

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: SB 1280

INTRODUCER: Senator Rouson

SUBJECT: Controlled Substance Prescribing

DATE: March 28, 2019

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Looke</u>	<u>Brown</u>	<u>HP</u>	Favorable
2.	_____	_____	<u>CF</u>	_____
3.	_____	_____	<u>RC</u>	_____

I. Summary:

SB 1280 amends s. 456.44, F.S., to exempt sickle-cell anemia from the definition of “acute pain.” This change would no longer require a prescribing practitioner to meet the three-day or seven-day supply limits when prescribing a Schedule II opioid controlled substance for the treatment of sickle-cell anemia.

II. Present Situation:

History of the Opioid Crisis in Florida

In the late 1990s, pharmaceutical companies reassured the medical community that patients would not become addicted to prescription opioid pain relievers, and health care providers began to prescribe them at greater rates. This subsequently led to widespread diversion and misuse of these medications before it became clear that these medications could indeed be highly addictive.¹ Between the early 2000s and the early 2010s, Florida was infamous as the “pill mill capital” of the country. At the peak of the pill mill crisis, doctors in Florida bought 89 percent of all the oxycodone sold in the county.²

Between 2009 and 2011, the Legislature enacted a series of reforms to combat prescription drug abuse. These reforms included strict regulation of pain management clinics; creating the Prescription Drug Monitoring Program (PDMP); and stricter regulation on selling, distributing, and dispensing controlled substances.³ Between 2010 and 2014, deaths from prescription drugs dropped but deaths from illegal opioids, such as heroin, began to rise.⁴

¹ Id.

² Lizette Alvarez, *Florida Shutting ‘Pill Mill’ Clinics*, THE NEW YORK TIMES (Aug. 31, 2011), available at <http://www.nytimes.com/2011/09/01/us/01drugs.html> (last visited on Mar. 28, 2018).

³ See chs. 2009-198, 2010-211, and 2011-141, Laws of Fla.

⁴ Supra note 3

In 2016, the opioid prescription rate was 75 per 100 persons in Florida. This rate was down from a high of 83 per 100. Drug overdose is now the leading cause of non-injury related death in the United States. Since 2000, drug overdose death rates increased by 137 percent, including a 200 percent increase in the rate of overdose deaths involving opioids. In 2015, over 52,000 deaths in the U.S. were attributed to drug poisoning, and over 33,000 (63 percent) involved an opioid. In 2015, 3,535 deaths occurred in Florida where at least one drug was identified as the cause of death. More specifically, 2,535 deaths were caused by at least one opioid in 2015. Stated differently, seven lives per day were lost to opioids in Florida in 2015. Overall the state had a rate of opioid-caused deaths of 13 per 100,000. The three counties with the highest opioid death rate were Manatee County (37 per 100,000), Dixie County (30 per 100,000), and Palm Beach County (22 per 100,000).⁵

Early in 2017, the federal Centers for Disease Control and Prevention (CDC) declared the opioid crisis an epidemic, and, shortly thereafter, on May 3, 2017, Governor Rick Scott signed executive order 17-146 declaring the opioid epidemic a public health emergency in Florida.

House Bill 21 Prescription Supply Limits

In 2018, the Florida Legislature passed HB 21 (ch. 2018-13, L.O.F.) to combat the opioid crisis. Among its numerous provisions, HB 21 restricted the length of prescriptions for Schedule II opioid medications for the treatment of acute pain to three days or up to seven days if medically necessary. HB 21 also defined “acute pain” to mean the normal, predicted, physiological, and time-limited response to an adverse chemical, thermal, or mechanical stimulus associated with surgery, trauma, or acute illness. The bill excluded pain related to cancer, a terminal condition, palliative care, or a serious traumatic injury from being considered acute pain.

Sickle-Cell Anemia

Sickle cell disease, also known as Sickle-Cell Anemia, is a group of inherited red blood cell disorders. Early signs and symptoms of sickle cell disease include swelling of the hands and feet; symptoms of anemia, including fatigue, or extreme tiredness; and jaundice. Over time, sickle cell disease can lead to complications such as infections, delayed growth, and episodes of pain, called pain crises. Most children who have sickle cell disease are pain-free between crises, but adolescents and adults may also suffer with chronic, ongoing pain. Over a lifetime, sickle cell disease can harm a patient’s spleen, brain, eyes, lungs, liver, heart, kidneys, penis, joints, bones, or skin.

A blood and bone marrow transplant is currently the only approved cure for sickle cell disease, and only a small number of people who have sickle disease are able to have the transplant. There are effective treatments that can reduce symptoms and prolong life. Early diagnosis and regular

⁵ Attorney General’s Opioid Working Group, *Florida’s Opioid Epidemic: Recommendations and Best Practices* (March 1, 2019), available at [https://myfloridalegal.com/webfiles.nsf/WF/TDGT-B9UTV9/\\$file/AG+Opioid+Working+Group+Report+Final+2-28-2019.pdf](https://myfloridalegal.com/webfiles.nsf/WF/TDGT-B9UTV9/$file/AG+Opioid+Working+Group+Report+Final+2-28-2019.pdf), (last visited on March 28, 2019).

medical care to prevent complications also contribute to improved well-being. Sickle cell disease is a life-long illness and the severity of the disease varies widely from person to person.⁶

III. Effect of Proposed Changes:

SB 1280 amends s. 456.44, F.S., to exempt sickle-cell anemia from the definition of “acute pain.” This change would no longer require a prescribing practitioner to observe the three-day or seven-day supply limits when prescribing a Schedule II opioid controlled substance for the treatment of sickle-cell anemia.

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:

None.

C. Government Sector Impact:

None.

⁶ See National Heart, Lung, and Blood Institute within the National Institutes of Health, *Sickle Cell Disease*, available at <https://www.nhlbi.nih.gov/health-topics/sickle-cell-disease>, (last visited on March 28, 2019).

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 456.44 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.)

None.

B. Amendments:

None.