

1 A bill to be entitled
2 An act relating to substance abuse prevention;
3 amending s. 381.887, F.S.; revising provisions
4 relating to the prescribing, ordering, and dispensing
5 of emergency opioid antagonists to certain persons;
6 requiring the Department of Health to develop and
7 implement a statewide awareness campaign to educate
8 the public regarding opioid overdoses and the safe
9 storage and administration of emergency opioid
10 antagonists; authorizing licensed pharmacists to
11 dispense an emergency opioid antagonist to certain
12 persons without a prescription, under certain
13 circumstances; authorizing certain persons dispensed
14 opioid antagonists without a prescription to store and
15 possess and, in certain emergency situations, to
16 administer opioid antagonists; providing certain
17 authorized persons immunity from civil and criminal
18 liability for administering emergency opioid
19 antagonists under certain circumstances; authorizing
20 personnel of law enforcement agencies and other
21 agencies and certain other persons to administer
22 emergency opioid antagonists under certain
23 circumstances; creating s. 381.888, F.S.; defining
24 terms; requiring the department, in coordination with
25 the Board of Pharmacy, to establish and administer the

26 At-home Drug Deactivation and Disposal System Program
27 for a specified purpose; providing requirements for
28 the at-home drug deactivation and disposal systems;
29 requiring the department, in coordination with the
30 board, to develop relevant educational materials and a
31 plan for distribution of the at-home drug deactivation
32 and disposal systems and educational materials;
33 requiring the department, in consultation with the
34 board, to adopt rules; amending s. 401.253, F.S.;
35 requiring certain health care facilities, basic life
36 support services, or advanced life support services to
37 report incidents involving a suspected or actual
38 overdose of a controlled substance; conforming
39 provisions to changes made by the act; amending ss.
40 456.44 and 465.0276, F.S.; requiring prescribing and
41 dispensing practitioners to concurrently prescribe or
42 dispense an at-home drug deactivation and disposal
43 system along with certain controlled substances;
44 providing an effective date.

45
46 Be It Enacted by the Legislature of the State of Florida:

47
48 Section 1. Subsections (2), (3), and (4) of section
49 381.887, Florida Statutes, are amended to read:

50 381.887 Emergency treatment for suspected opioid

51 overdose.—

52 (2) (a) The purpose of this section is to provide for the
 53 prescribing, ordering, and dispensing ~~prescription~~ of emergency
 54 opioid antagonists ~~an emergency opioid antagonist~~ to patients,
 55 ~~and~~ caregivers, and any other persons who may come into contact
 56 with a controlled substance or a person who is at risk of
 57 experiencing an opioid overdose and to encourage the
 58 prescribing, ordering, and dispensing ~~prescription~~ of emergency
 59 opioid antagonists by authorized health care practitioners.

60 (b) The Department of Health shall develop and implement a
 61 statewide awareness campaign to educate the public regarding the
 62 risk factors of opioid overdoses, the signs and symptoms of
 63 opioid overdoses, and how to respond to such overdoses,
 64 including the safe storage and administration of emergency
 65 opioid antagonists.

66 (3) (a) An authorized health care practitioner may
 67 prescribe and dispense an emergency opioid antagonist to a
 68 patient or caregiver for use in accordance with this section,
 69 and pharmacists may dispense an emergency opioid antagonist
 70 pursuant to such a prescription or pursuant to paragraph (b) ~~a~~
 71 ~~non-patient-specific standing order for an autoinjection~~
 72 ~~delivery system or intranasal application delivery system, which~~
 73 ~~must be appropriately labeled with instructions for use.~~ Such
 74 patient or caregiver is authorized to store and possess approved
 75 emergency opioid antagonists and, in an emergency situation when

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76 | a physician is not immediately available, administer the
77 | emergency opioid antagonist to a person believed in good faith
78 | to be experiencing an opioid overdose, regardless of whether
79 | that person has a prescription for an emergency opioid
80 | antagonist.

81 | (b) A pharmacist licensed under chapter 465 may order or
82 | dispense an emergency opioid antagonist without a prescription
83 | to any person who is at risk of an opioid overdose due to his or
84 | her medical condition or history, is a caregiver of someone who
85 | is at risk of an opioid overdose, is in a position to assist
86 | another person who is at risk of an opioid overdose, or may come
87 | into contact with a controlled substance. Such patient or
88 | caregiver is authorized to store and possess approved emergency
89 | opioid antagonists and, in an emergency situation when a
90 | physician is not immediately available, to administer the
91 | emergency opioid antagonist to a person believed in good faith
92 | to be experiencing an opioid overdose, regardless of whether
93 | that person has a prescription for an emergency opioid
94 | antagonist.

95 | (4) The following persons are authorized to possess,
96 | store, and administer emergency opioid antagonists as clinically
97 | indicated and are immune from any civil liability or criminal
98 | liability as a result of administering an emergency opioid
99 | antagonist:

100 | (a) Emergency responders, including, but not limited to,

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101 law enforcement officers, paramedics, and emergency medical
102 technicians.

103 (b) Crime laboratory personnel for the statewide criminal
104 analysis laboratory system as described in s. 943.32, including,
105 but not limited to, analysts, evidence intake personnel, and
106 their supervisors.

107 (c) Personnel of a law enforcement agency or other agency,
108 including, but not limited to, correctional probation officers
109 and child protective investigators who, while acting within the
110 scope or course of employment, come into contact with a
111 controlled substance or a person who is at risk of experiencing
112 an opioid overdose.

113 (d) A person who is dispensed an emergency opioid
114 antagonist pursuant to paragraph (3) (b) and comes into contact
115 with a controlled substance or a person who is at risk of
116 experiencing an opioid overdose.

117 Section 2. Section 381.888, Florida Statutes, is created
118 to read:

119 381.888 At-home Drug Deactivation and Disposal System
120 Program.—

121 (1) DEFINITIONS.—As used in this section, the term:

122 (a) "Board" means the Board of Pharmacy.

123 (b) "Department" means the Department of Health.

124 (c) "Nonretrievable" has the same meaning as provided in
125 21 C.F.R. s. 1300.05(b), as that definition exists on the

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126 effective date of this act.

127 (d) "Pharmacy" has the same meaning as provided in s.
128 465.003(11).

129 (e) "Program" means the At-home Drug Deactivation and
130 Disposal System Program.

131 (2) PROGRAM ESTABLISHED.—

132 (a) The department, in coordination with the board, shall
133 establish and administer the At-home Drug Deactivation and
134 Disposal System Program for the purpose of identifying and
135 distributing a suitable at-home drug deactivation and disposal
136 system that pharmacies must co-dispense with each opioid
137 prescription. The at-home drug deactivation and disposal system
138 must permanently render the active pharmaceutical ingredient
139 nonretrievable, nonusable, and fully nontoxic at the point it
140 enters the state's municipal waste systems.

141 (b) The department, in coordination with the board, shall
142 develop relevant educational materials and a plan for
143 distribution of the at-home drug deactivation and disposal
144 systems and educational materials to pharmacies in this state.

145 (3) RULEMAKING AUTHORITY.—The department, in consultation
146 with the board, shall adopt rules to administer the program.

147 Section 3. Paragraph (a) of subsection (1) and subsections
148 (3) and (5) of section 401.253, Florida Statutes, are amended to
149 read:

150 401.253 Reporting of controlled substance overdoses.—

151 (1) (a) A health care facility, a basic life support
152 service, or an advanced life support service that ~~which~~ treats
153 and releases, or transports to a medical facility, a person in
154 response to an emergency call for a suspected or actual overdose
155 of a controlled substance must ~~may~~ report such incidents to the
156 department. Such reports must be made using the Emergency
157 Medical Service Tracking and Reporting System or other
158 appropriate method with secure access, including, but not
159 limited to, the Washington/Baltimore High Intensity Drug
160 Trafficking Overdose Detection Mapping Application Program or
161 other program identified by the department in rule. If a health
162 care facility, a basic life support service, or an advanced life
163 support service reports such incidents, it must ~~shall~~ make its
164 best efforts to make the report to the department within 120
165 hours after it responds to the incident.

166 (3) A health care facility, a basic life support service,
167 or an advanced life support service that reports information to
168 or from the department pursuant to this section in good faith is
169 not subject to civil or criminal liability for making the
170 report.

171 (5) The department shall produce a quarterly report to the
172 Statewide Drug Policy Advisory Council, the Department of
173 Children and Families, and the Florida FUSION Center summarizing
174 the raw data received pursuant to this section. Such reports
175 shall also be made immediately available to the county-level

176 agencies described in paragraph (1) (b). The Statewide Drug
 177 Policy Advisory Council, the Department of Children and
 178 Families, and the department may use these reports to maximize
 179 the utilization of funding programs for health care facilities,
 180 licensed basic life support service providers, or advanced life
 181 support service providers, and for the dissemination of
 182 available federal, state, and private funds for local substance
 183 abuse services in accordance with s. 397.321(4).

184 Section 4. Subsection (6) of section 456.44, Florida
 185 Statutes, is amended to read:

186 456.44 Controlled substance prescribing.—

187 (6) EMERGENCY OPIOID ANTAGONIST.—For the treatment of pain
 188 related to a traumatic injury with an Injury Severity Score of 9
 189 or greater, a prescriber who prescribes a Schedule II controlled
 190 substance listed in s. 893.03 or 21 U.S.C. s. 812 must
 191 concurrently prescribe an emergency opioid antagonist, as
 192 defined in s. 381.887(1), and an at-home drug deactivation and
 193 disposal system pursuant to s. 381.888.

194 Section 5. Paragraph (b) of subsection (1) of section
 195 465.0276, Florida Statutes, is amended to read:

196 465.0276 Dispensing practitioner.—

197 (1)

198 (b) A practitioner registered under this section may not
 199 dispense a controlled substance listed in Schedule II or
 200 Schedule III as provided in s. 893.03. This paragraph does not

201 apply to:

202 1. The dispensing of complimentary packages of medicinal
203 drugs which are labeled as a drug sample or complimentary drug
204 as defined in s. 499.028 to the practitioner's own patients in
205 the regular course of her or his practice without the payment of
206 a fee or remuneration of any kind, whether direct or indirect,
207 as provided in subsection (4).

208 2. The dispensing of controlled substances in the health
209 care system of the Department of Corrections.

210 3. The dispensing of a controlled substance listed in
211 Schedule II or Schedule III in connection with the performance
212 of a surgical procedure.

213 a. For an opioid drug listed as a Schedule II controlled
214 substance in s. 893.03 or 21 U.S.C. s. 812:

215 (I) For the treatment of acute pain, the amount dispensed
216 pursuant to this subparagraph may not exceed a 3-day supply, or
217 a 7-day supply if the criteria in s. 456.44(5)(a) are met.

218 (II) For the treatment of pain other than acute pain, a
219 practitioner must indicate "NONACUTE PAIN" on a prescription.

220 (III) For the treatment of pain related to a traumatic
221 injury with an Injury Severity Score of 9 or greater, a
222 practitioner must concurrently prescribe an emergency opioid
223 antagonist, as defined in s. 381.887(1), and an at-home drug
224 deactivation and disposal system pursuant to s. 381.888.

225 b. For a controlled substance listed in Schedule III, the

226 amount dispensed pursuant to this subparagraph may not exceed a
 227 14-day supply.

228 c. The exception in this subparagraph does not allow for
 229 the dispensing of a controlled substance listed in Schedule II
 230 or Schedule III more than 14 days after the performance of the
 231 surgical procedure.

232 d. For purposes of this subparagraph, the term "surgical
 233 procedure" means any procedure in any setting which involves, or
 234 reasonably should involve:

235 (I) Perioperative medication and sedation that allows the
 236 patient to tolerate unpleasant procedures while maintaining
 237 adequate cardiorespiratory function and the ability to respond
 238 purposefully to verbal or tactile stimulation and makes intra-
 239 and postoperative monitoring necessary; or

240 (II) The use of general anesthesia or major conduction
 241 anesthesia and preoperative sedation.

242 4. The dispensing of a controlled substance listed in
 243 Schedule II or Schedule III pursuant to an approved clinical
 244 trial. For purposes of this subparagraph, the term "approved
 245 clinical trial" means a clinical research study or clinical
 246 investigation that, in whole or in part, is state or federally
 247 funded or is conducted under an investigational new drug
 248 application that is reviewed by the United States Food and Drug
 249 Administration.

250 5. The dispensing of methadone in a facility licensed

251 | under s. 397.427 where medication-assisted treatment for opiate
252 | addiction is provided.

253 | 6. The dispensing of a controlled substance listed in
254 | Schedule II or Schedule III to a patient of a facility licensed
255 | under part IV of chapter 400.

256 | 7. The dispensing of controlled substances listed in
257 | Schedule II or Schedule III which have been approved by the
258 | United States Food and Drug Administration for the purpose of
259 | treating opiate addictions, including, but not limited to,
260 | buprenorphine and buprenorphine combination products, by a
261 | practitioner authorized under 21 U.S.C. s. 823, as amended, to
262 | the practitioner's own patients for the medication-assisted
263 | treatment of opiate addiction.

264 | Section 6. This act shall take effect July 1, 2021.