

## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** CS/CS/HB 783 Emergency Opioid Antagonists

**SPONSOR(S):** Health & Human Services Committee, Healthcare Regulation Subcommittee, Caruso

**TIED BILLS:** IDEN./SIM. **BILLS:** SB 704

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Healthcare Regulation Subcommittee	14 Y, 0 N, As CS	Osborne	McElroy
2) Health Care Appropriations Subcommittee	13 Y, 0 N	Fontaine	Clark
3) Health & Human Services Committee	18 Y, 0 N, As CS	Osborne	Calamas

### SUMMARY ANALYSIS

Opioids are psychoactive substances which are highly effective pain relievers. Opioids are commonly prescribed to treat acute and chronic pain; however, while highly effective, they are also highly addictive and an overabundance of opioids in the body can lead to a fatal overdose. More than 106,000 Americans died from drug-involved overdose in 2021, including illicit drugs and prescription opioids. In 2021, there were 6,442 opioid overdose deaths reported in Florida, a 22% increase from 2019.

Opioid antagonists are used to treat opioid overdoses to counteract the life-threatening depression of the central nervous system and respiratory system that results from an opioid overdose. Under current law, a pharmacist is authorized to order and dispense an emergency opioid antagonist to a patient or caregiver without a prescription or a non-patient-specific standing order being in place. Emergency responders, crime laboratory personnel, and personnel of a law enforcement agency or another agency who, if they are likely to come in contact with a controlled substance or persons at risk of an overdose, are authorized to possess, store, and administer emergency opioid antagonists.

In September 2022, the Department of Health (DOH) issued a statewide Standing Order for Naloxone, an emergency opioid antagonist. The Standing Order authorizes pharmacists to dispense certain naloxone formulations to emergency responders for administration to persons exhibiting signs of opioid overdose. 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.

CS/CS/HB 783 revises the definitions of the terms “authorized health care practitioner,” and “caregiver,” in the context of emergency opioid antagonist administration. The changes broaden the definitions of these terms to eliminate unintended restrictions on how and by whom emergency opioid antagonists may be dispensed, possessed, and administered.

The bill creates the Statewide Council on Opioid Abatement within the Department of Children and Families for the purpose of enhancing the development and coordination of state and local efforts to abate the opioid epidemic and to support the victims of the opioid crisis.

The bill has an indeterminate, negative fiscal impact on the Department of Children and Families and the Department of Legal Affairs.

The bill provides an effective date of July 1, 2023.

# FULL ANALYSIS

## I. SUBSTANTIVE ANALYSIS

### A. EFFECT OF PROPOSED CHANGES:

#### Background

Opioids are psychoactive substances derived from the opium poppy, or their synthetic analogues.<sup>1</sup> Opioids are highly effective pain relievers, and as such are commonly used to treat acute and chronic pain. An individual experiences pain because of a series of electrical and chemical exchanges across the individual's peripheral nerves, spinal cord, and brain.<sup>2</sup> Opioid receptors occur naturally and are distributed widely throughout the central nervous system and in peripheral sensory and autonomic nerves and modulate the body's perception of pain.<sup>3</sup> Opioids bind to specific opioid receptors, disrupt the transmission of pain signals through the central nervous system and reduce the perception of pain.<sup>4</sup>

Opioids include prescription medications used to treat pain, as well as illegal drugs. Opioids include:<sup>5</sup>

- 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.

Opioids can create a euphoric feeling because they affect the regions of the brain involved with pleasure and reward, which can lead to abuse.<sup>6</sup> In 2019, an estimated 62 million people used opioids for non-medical reasons worldwide.<sup>7</sup> Opioids are commonly misused, with an estimated 36.3 million people worldwide suffering from drug use disorders.<sup>8</sup> Continued use of opioids can lead to the development of tolerance and psychological and physical dependence.<sup>9</sup> This dependence is characterized by a strong desire to take opioids, impaired control over opioid use, persistent opioid use

---

<sup>1</sup> World Health Organization, *Opioid Overdose*, available at <https://www.who.int/news-room/fact-sheets/detail/opioid-overdose> (last visited March 20, 2023).

<sup>2</sup> Medical News Today, *What is pain, and how do you treat it?* (Sept. 7, 2020), available at <https://www.medicalnewstoday.com/articles/145750#:~:text=People%20feel%20pain%20when%20specific,immediate%20contraction%20of%20the%20muscles> (last visited March 20, 2023).

<sup>3</sup> Gjermund Henriksen, Frode Willoch, *Imaging of Opioid Receptors in the Central Nervous System*, *Brain* (2008) 131 (5): 1171-1196.

<sup>4</sup> *Id.*

<sup>5</sup> U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *SAMHSA Opioid Overdose Toolkit: Facts for Community Members* (2018), available at <https://store.samhsa.gov/sites/default/files/d7/priv/sma18-4742.pdf> (last visited March 20, 2023).

<sup>6</sup> National Institute on Drug Abuse, *How Do Opioids Affect the Brain and Body?*, (June 2020), available at <http://www.drugabuse.gov/publications/research-reports/prescription-drugs/opioids/how-do-opioids-affect-brain-body> (last visited March 20, 2023).

<sup>7</sup> Florida Department of Law Enforcement, *Drugs Identified in Deceased Persons by Florida Medical Examiners 2019 Report*, (Nov. 2020), available at [https://www.fdle.state.fl.us/MEC/Publications-and-Forms/Documents/Drugs-in-Deceased-Persons/2019-Annual-Drug-Report.aspx#:~:text=%E2%9C%93%20The%20most%20frequently%20occurring,%20and%20Oxycodone%20\(1%2C181\)](https://www.fdle.state.fl.us/MEC/Publications-and-Forms/Documents/Drugs-in-Deceased-Persons/2019-Annual-Drug-Report.aspx#:~:text=%E2%9C%93%20The%20most%20frequently%20occurring,%20and%20Oxycodone%20(1%2C181)) (last visited March 20, 2023).

<sup>8</sup> United Nations Office on Drugs and Crime, World Drug Report 2021, *Global Overview: Drug Demand and Drug Supply* (Jun. 2021), available at [https://www.unodc.org/res/wdr2021/field/WDR21\\_Booklet\\_2.pdf](https://www.unodc.org/res/wdr2021/field/WDR21_Booklet_2.pdf) (last visited March 20, 2023).

<sup>9</sup> *Supra*, note 4.

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.<sup>10</sup>

## Opioid Overdose

An overabundance of opioids in the body can lead to a fatal overdose. The opioid receptors that are located in major pain pathways, thus enabling opioids to alleviate the sensation of pain, are also found in the respiratory control centers of the brain.<sup>11</sup> Opioids disrupt the transmission of signals for respiration in the identical manner as they disrupt the transmission of pain signals. This leads to a reduction, and possible cessation, of an individual's respiration. Oxygen starvation will eventually stop vital organs like the heart and brain and can lead to unconsciousness, coma, and possible death.<sup>12</sup> Within 3-5 minutes without oxygen, brain damage starts to occur, soon followed by death.<sup>13</sup> However, a person's breathing will commonly slow gradually over time and breathing may not stop until minutes to hours after the drug or drugs were used.<sup>14</sup> An opioid overdose can be identified by a combination of three signs and symptoms referred to as the "opioid overdose triad":<sup>15</sup>

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

More than 106,000 Americans died from drug-involved overdose in 2021, including illicit drugs and prescription opioids.<sup>16</sup> Opioid-involved overdose deaths increased from 21,088 in 2010 to 47,600 in 2017; the rate of such deaths remained relatively consistent for the next two years with 49,860 opioid-involved overdose deaths in 2019.<sup>17</sup> This was followed by a sharp increase in opioid-involved overdose deaths associated with the COVID-19 pandemic beginning in 2020.<sup>18</sup> Nationally, there were 63,630 reported opioid-involved overdose deaths in 2020 and 80,411 in 2021.<sup>19</sup>

The graph below demonstrates the total number of U.S. overdose deaths involving any opioid<sup>20</sup> from 1999 to 2021.<sup>21</sup>

---

<sup>10</sup> *Supra*, note 1.

<sup>11</sup> Pattinson, K.T.S., *Opioids and the Control of Respiration*, BJA, Vol. 100, Issue 6, Pages 747-758, available at <https://doi.org/10.1093/bja/aen094>.

<sup>12</sup> Harm Reduction Coalition, *Guide to Developing and Managing Overdose Prevention and Take-Home Naloxone Projects*, (Aug. 31, 2020), available at <http://harmreduction.org/our-work/overdose-prevention/> (last visited March 20, 2023).

<sup>13</sup> *Id.*

<sup>14</sup> *Id.*

<sup>15</sup> *Supra*, note 1.

<sup>16</sup> National Institute on Drug Abuse, *Overdose Death Rates*, available at <https://www.drugabuse.gov/drug-topics/trends-statistics/overdose-death-rates> (last visited March 20, 2023).

<sup>17</sup> *Id.*

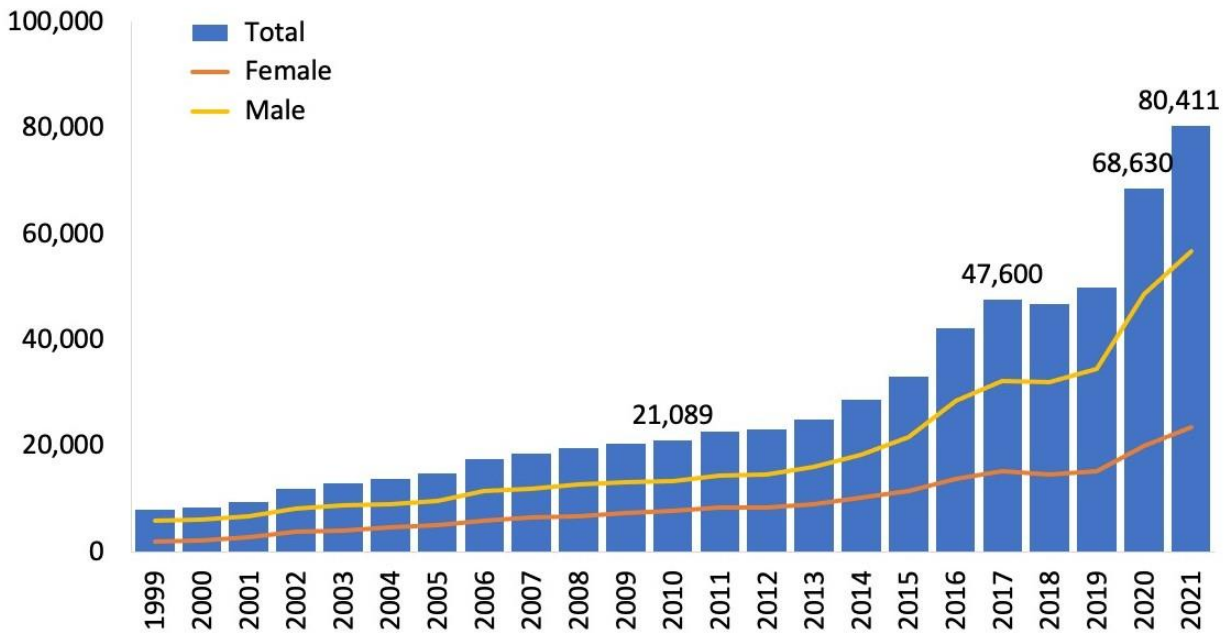
<sup>18</sup> Ghose, R., Forati, A.M. & Mantsch, J.R. *Impact of the COVID-19 Pandemic on Opioid Overdose Deaths: A Spatiotemporal Analysis*. *J Urban Health* 99, 316–327 (2022), available at <https://doi.org/10.1007/s11524-022-00610-0> (last visited March 27, 2023).

<sup>19</sup> *Supra*, note 16.

<sup>20</sup> Any opioid includes prescription opioids (natural and semi-synthetic opioids and methadone), heroin and synthetic opioids other than methadone (primarily fentanyl).

<sup>21</sup> *Supra*, note 16.

## Opioid Deaths in the United States, 1999-2021<sup>22</sup>



Prior to the COVID-19 pandemic, the increase in opioid overdose deaths can be outlined in three distinct waves:

- The first wave began with increased 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 the drug can be found in combination with heroin, counterfeit pills, and cocaine.<sup>23</sup>

In 2021, there were 6,442 opioid overdose deaths reported in Florida, a 22% increase from 2019.<sup>24</sup> There were an additional 50,803 all-drug, non-fatal overdoses resulting in an emergency department visit in 2021.<sup>25</sup> 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.<sup>26</sup>

### Opioid Antagonists

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.<sup>27</sup> This occurs because opioid antagonists create a stronger bond with opioid

<sup>22</sup> *Supra*, note 16.

<sup>23</sup> Centers for Disease Control and Prevention, *Understanding the Opioid Overdose Epidemic*, available at <https://www.cdc.gov/opioids/basics/epidemic.html> (last visited March 20, 2023).

<sup>24</sup> Florida Department of Health, *FL Health Charts: Substance Use Dashboard*, available at <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SubstanceUse.Overdose> (last visited March 20, 2023).

<sup>25</sup> *Id.*

<sup>26</sup> Project Opioid, *A Pandemic Fueling an Epidemic in Florida in 2020*, available at [https://projectopioid.org/wp-content/uploads/2020/12/PO-2020-Data-Study-Final\\_New-Section.pdf](https://projectopioid.org/wp-content/uploads/2020/12/PO-2020-Data-Study-Final_New-Section.pdf) (last visited March 20, 2023).

<sup>27</sup> Harm Reduction Coalition, *Understanding Naloxone*, (Sept. 8, 2020), available at <http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understanding-naloxone/> (last visited March 20, 2023).

receptors than opioids. This forces the opioids from the opioid receptors and allows the transmission of signals for respiration to resume.<sup>28</sup> This effect lasts only for a short period of time,<sup>29</sup> 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 seek medical attention.

Opioid antagonists, such as naloxone, have no potential for abuse<sup>30</sup> and will not cause harm if mistakenly administered to a person who is not overdosing on an opioid.<sup>31</sup>

### *Dispensing of Opioid Antagonists*

Under current law, an authorized health care practitioner may prescribe and dispense an emergency opioid antagonist to a patient or caregiver without a prescription or a non-patient specific standing order being in place.<sup>32</sup> A pharmacist licensed under Ch. 465, F.S., is authorized to order and dispense an emergency opioid antagonist to a patient or caregiver without a prescription or a non-patient specific standing order being in place.<sup>33</sup> A “patient” means any person at risk of experiencing an opioid overdose, and a “caregiver” means a family member, friend, or person in a position to have *recurring* contact with a person at risk of experiencing an opioid overdose.<sup>34</sup>

Under current law, emergency responders, crime laboratory personnel, and personnel of a law enforcement agency or another agency who are likely to come in contact with a controlled substance or persons at risk of an overdose, are authorized to possess, store, and administer emergency opioid antagonists. Such individuals are immune from civil liability for administering an emergency opioid antagonist in accordance with the Good Samaritans Act.<sup>35</sup>

In September 2022, the State Surgeon General issued a statewide Standing Order for Naloxone (Standing Order).<sup>36</sup> The Standing Order authorizes pharmacists to dispense certain naloxone formulations to emergency responders for administration to persons exhibiting signs of opioid overdose. 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.<sup>37</sup>

### Multistate Opioid Lawsuit and Settlement

---

<sup>28</sup> *Supra*, note 11.

<sup>29</sup> 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.

<sup>30</sup> *Supra*, note 27.

<sup>31</sup> Centers for Disease Control and Prevention, *5 Things to Know About Naloxone*, (Oct. 25, 2022), available at

<https://www.cdc.gov/drugoverdose/featured-topics/naloxone.htm#:~:text=Naloxone%20is%20safe..Small%2C%20constricted%20%E2%80%9Cpinpoint%20pupils%E2%80%9D> (last visited March 20, 2023).

<sup>32</sup> S. 381.887, F.S. An “authorized health care practitioner” means a licensed practitioner who is authorized to prescribe drugs under Florida law.

<sup>33</sup> S. 381.887, F.S.

<sup>34</sup> *Id.*

<sup>35</sup> S. 381.887(5), F.S.; *see also* s. 768.13, F.S. The Good Samaritans Act provides civil immunity to any person, including licensed medical professionals, who gratuitously and in good faith renders emergency care or treatment in direct response to an emergency situation.

<sup>36</sup> Florida Department of Health, *Statewide Standing Order for Naloxone*, (Sep. 30, 2022), available at <https://www.floridahealth.gov/licensing-and-regulation/ems-system/documents/standing-order-naloxone.pdf> (last visited March 20, 2023).

<sup>37</sup> *Id.*

In 2018, Attorney General Pam Bondi filed a lawsuit against multiple opioid manufacturers and distributors. The suit was later expanded to include the pharmacies CVS and Walgreens.<sup>38</sup> The complaint alleged that the defendants caused the opioid crisis by, among other things:<sup>39</sup>

- Engaging in a campaign of misrepresentations and omissions about opioid use designed to increase opioid prescriptions and opioid use, despite the risks.
- Funding ostensibly neutral and independent “front” organizations to publish information touting the benefits of opioids for chronic pain while omitting the information about the risks of opioid treatment.
- Paying ostensibly neutral medical experts called “key opinion leaders” who were really manufacturer “mouthpieces” to publish articles promoting the use of opioids to treat pain while omitting information regarding the risks.

In 2021, McKesson, Cardinal Health, and AmerisourceBergen, the nation’s three largest pharmaceutical distributors, as well as manufacturer Janssen Pharmaceuticals, Inc., agreed to a national settlement in which the distributors agreed to pay \$21 billion over 18 years and Janssen agreed to pay \$5 billion over nine years.<sup>40</sup> Of the \$26 billion available, approximately \$22.7 billion is earmarked for use by states that participated in the lawsuit, including Florida.<sup>41</sup>

Florida has additionally negotiated individual settlements with multiple other companies including:<sup>42</sup>

- \$65 million settlement with Endo Health Solutions;
- \$440 million settlement with CVS Pharmacy, Inc.;
- \$177,114,999 settlement with Teva Pharmaceuticals Industries, Ltd.;
- \$122 million settlement with Allergan Finance, LLC.;
- \$620 million settlement with Walgreens Boots Alliance, Inc. and Walgreens Co.; and
- \$215 million settlement with Walmart.

These settlements will pay out over a period of time ranging from 10 to 18 years. The monies from the settlements in general must be used for the purpose of opioid abatement, including prevention efforts, treatment, and recovery services, and to pay fees and costs incurred by the state, cities, and counties.<sup>43</sup> Additionally, Teva Pharmaceuticals has agreed to provide the state with a supply of Naloxone Hydrochloride, an opioid antagonist, valued at \$84 million.<sup>44</sup>

To ensure the settlement proceeds described above are used to fund opioid and substance abuse education, treatment, prevention, and other related programs and services, the Office of the Attorney General coordinated with certain local governments in the state on the terms of the Florida Opioid Allocation and Statewide Response Agreement.<sup>45</sup> The agreement requires the state establish an Opioid Abatement Taskforce or Council to advise the Governor, the Legislature, DCF, and local governments on the priorities that should be addressed by the expenditure of settlement funds, as well as review the spending of such funds and the results achieved. The Council’s membership, administration, and duties are outlined in the agreement.<sup>46</sup>

---

<sup>38</sup> Sullivan, E., NPR, *Florida Sues Walgreens, CVS for Alleged Role in Opioid Crisis*, (Nov. 2018), available at <https://www.npr.org/2018/11/19/669146432/florida-sues-walgreens-cvs-for-alleged-role-in-opioid-crisis> (last visited March 20, 2023).

<sup>39</sup> Florida Attorney General, *Florida’s Opioid Lawsuit*, available at [http://myfloridalegal.com/webfiles.nsf/WF/MNOS-AYSNED/\\$file/Complaint+summary.pdf](http://myfloridalegal.com/webfiles.nsf/WF/MNOS-AYSNED/$file/Complaint+summary.pdf) (last visited March 20, 2023).

<sup>40</sup> National Opioid Settlement, *Executive Summary of National Opioid Settlements*, (Feb. 2023), available at <https://nationalopioidsettlement.com/executive-summary/#:~:text=In%20all%2C%20the%20Distributors%20will,additional%20manufacturers%E2%80%94Allergan%20and%20Teva> (last visited March 20, 2023).

<sup>41</sup> Office of the Attorney General, *Attorney General Moody Secures Relief for Opioid Crisis*, available at <https://myfloridalegal.com/opioidsettlement> (last visited March 20, 2023).

<sup>42</sup> *Id.*

<sup>43</sup> *Id.*

<sup>44</sup> *Id.*

<sup>45</sup> *Florida Opioid Allocation and Statewide Response Agreement Between State of Florida Department of Legal Affairs, Office of the Attorney General and Certain Local Governments in the State of Florida* (Nov. 2021), available at <https://nationalopioidsettlement.com/wp-content/uploads/2021/11/FL-Opioid-AllocSW-Resp-Agreement.pdf> (last visited April 17, 2023).

<sup>46</sup> *Id.*

## Effect of Proposed Changes

### Opioid Antagonists

CS/CS/HB 783 revises the definitions of the terms “authorized health care practitioner,” and “caregiver,” in the context of emergency opioid antagonist administration. The changes broaden the definitions of these terms to eliminate unintended restrictions on how and by whom emergency opioid antagonists may be dispensed, possessed, and administered.

### Statewide Council on Opioid Abatement

The bill establishes the Statewide Council on Opioid Abatement (Council) in accordance with the terms of an agreement between the state and various local governments in the state regarding the distribution of opioid settlement funds. The bill establishes the Council within DCF for the purpose of enhancing the development and coordination of state and local efforts to abate the opioid epidemic and to support the victims of the opioid crisis and their families.

#### *Membership*

The bill requires that the Council be composed of 10 members as follows:

- The Attorney General, or a designee, who serves as chair;
- The Secretary of DCF, or a designee, who serves as vice-chair;
- A member appointed by the Governor;
- A member appointed by the President of the Senate;
- A member appointed by the Speaker of the House;
- Two members appointed by the Florida League of Cities who are commissioners or mayors of municipalities. At least one of such members must be from a municipality with a population of less than 50,000;
- Two members appointed by, or through, the Florida Association of Counties who are county commissioners or mayors. One of such members must represent a county with a population of more than 200,000; the other must represent a county with a population of fewer than 200,000; and
- One member who is appointed on a rotational basis by either the Florida Association of Counties or the Florida League of Cities.

The bill specifies that members are appointed to two-year terms and may not receive a commission, fee, or financial benefit in connection with their service on the Council, but may be reimbursed for per diem and travel expenses in accordance with s. 112.061, F.S.,<sup>47</sup> by the agency that the member represents, or by DCF if the member is not affiliated with a state agency.

#### *Organization and Support*

The bill requires that the first meeting of the Council be held by August 31, 2023. The Council is directed to meet quarterly thereafter, and upon the call of the chair or two other members. The bill allows for meetings of the Council to take place in person or virtually. The bill specifies that a majority of the members of the Council is necessary for a quorum.

The bill requires that DCF and DLA provide the Council with staff as necessary for the performance of the Council's duties. The bill authorizes the Council to apply for and accept funds, grants, gifts, and services from the state, the Federal Government and its agencies, or any other public or private source for the purposes of defraying costs or performing its duties. The bill specifies that Council members are

---

<sup>47</sup> See S. 112.061, F.S., which sets rates for travel and per diem reimbursement.



required to adhere to all laws, rules, and regulations, including s. 112.311, F.S., relating to the disclosure of conflicts of interest and recusal.

### *Duties of the Council*

The bill assigns the Council a series of duties associated with the monitoring of the abatement of the opioid epidemic in Florida and review of settlement fund expenditures associated with the opioid litigation. The duties of the Council include the following:

- Advising the state and local governments on resolving or abating the opioid epidemic and reviewing how settlement monies recovered from the opioid litigation brought by the state and its subdivisions have been spent and the results that have been achieved from those expenditures;
- Working with and exchanging information with the Statewide Drug Policy Advisory Council to ensure that the recommendations and actions of each are consistent to the extent possible;
- Reviewing data from local, state, and national agencies on a regional and statewide basis to advise the state and local governments on the status of the opioid epidemic;
- Reviewing data from local, state, and national agencies regarding how monies are being spent to abate the opioid epidemic, the success of such programs, and the appropriate metrics necessary for assessing the opioid epidemic;
- Developing and recommending metrics, measures, or data sets for the assessment of the progress and success of programs funded by expenditures of opioid settlement monies. The Council is directed to align its recommended metrics, measures, or data sets with those the state uses with its managing entities, as well as any required by the Substance Abuse and Mental Health Services Administration of the US Department of Health and Human Services in connection with grants received by the state;
- With the assistance and support of DCF, providing a system of documentation and reporting commensurate with the requirements of federal and other agencies providing funding to the state, including, but not limited to, auditing expenditures consistent with any requirements imposed by the Legislature;
- Publishing an annual report containing how settlement moneys were spent in the previous fiscal year by the state, managing entities, and each county and municipality. The report must also contain recommendations to the Governor, the Legislature, and local governments for how moneys should be prioritized and spent the coming fiscal year in response to the opioid epidemic. The first report is required to be published by December 1, 2023, and must be posted on the website of DCF and DLA.

Each county, city, managing entity, or state agency which receives settlement monies from an opioid settlement is required to annually provide to the Council information regarding how it intends to use settlement funds and collect data on its use of funds and the expenditure of settlement moneys and the results of those expenditures. The Council may also request information relating to metrics, measures, or data sets from each county, city, managing entity, or agency.

If a county, city, managing entity, or agency fails to provide information requested by the Council, the DLA, acting on behalf of the Council, may seek such information through civil investigative demand, subpoena, or by commencing an action seeking such information.

The bill provides an effective date of July 1, 2023.

#### B. SECTION DIRECTORY:

- Section 1:** Amends s. 381.887, F.S., relating to emergency treatment for suspected opioid overdose.
- Section 2:** Creates s. 397.335, F.S., relating to the Statewide Council on Opioid Abatement.
- Section 3:** Provides an effective date of July 1, 2023.



## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

### A. FISCAL IMPACT ON STATE GOVERNMENT:

#### 1. Revenues:

None.

#### 2. Expenditures:

The bill may have an indeterminate, negative fiscal impact on DCF and DLA associated with establishing and staffing the Council. However, the impact on each agency will likely be insignificant and 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.

## III. COMMENTS

### A. CONSTITUTIONAL ISSUES:

#### 1. Applicability of Municipality/County Mandates Provision:

Not applicable. The bill does not appear to affect county or municipal governments.

#### 2. Other:

None.

### B. RULE-MAKING AUTHORITY:

DOH has sufficient rulemaking authority to implement the bill's provisions.

### C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

## IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES

On March 22, 2023, the Healthcare Regulation Subcommittee adopted an amendment and reported the bill favorably as a committee substitute. The amendment removed legislative intent provisions from the bill.

On April 17, 2023, the Health and Human Services committee adopted an amendment and reported the bill favorably as a committee substitute. The amendment:

- Revises the definitions of "authorized health care practitioner," and "caregiver," as related to the administration of emergency opioid antagonists.

- Deletes redundant language pertaining to the Good Samaritan Act.

The bill analysis is drafted to the committee substitute adopted by the Health and Human Services Committee.