HOUSE OF REPRESENTATIVES STAFF FINAL BILL ANALYSIS

BILL #: CS/HB 731 Drug-related Overdose Prevention
SPONSOR(S): Professions & Public Health Subcommittee, Caruso and others
TIED BILLS: **IDEN./SIM. BILLS:** CS/SB 544

FINAL HOUSE FLOOR ACTION: 114 **Y's** 0 **N's** **GOVERNOR'S ACTION:** Approved

SUMMARY ANALYSIS

CS/HB 731 passed the House on February 22, 2022, as CS/SB 544 as amended. The Senate concurred in the House amendment to the Senate bill and subsequently passed the bill as amended on March 8, 2022.

Opioid antagonists are used in opioid overdoses to counteract life-threatening depression of the central nervous system and respiratory system, allowing an overdose victim to breathe normally. Current law authorizes a health care practitioner to prescribe and dispense an emergency opioid antagonist to a patient or caregiver, and pharmacists may dispense an emergency opioid antagonist pursuant to a prescription or a non-patient specific standing order. A patient or caregiver can store and possess opioid antagonists and administer the opioid antagonist to a person experiencing an opioid overdose. Emergency responders and crime laboratory personnel are authorized to possess, store, and administer emergency opioid antagonists. Current law affords civil liability immunity to anyone who possesses, administers, prescribes, dispenses, or stores an approved emergency opioid antagonist.

CS/HB 731 allows a pharmacist to order and dispense an emergency opioid antagonist to a patient or caregiver without a prescription or a non-patient specific standing order. The bill expressly authorizes personnel of a law enforcement agency or other agency, including correctional probation officers and child protective investigators, to possess, store, and administer emergency opioid antagonists and shields such personnel from civil or criminal liability. It also expressly authorizes public schools to purchase opioid antagonists from a wholesale distributor or to enter into an arrangement with a wholesale distributor to purchase opioid antagonists at a reduced price. The bill requires school districts to store opioid antagonists in a secure location on the school's premises.

The bill reiterates current law providing civil liability immunity to any person who acts in good faith and uses reasonable care when administering an emergency opioid antagonist, but expressly references school district employees administering antagonists to students.

Current law authorizes, but does not require, emergency medical technicians and paramedics who provide basic and advanced life support services to report controlled substances overdoses to the Department of Health (DOH). Current law neither authorizes nor requires hospital emergency departments and urgent care centers to do so. The bill amends current law by requiring hospital emergency departments and urgent care centers to report treating suspected or actual overdose victims, under certain circumstances.

The Florida Public Health Institute (Institute) is a not-for-profit corporation with the purpose of advancing the knowledge and practice of public health, including promoting health awareness in Florida. Current law requires the Institute, in consultation with DOH, to coordinate monthly health awareness campaigns with national, state, and local health care organizations and government entities on numerous topics, including substance abuse. The bill amends current law to require the Institute to educate the public on the use of opioid antagonists.

The bill has a negative, insignificant, recurring fiscal impact on DOH that can be absorbed within existing resources. There is no fiscal impact on local governments.

The bill was approved by the Governor on April 6, 2022, ch. 2022-28, L.O.F., and will become effective on July 1, 2022.

I. SUBSTANTIVE INFORMATION

A. EFFECT OF CHANGES:

Background

Opioids

Opioids are psychoactive substances derived from the opium poppy, or their synthetic analogues.[1] They are commonly used as pain relievers to treat acute and chronic pain. An individual experiences pain because of a series of electrical and chemical exchanges among the individual's peripheral nerves, spinal cord, and brain.[2] Opioid receptors occur naturally and are distributed widely throughout the central nervous system and in peripheral sensory and autonomic nerves. [3] When an individual experiences pain, the body releases hormones, such as endorphins, which bind with targeted opioid receptors.[4] This disrupts the transmission of pain signals through the central nervous system and reduces the perception of pain.[5] Opioids function in the same way by binding to specific opioid receptors in the brain, spinal cord and gastrointestinal tract, thereby reducing the perception of pain.[6]

Opioids include prescription medications used to treat pain, as well as illegal drugs. Opioids include[7]:

- Buprenorphine (Subutex, Suboxone),
- Codeine,
- Fentanyl (Duragesic, Fentora),
- Heroin,
- Hydrocodone (Vicodin, Lortab, Norco),
- Hydromorphone (Dilaudid, Exalgo),
- Meperidine,
- Methadone,
- Morphine,
- Oxycodone (OxyContin, Percodan, Percocet),
- Oxymorphone,
- Tramadol, and
- U-47700.

In 2019, an estimated 62 million people used opioids for non-medical reasons worldwide.[8] Opioids are commonly abused, with an estimated 36.3 million people worldwide suffering from drug use disorders.[9] Opioids can create a euphoric feeling because they affect the regions of the brain involved with pleasure and reward, which can lead to abuse.[10] Continued use of these drugs can lead to the

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[1] World Health Organization, *Opioid Overdose*, https://www.who.int/news-room/fact-sheets/detail/opioid-overdose (last visited Mar. 21, 2022).
[2] Medical News Today, *What is pain, and how do you treat it?* (Sept. 7, 2020), https://www.medicalnewstoday.com/articles/145750#:~:text=People%20feel%20pain%20when%20specific,immediate%20contraction%20of%20the%20muscles (last visited Mar. 21, 2022).
[3] Gjermund Henriksen, Frode Willoch, *Imaging of Opioid Receptors in the Central Nervous System*, Brain (2008) 131 (5): 1171-1196.
[4] *Id*.
[5] *Id*.
[6] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *SAMHSA Opioid Overdose Toolkit: Facts for Community Members* (2018).
[7] Florida Department of Law Enforcement, *Drugs Identified in Deceased Persons by Florida Medical Examiners 2019 Report,* (Nov. 2020).
[8] United Nations Office on Drugs and Crime, World Drug Report 2021, *Global Overview: Drug Demand and Drug Supply* (Jun. 2021), WDR21_Booklet_2.pdf (unodc.org) (last visited Mar. 21, 2022).
[9] *Id*.
[10] National Institute on Drug Abuse, *How Do Opioids Affect the Brain and Body?,* (June 2020) http://www.drugabuse.gov/publications/research-reports/prescription-drugs/opioids/how-do-opioids-affect-brain-body (last visited Mar. 21, 2022).

development of tolerance and psychological and physical dependence.[11] This dependence is characterized by a strong desire to take opioids, impaired control over opioid use, persistent opioid use despite harmful consequences, a higher priority given to opioid use than to other activities and obligations, and a physical withdrawal reaction when opioids are discontinued.[12]

Opioid Overdose

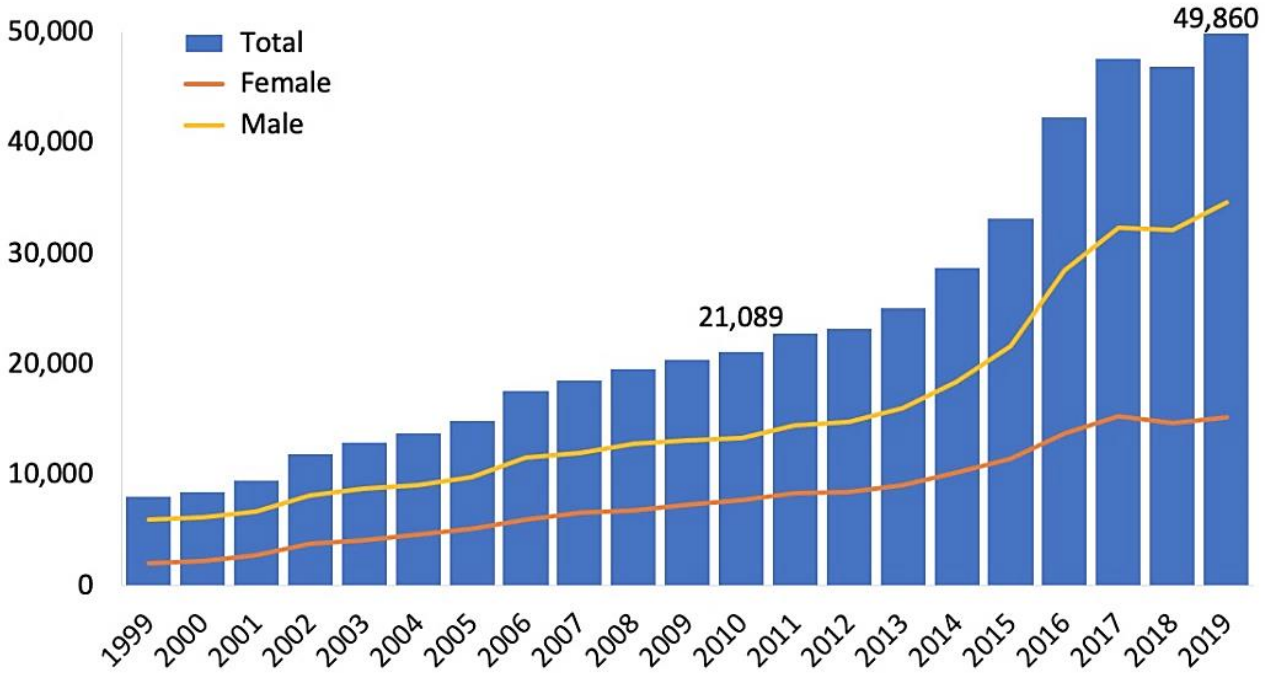
An overabundance of opioids in the body can lead to a fatal overdose. In addition to their presence in major pain pathways, opioid receptors are also located in the respiratory control centers of the brain.[13] Opioids disrupt the transmission of signals for respiration in the identical manner that they disrupt the transmission of pain signals. This leads to a reduction, and potentially cessation, of an individual's respiration. Oxygen starvation will eventually stop vital organs like the heart, then the brain, and can lead to unconsciousness, coma, and possible death.[14] Within 3-5 minutes without oxygen, brain damage starts to occur, soon followed by death.[15] However, this does not occur instantaneously as people will commonly stop breathing slowly, minutes to hours after the drug or drugs were used.[16] An opioid overdose can be identified by a combination of three signs and symptoms referred to as the "opioid overdose triad":[17]

- Pinpoint pupils,
- Unconsciousness, and
- Respiratory depression.

More than 70,000 Americans died from drug-involved overdose in 2019, including illicit drugs and prescription opioids.[18] Overall, drug overdose deaths increased from 2018 to 2019 with 70,630 drug overdoses reported in 2019.[19] The following graph provides information on the total number of U.S. overdose deaths involving any opioid[20] from 1999 to 2019.[21] Opioid-involved overdose deaths increased from 21,088 in 2010 to 47,600 in 2017, and remained steady in 2018 with 46,802.[22] This was following by a significant increase in 2019 to 49,860 overdose deaths.[23]

Opioid Deaths in the United States

[11] *Supra* note 6.
[12] *Supra* note 1.
[13] Pattinson, K.T.S., *Opioids and the Control of Respiration*, BJA, Vol. 100, Issue 6, Pages 747-758. https://doi.org/10.1093/bja/aen094.
[14] Harm Reduction Coalition, *Guide to Developing and Managing Overdose Prevention and Take-Home Naloxone Projects*, (Aug. 31, 2020) http://harmreduction.org/our-work/overdose-prevention/ (last visited Mar. 21, 2022).
[15] *Id*.
[16] *Id*.
[17] *Supra* note 1.
[18] National institute on Drug Abuse, *Overdose Death Rates*, https://www.drugabuse.gov/drug-topics/trends-statistics/overdose-death-rates (last visited Mar. 21, 2022).
[19] *Id*.
[20] Any opioid includes prescription opioids (natural and semi-synthetic opioids and methadone), heroin and synthetic opioids other than methadone (primarily fentanyl).
[21] *Supra* note 18.
[22] *Id*.
[23] *Id*.



The increase in opioid overdose deaths can be outlined in three distinct waves:

- The first wave began with increase prescribing of opioids in the 1990s, with overdose deaths involving prescription opioids increasing since at least 1999.
- The second wave began in 2010, with rapid increase in overdose deaths involving heroin.
- The third wave began in 2013 with significant increases in overdose deaths involving synthetic opioids, particularly those involving illicitly manufactured fentanyl. The market for illicitly manufactured fentanyl continues to change, and it can be found in combination with heroin, counterfeit pills, and cocaine.[24]

In 2019, Florida reported 5,268 opioid overdose deaths.[25] This was an 11.9 percent increase from 2018.[26] Florida also experienced 4,152 opioid and 10,464 all drug non-fatal overdoses between July and September 2019.[27]

With the onset of the COVID-19 pandemic, the incidence of opioid use disorder and resulting overdose deaths has once again risen. A report from Project Opioid details provisional data from the Florida Department of Health (DOH) showing that deaths from drug overdoses increased by 43 percent between 2019 and 2020, from 56 deaths per 100,000 in 2019 to 94 deaths per 100,000 in 2020.[28] Additionally, fentanyl, an extremely potent opioid drug, is the leading cause of overdose deaths in Florida, and the incidence of fentanyl overdose deaths increased by 38 percent from 2,348 in 2019 to 3,244 in 2020.[29]

[24] Centers for Disease Control and Prevention, *Understanding the Epidemic*, https://www.cdc.gov/drugoverdose/epidemic/index.html (last visited Mar. 21, 2022).
[25] Center for Disease Control and Prevention, *Drug Overdose Deaths*, https://www.cdc.gov/drugoverdose/data/statedeaths/drug-overdose-death-2019.html (last visited Mar. 21, 2022).
[26] Center for Disease Control and Prevention, *2018-2019 Drug Overdose Death Rate Increase*, https://www.cdc.gov/drugoverdose/data/statedeaths/drug-overdose-death-2019.html (last visited Mar. 21, 2022).
[27] Florida Department of Health, *Non-Fatal Opioid and All Drug Overdose Surveillance Report, Florida Q4-2019*, http://www.floridahealth.gov/statistics-and-data/fl-dose/_documents/non-fatal-od-2019-q4.pdf
[28] Project Opioid, A Pandemic Fueling an Epidemic in Florida in 2020, https://projectopioid.org/wp-content/uploads/2020/12/PO-2020-Data-Study-Final_New-Section.pdf (last visited Mar. 21, 2022).
[29] *Id*.

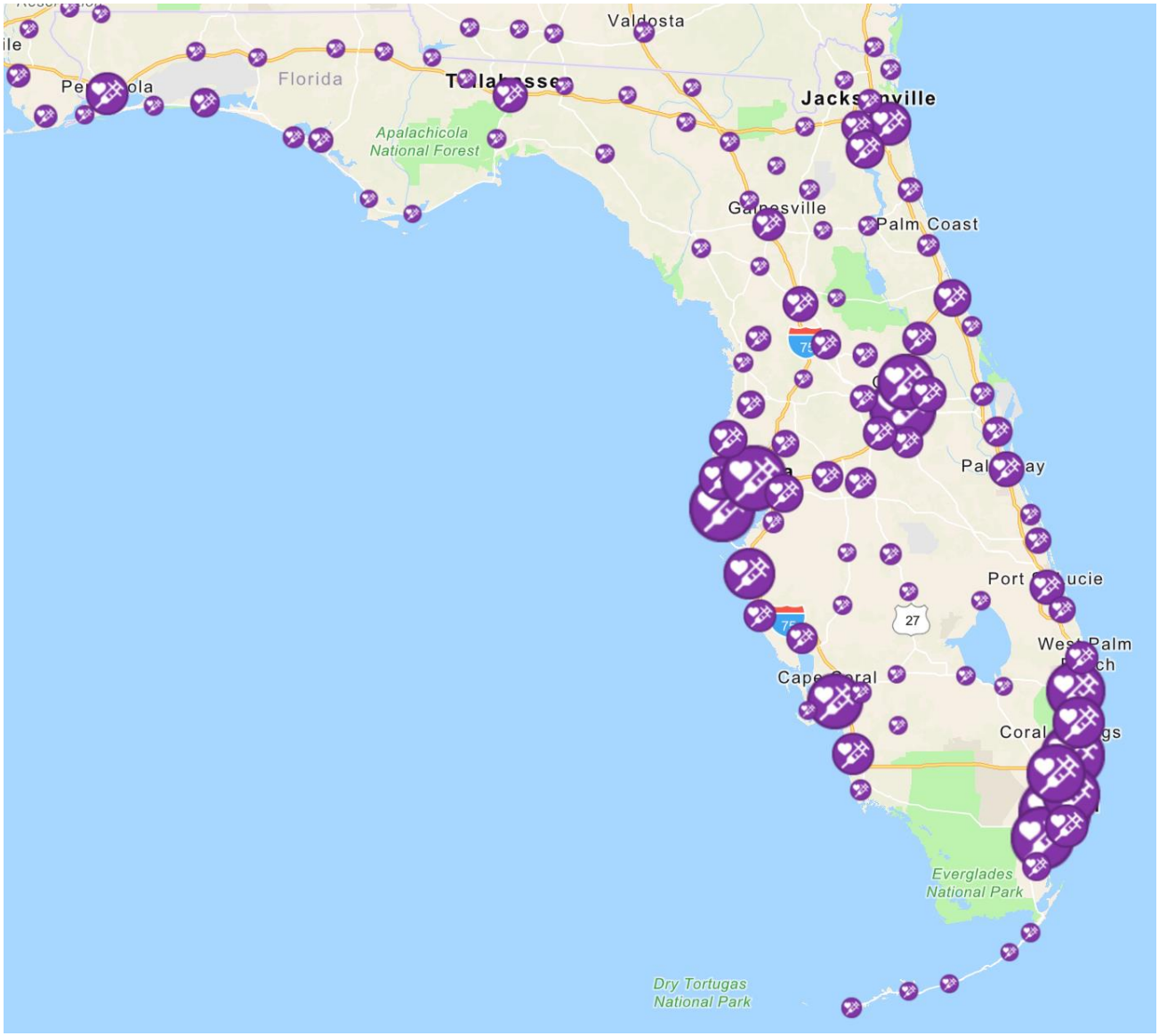
Opioid Antagonists

Current Situation

An opioid antagonist, such as Narcan or Naloxone, is a drug that blocks the effects of exogenously administered opioids. Opioid antagonists are used in opioid overdoses to counteract life-threatening depression of the central nervous system and respiratory system, allowing an overdose victim to breathe normally.[30] This occurs because opioid antagonists create a stronger bond with opioid receptors than opioids. This forces the opioids from the opioid receptors and allows the transmission of signals for respiration to resume.[31] This effect lasts only for a short period of time,[32] with the narcotic effect of the opioids returning if still present in large quantities in the body. In this scenario, additional doses of an opioid antagonist would be required, which is why it is generally recommended that anyone who has experienced an overdose to seek medical attention.

The following map provides information on pharmacy locations where naloxone is available.[33]

[30] Harm Reduction Coalition, *Understanding Naloxone,* (Sept. 8, 2020) http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understanding-naloxone/ (last visited Jan. 4, 2022).
[31] *Supra* note 13.
[32] The half-life for a common opioid antagonist in adults ranged from 30 to 81 minutes. Acute opiate withdrawal is a potential side-effect of naloxone; however, this would be time limited to the half-life of naloxone.
[33] New America, *National Naloxone Access Map*, https://opioidepidemic.maps.arcgis.com/home/item.html?id=153b0c32fefc432eae6a0e8439b9f56b (last visited Jan. 4, 2022). The National Naloxone Map accumulates data from many difference sources, with participation from thousands of CVS, Walmart, and Walgreens pharmacies, along with other independent distributors. The map is meant to be a community effort, and contributing locations is encouraged to participate, to make it the best possible representation of resources. The map is not complete, and naloxone prescription needs and costs vary by state.



Florida law allows an authorized health care practitioner to prescribe and dispense an emergency opioid antagonist to a patient[34] or caregiver, who is a family member, friend, or any other person with recurring contact with a person at risk of experiencing an opioid overdose.[35] Therefore, an authorized health care practitioner may prescribe and a pharmacist may dispense opioid antagonists to any person at risk of experiencing an opioid overdose or to any person that has recurring contact with a person at risk of experiencing an opioid overdose.

Current law also authorizes a pharmacist to dispense an emergency opioid antagonist pursuant to a prescription or a non-patient specific standing order.[36] This allows any prescriber, such as the medical director of a pharmacy company, to issue a standing order for a pharmacist to dispense opioid antagonists to anyone. Under this authority, the State Surgeon General issued a statewide Standing Order for Naloxone in September 2021.[37] The Standing Order authorizes pharmacists to dispense certain naloxone formulations to emergency responders for administration to persons exhibiting signs

[34] S. 381.887(1)(e), F.S., defines "patient" as a person at risk of experiencing an opioid overdose.
[35] S. 381.887(1)(c), F.S.
[36] S. 381.887, F.S.
[37] Florida Department of Health, State of Florida, *Statewide Standing Order for Naloxone* (Feb. 25, 2019), http://www.floridahealth.gov/licensing-and-regulation/ems-system/_documents/standing-order-naloxone.pdf; Florida Department of Health, State of Florida, *Statewide Standing Order for Naloxone* (Sept., 14, 2021), https://www.floridahealth.gov/licensing-and-regulation/ems-system/_documents/standing-order-naloxone.pdf.

of opioid overdose.[38] Under the Standing Order, emergency responders, including law enforcement, firefighters, paramedics, and emergency medical technicians, can go to a pharmacy or community-based program for training on opioid antagonist administration and receive an opioid antagonist without a patient-specific prescription.[39]

Any person prescribed an opioid antagonist, or dispensed an opioid antagonist pursuant to a non-patient-specific standing order, may store and possess opioid antagonists. In an emergency, when a physician is not immediately available, that person may administer the opioid antagonist to an individual believed in good faith to be experiencing an opioid overdose, regardless of whether that person has a prescription for an opioid antagonist.[40] While this law expressly applies to any person, the law also expressly mentions emergency responders and crime lab personnel.[41]

A person who possesses, administers, prescribes, dispenses, or stores an approved emergency opioid antagonist is afforded civil liability immunity protections under the Good Samaritan Act (s. 768.13, F.S.).[42]

Current law does not allow a pharmacist to order an opioid antagonist for a patient or caregiver, or to dispense an opioid antagonist, without a prescription or without a non-patient specific standing order.

Effect of Proposed Changes

The bill amends s. 381.887, F.S., to allow a pharmacist to order and dispense an emergency opioid antagonist to a patient or caregiver without a prescription or without a non-patient specific standing order. Allowing pharmacists to order opioid antagonists, and dispense the opioid antagonists pursuant to that order, will increase access, especially for those not covered by the state standing order for first responders or a standing order issued by a corporate pharmacy medical director.

The bill adds to those who are expressly authorized to possess, store, and administer opioid antagonists to include personnel of a law enforcement agency or other agency, including, but not limited to, correctional probation officers and child protective investigators. This appears to be redundant because current law allows any person to possess, store, and administer opioid antagonists. The bill shields such personnel from civil or criminal liability as a result of administering an opioid antagonist.

The bill expressly authorizes public schools to purchase opioid antagonists from a wholesale distributor or to enter into an arrangement with a wholesale distributor or manufacturer to purchase opioid antagonists at a fair-market, free, or reduced price to use in the event a student has an opioid overdose. The bill requires school districts to store opioid antagonists in a secure location on the school's premises.

The bill reiterates current law providing civil liability immunity to any person who acts in good faith and uses reasonable care when administering an emergency opioid antagonist, but expressly references school district employees administering antagonists to students (which appears to be redundant).

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[38] Florida Department of Health, State of Florida, *Statewide Standing Order for Naloxone* (Sept. 2021), https://floridaspharmacy.gov/pdfs/standing-order-naloxone-9.22.21.pdf.
[39] New America, *National Naloxone Access Map*, https://opioidepidemic.maps.arcgis.com/home/item.html?id=153b0c32fefc432eae6a0e8439b9f56b (last visited Mar. 21, 2022). The National Naloxone Map accumulates data from many difference sources, with participation from thousands of CVS, Walmart, and Walgreens pharmacies, along with other independent distributors. The map is meant to be a community effort, and contributing locations is encouraged to participate, to make it the best possible representation of resources. The map is not complete, and naloxone prescription needs and costs vary by state, but this effort represents over 25,000 locations to obtain naloxone.
[40] S. 381.887(3), F.S.
[41] S. 381.887(4), F.S. These express references are redundant to the same provision in subsection (5), which applies to "a person".
[42] S. 381.887(5), F.S.

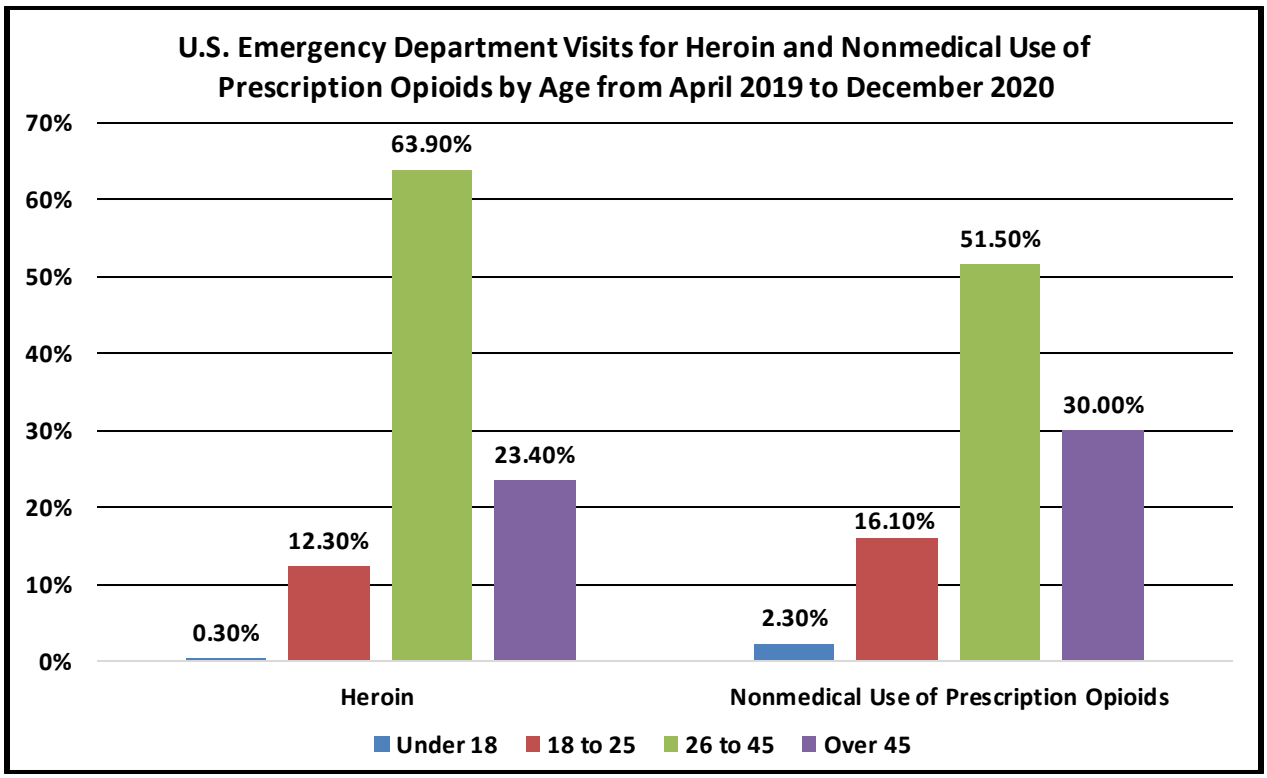
Further, the bill amends s. 381.887, F.S., to specify that the purpose of the section is for the prescribing, ordering, and dispensing of emergency opioid antagonist to reflect the changes made by the bill.

Overdose Treatment Reporting

Current Situation

In 2017, U.S. drug overdose deaths increased 9.6% from 2016. Emergency departments treated 967,615 nonfatal drug overdoses in 2017.[43] From 2016 to 2017, rates for nonfatal overdoses increased for those involving all drugs (4.3%), all opioids (3.1%), nonheroin opioids (3.6%), heroin (3.6%), and cocaine (32.9%).[44]

The following table provides information on emergency department visits related to heroin and nonmedical use of prescription opioids by age from April 2019 to December 2020.[45] Patients aged 26 to 45 accounted for more than half (52%) of emergency department visits related to non-medical use of prescription opioids.[46]



[43] Centers for Disease Control and Prevention, *Nonfatal Drug Overdoses Treated in Emergency Departments – United States, 2016-2017*, (Apr. 3, 2020), https://www.cdc.gov/mmwr/volumes/69/wr/mm6913a3.htm (last visited Mar. 21, 2022).
[44] *Id*.
[45] U.S. Department of Health, Substance Abuse and Mental Health services Administration, *DAWN: Heroin and Nonmedical Use of Prescription Opioids*, https://www.samhsa.gov/data/sites/default/files/reports/rpt32814/DAWN%20Opioids%20Profile.pdf (last visited Mar. 21, 2022).
[46] *Id*.

DOH uses two systems to report overdoses, the Emergency Medical Tracking and Reporting System (EMSTARS)[47] and the Washington/Baltimore High Intensity Drug Tracking Overdoes Detection Mapping Application Program.[48]

Current law authorizes, but does not require, emergency medical technicians[49] (EMT) and paramedics[50] to report controlled substances overdoses to DOH. If they choose to report, the report must be submitted using the EMSTARS or the Washington/Baltimore High Intensity Drug Tracking Overdose Detection Mapping Application Program and contain:

- The date and time of the overdose;
- The address of where the patient was picked up or where the overdose took place;
- Whether an emergency opioid antagonist was administered; and
- Whether the overdose was fatal or non-fatal.

Additionally, the report must include the approximate age and gender of the patient and the suspected controlled substance involved in the overdose, if permitted by the reporting mechanism.[51] Reporters must attempt to make the report within 120 hours.

Section 395.1041(6))(b), F.S., requires hospitals with an emergency department to develop a best practices policy to promote the prevention of unintentional drug overdoses. The policy may include, but is not limited to:

- A process to obtain a patient's consent to notify next of kin, and each physician or health care practitioner who prescribes a controlled substance to the patient, regarding the patient's overdose, the patient's location, and the nature of the substance or controlled substance involved in the overdose.
- A process for providing the patient or the patient's next of kin with information about licensed substance abuse treatment services.
- Guidelines for emergency department health care practitioners authorized to prescribe controlled substances to reduce the risk of opioid use, misuse, and addiction.
- The use of licensed or certified behavioral health professionals or peer specialists in the emergency department to encourage the patient to seek substance abuse treatment.
- The use of screening, brief intervention, and referral to treatment protocols in the emergency department.

While EMTs and paramedics are expressly authorized to report such information, hospital emergency departments and urgent care centers that treat suspected or actual overdoses are neither expressly authorized nor required to report information. This creates a potential gap in the data related to any person that was not transported by a basic life support service or an advanced life support service to a hospital or urgent care center.

Effect of Proposed Changes

[47] DOH maintains the EMSTARS to collect data and analyze the incident level data from EMS agencies for benchmarking and quality improvement initiatives. The electronic patient care records submitted by licensed EMS agencies to EMSTARS are confidential and exempt pursuant to s. 401.30(4), F.S.

[48] The Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA) is a federal grant program administered by the White House Office of National Drug Control Policy which provides resources to assist federal, state, local, and tribal agencies coordinate activities that address drug trafficking. HIDTA created an application, known as the Overdose Detection Mapping Application Program, which allows EMS agencies to report overdose incidents that are then transmitted in real time with electronic map showing the location, date, time, and incident type.

[49] S. 401.23(11), F.S., defines an EMT as a person who is certified by DOH to perform basic life support.

[50] S. 401.23(17), F.S., defines a paramedic as a person who is certified by DOH to perform basic and advanced life support.

[51] The Washington/Baltimore High Intensity Drug Trafficking Overdose Detection Mapping Application Program does not allow EMS agencies to report on the patient's age or gender or suspected controlled substance involved in the overdose.

The bill amends s. 395.1041, F.S., to require hospital emergency departments and urgent care centers that treat a person with a suspected or actual overdose of a controlled substance to report such information to DOH, if that person was not transported by a basic life support service or an advanced life support service. When making such a report, hospital emergency departments and urgent care centers must use best efforts to make the report to DOH within 120 hours after discovering an incident.

The bill requires reports to be made using an appropriate method with secure access, including, but not limited to, the Washington/Baltimore High Intensity Drug Trafficking Overdose Detection Mapping Application Program or other program identified by DOH through rule.

The Florida Public Health Institute, Inc.

Current Situation

The Florida Public Health Institute (Institute) is a not-for-profit corporation established by s. 381.98, F.S., with the purpose of advancing the knowledge and practice of public health, including promoting health awareness in Florida. The Institute is tasked with procuring funds to complement, supplement, and enhance the missions of the various organizations, entities, and departments that provide public health initiatives by serving as the lead corporation in the state for promoting public health awareness. The Institute is required to enter into partnerships with providers of continuing education for health care practitioners, including, but not limited to, hospitals and state and local medical organizations, to ensure that practitioners are aware of the most recent and complete diagnostic and treatment tools.

Additionally, s. 381.981, F.S., requires the Institute, in consultation with DOH, to coordinate monthly health awareness campaigns, with national, state, and local health care organizations and government entities, targeting a wide range of the public, including parents, teachers, other school employees, students in 4th through 12th grade, colleges, universities, state agency employees, county and local government employees, patents of county health departments, Medicaid recipients, health care professionals and providers, and the public in general. The health awareness campaigns must include specific diseases in at least one monthly campaign every 24 months.[52]

Effect of Proposed Changes

The bill amends s. 395.1041, F.S., to require the Institute, in consultation with DOH, to educate the public regarding the use of emergency opioid antagonists.

The bill provides an effective date of July 1, 2022.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

[52] S. 381.981(2)(a) requires campaigns for cancer, including breast, prostate, cervical, ovarian, colorectal, and skin cancer and leukemia; heart disease; stroke; lung disease, including asthma and smoking-relating disease; neurological disorders and disease, including Alzheimer's disease, Parkinson's disease, and epilepsy; gastrointestinal disease; kidney disease; diabetes; liver disease; autoimmune disorders; birth defects and prenatal care; obesity and malnutrition; sexually transmissible disease; hepatitis A, hepatitis B, and hepatitis C; arthritis; vaccine-preventable disease; infectious diseases, including HIV/AIDS; substance abuse; mental illness; lupus; and osteoporosis.

1. Revenues:

   None.

2. Expenditures:

   DOH will incur a $64,000 recurring cost for ongoing maintenance, additional data storage, and software licensing related to the reporting requirements required by the bill. This cost can be absorbed within existing resources.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

   None.

2. Expenditures:

   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.