectation of privacy, such as in a school.³¹ Probable cause is the greater of the two standards and is the one the police must meet when arresting a suspect.³²

In order to meet the standard for reasonable suspicion, a police officer must be able to show a “well-founded, articulable suspicion of criminal activity.”³³ In contrast, in order to meet the standard for probable cause, an officer must be able to show that the “facts and circumstances known to the officer warrant a prudent man in believing that the offense has been committed.”³⁴ The key difference between the standards lies in the knowledge of the officer. With reasonable suspicion, the officer must only suspect that a crime has been committed, while with probable cause, the officer must have enough evidence to convince a “prudent man” that a crime has been committed.

III. Effect of Proposed Changes:

Section 1 amends s. 893.055, F.S., to significantly, but technically, revise the section by grouping related items, clarifying imprecise language, and deleting outdated or redundant language.

The bill also makes several substantive changes to the section. The bill:

- Requires a law enforcement agency to obtain a subpoena from a court of competent jurisdiction showing a finding of reasonable suspicion of potential criminal activity, fraud, or theft regarding prescribed controlled substances before information within the PDMP database may be released to that agency.
- Allows the DOH to send only relevant information which is not personal identifying information to a law enforcement agency when the DOH determines a pattern consistent with indicators of controlled substance abuse exists. A law enforcement agency is authorized to use such information to support the subpoena necessary to obtain identified records.

²⁸ Id.

²⁹ Id.

³⁰ Terry v. Ohio, 392 U.S. 1

³¹ See R.M. v. State, 2014 WL 20628

³² Pople v. State, 626 So. 2d 185, p. 3

³³ Id.

³⁴ Henry v. U.S., 31 U.S. 98, p. 102

- Defines the term “dispense” or “dispensing” using existing language in the statute and in the definitions section of ch. 893, F.S.

IV. Constitutional Issues:**A. Municipality/County Mandates Restrictions:**

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

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

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

Law enforcement agencies may incur a cost associated with obtaining a subpoena prior to accessing information in the PDMP.

VI. Technical Deficiencies:

In current law and this bill, the definition of “patient advisory report” includes a requirement that the report be provided in compliance (or in accordance) with s. 893.13(7)(a)8.³⁵ It is improper to place such a substantive requirement within a definition and, as such, the requirement should be moved to paragraph (6)(e) of the bill.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 893.055

³⁵ S. 893.055(1)(a), F.S., and lines 36-37 in SPB 7016.

IX. Additional Information:

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

None.

- B. **Amendments:**

None.

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