

# FLORIDA HOUSE OF REPRESENTATIVES BILL ANALYSIS

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**BILL #:** [HB 355](#)

**TITLE:** Emergency Opioid Antagonists in Public K-12 Schools and Postsecondary Educational Institutions

**SPONSOR(S):** Alvarez, J.

**COMPANION BILL:** [SB 1618](#) (Calatayud)

**LINKED BILLS:** None

**RELATED BILLS:** [SB 1624](#) (Calatayud)

## Committee References

[Human Services](#)

18 Y, 0 N



[Health & Human Services](#)

## SUMMARY

### **Effect of the Bill:**

HB 355 authorizes public schools and Florida College System institutions and state universities to purchase a supply of FDA-approved emergency antagonist drugs, in addition to naloxone, for the treatment of students experiencing an opioid overdose.

### **Fiscal or Economic Impact:**

None

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## ANALYSIS

### **EFFECT OF THE BILL:**

Current law requires public schools to purchase a supply of the emergency [opioid antagonist](#) naloxone for use in the event a student experiences an [opioid overdose](#). The law does not permit schools to purchase other similarly acting FDA-approved treatments for opioid overdose, even if they are more cost-effective. The bill amends the definition of an [emergency opioid antagonist](#), which is a drug that blocks the effects of opioids administered from outside the body and is FDA-approved for emergency treatment of an opioid overdose, to remove the reference to naloxone, making it clear that an emergency opioid antagonist includes naloxone and other opioid antagonist drugs approved by the FDA for emergency treatment of an opioid overdose. (Section [2](#))

The bill authorizes public schools to purchase a supply of FDA-approved emergency opioids antagonists, as opposed to only purchasing naloxone, for use in the event a student has an opioid overdose. This will allow public schools to purchase naloxone as well as other available FDA-approved emergency antagonists. (Section [1](#))

## RELEVANT INFORMATION

### **SUBJECT OVERVIEW:**

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

<sup>1</sup> World Health Organization, *Opioid Overdose*. Available at <https://www.who.int/news-room/fact-sheets/detail/opioid-overdose> (last visited February 28, 2025).

<sup>2</sup> Medical News Today, *What is pain, and how do you treat it?* (2020). Available at <https://www.medicalnewstoday.com/articles/145750#:~:text=People%20feel%20pain%20when%20specific,immediate%20contraction%20of%20the%20muscles> (last visited February 28, 2025).

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**DATE:** 3/11/2025

system and in peripheral sensory and autonomic nerves and modulate the body's perception of pain.<sup>3</sup> Opioids function by binding to specific opioid receptors in the brain and body that are associated with pain. When opioids attach to these receptors, they block pain signals sent from the brain to the body and release large amounts for dopamine throughout the body.<sup>4</sup>

Opioids include prescription medications prescribed to treat pain as well as illegal drugs with no sanctioned medical use.<sup>5</sup> Opioids include:<sup>6</sup>

- Fentanyl
- Oxycodone
- Oxymorphone
- Hydrocodone
- Hydromorphone
- Morphine
- Codeine
- Methadone
- Tramadol
- Buprenorphine

In addition to relieving pain, opioids also create feelings of euphoria – or high – as these drugs also activate the regions of the brain involved with pleasure and reward.<sup>7</sup> Opioids are generally safe when taken for a short time and as prescribed by a doctor. However, because they produce euphoria in addition to pain relief, individuals who use opioids are at an increased risk for potential misuse and opioid use disorders.<sup>8</sup> Regular use of opioids, even as prescribed by a doctor, may cause an individual to develop a tolerance to the drug, a physical dependence on it, and ultimately, succumb to an opioid use disorder. This condition can have grave consequences, including a heightened risk of overdose and even death.

## [Opioid Overdose](#)

Opioids are the most lethal group of drugs; worldwide they account for two thirds of all deaths relating to drug use, most of which are the result of overdoses.<sup>9</sup> Fentanyl, which is an extremely potent opioid that is approximately 50 to 100 times more potent than morphine and 50 times more potent than heroin,<sup>10</sup> is the leading cause of opioid overdoses. There were 107,543 deaths in the U.S. from drug overdoses in 2023. Fentanyl accounted for 70 percent of these deaths.<sup>11</sup>

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

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<sup>3</sup> Henriksen, G. & Willoch, F., *Imaging of Opioid Receptors in the Central Nervous System* (2008). *Brain* 131 (5): 1171-1196. doi: [10.1093/brain/awm255](https://doi.org/10.1093/brain/awm255)

<sup>4</sup> *Id.* Also see Cumberland County North Carolina, *Opioids FAQ*, available at [https://www.cumberlandcountync.gov/departments/public-health-group/public-health/community-services/c-fort-\(opioid-response\)/about-opioids](https://www.cumberlandcountync.gov/departments/public-health-group/public-health/community-services/c-fort-(opioid-response)/about-opioids), (last visited February 28, 2025).

<sup>5</sup> Opioids legally prescribed to treat pain include morphine, codeine, methadone, oxycodone, hydrocodone, fentanyl, hydromorphone, and buprenorphine. Heroin is an example of an illicit opioid with no sanctioned medical use. See, 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 February 28, 2025).

<sup>6</sup> John Hopkins Medicine, *Opioids*, available at <https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/opioids#:~:text=All%20opioids%20work%20similarly%3A%20They,the%20brain%20and%20the%20body,> (last visited February 28, 2025).

<sup>7</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 February 28, 2025).

<sup>8</sup> *Id.*

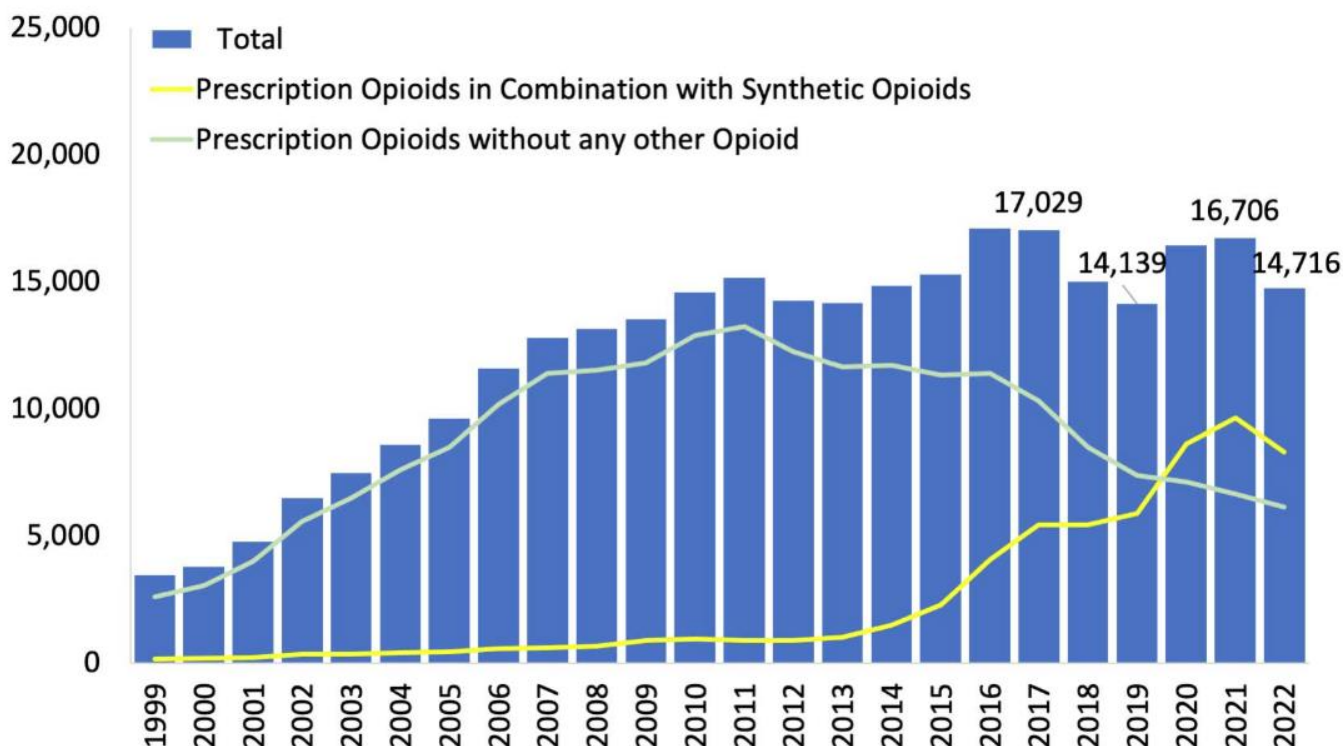
<sup>9</sup> United Nations Office on Drugs and Crime, *World Drug Report 2022, Global Overview: Drug Demand and Drug Supply (2022)*. Available at [https://www.unodc.org/res/wdr2022/MS/WDR22\\_Booklet\\_1.pdf](https://www.unodc.org/res/wdr2022/MS/WDR22_Booklet_1.pdf) (last visited February 28, 2025).

<sup>10</sup> United States Drug Enforcement Administration, *Fentanyl*, available at <https://www.dea.gov/factsheets/fentanyl>, and National Institute on Drug Abuse, *Fentanyl*, <https://www.drugabuse.gov/publications/drugfacts/fentanyl> (last visited February 28, 2025).

<sup>11</sup> Clean Slate Outpatient Addiction Medicine, *National Fentanyl Prevention and Awareness Day 2024: A Call to Action*, available at <https://www.cleanslatecenters.com/blog/national-fentanyl-awareness-and-prevention-day-2024>, (last visited February 28, 2025).

control centers of the brain.<sup>12</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 the loss of consciousness, coma, and possible death.<sup>13</sup> Within 3-5 minutes without oxygen, brain damage starts to occur, soon followed by death.<sup>14</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>15</sup> An opioid overdose can be identified by a combination of three signs and symptoms referred to as the “opioid overdose triad”:<sup>16</sup> pinpoint pupils; unconsciousness; and respiratory depression. Opioid overdoses and deaths have increased significantly over the last three decades. The graphs below demonstrate the total number of U.S. overdose deaths involving prescription opioids and any opioids<sup>17</sup> from 1999 to 2022.<sup>18</sup>

## U.S. Overdose Deaths Involving Prescription Opioids\*, 1999-2022



<sup>12</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>. (last visited February 28, 2025).

<sup>13</sup> Harm Reduction Coalition, *Guide to Developing and Managing Overdose Prevention and Take-Home Naloxone Projects*, (Aug. 31, 2020), available at <https://harmreduction.org/wp-content/uploads/2020/08/Resource-OverdosePrevention-GuidetoDevelopingandManagingOverdosePreventionandTakeHomeNaloxoneProjects.pdf>. (last visited February 28, 2025).

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

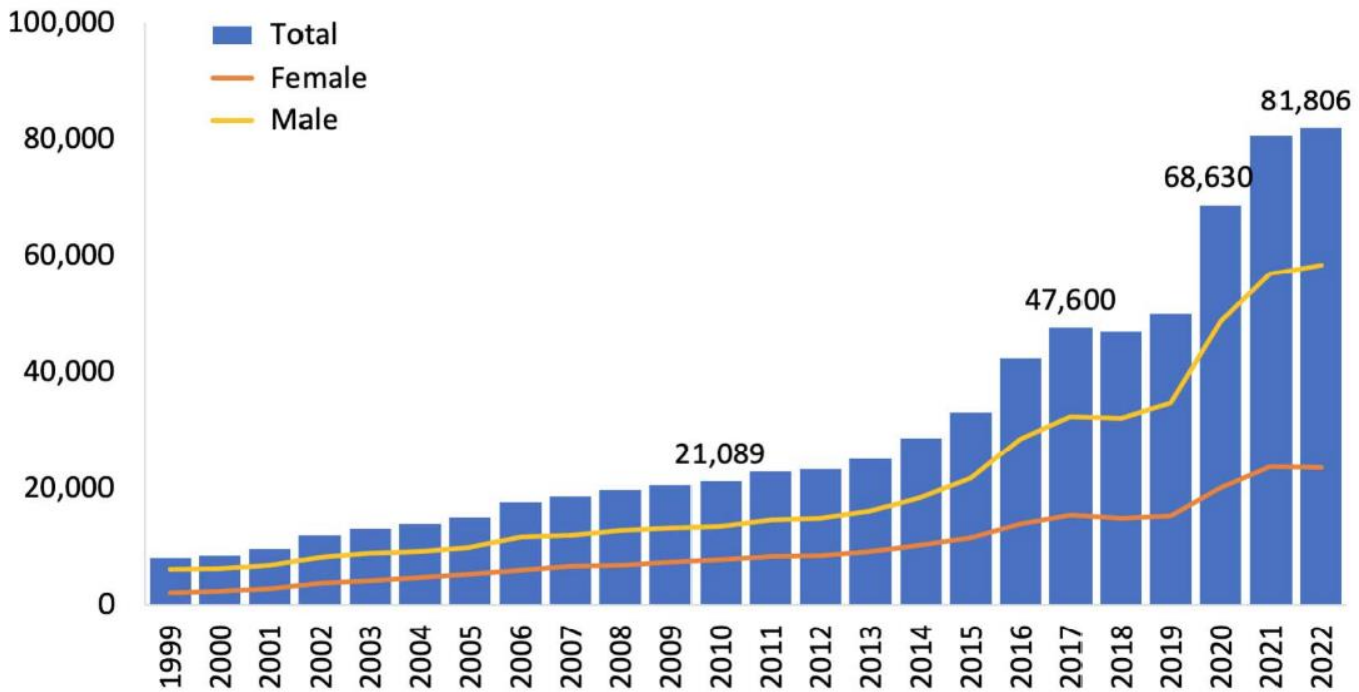
<sup>15</sup> *Id.*

<sup>16</sup> World Health Organization, *Opioid Overdose*, available at <https://www.who.int/news-room/fact-sheets/detail/opioid-overdose> (last visited February 28, 2025).

<sup>17</sup> Any opioid includes prescription opioids (natural and semi-synthetic opioids and methadone), heroin and synthetic opioids other than methadone (primarily fentanyl).

<sup>18</sup> National Institute on Drug Abuse, *Drug Overdose Deaths: Facts and Figures*, available at <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>. (last visited March 6, 2025).

# U.S. Overdose Deaths Involving Any Opioid by Sex, 1999-2022



In 2023, there were 5.7 million people age 12 and older who had an opioid use disorder.<sup>19</sup> Among those, 1.2 percent (316,000) were adolescents aged 12 to 17.<sup>20</sup> Data collected by Florida medical examiners reflects that in 2023 there were 7,235 opioid-related deaths in Florida.<sup>21</sup> Opioids were identified as either the cause of death or merely present at the time of death. Of those deaths, 5,476 were identified as being caused by opioids and 4,962 were caused by fentanyl.<sup>22</sup>

## Opioid Antagonist

An opioid antagonist is a drug that is used to reverse the effects of an opioid overdose. When used in an opioid overdose, an opioid antagonist works by counteracting the life-threatening depression of the central nervous system and respiratory system, allowing the person to breathe normally.<sup>23</sup> This occurs because opioid antagonists attach to the opioid receptors creating a stronger bond to the receptors than the opioids. This blocks the effects of the opioids by forcing the opioids from the opioid receptors to allow the transmission of signals for respiration to resume. The effects of an opioid antagonist last for 30 to 90 minutes,<sup>24</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 to seek medical attention.

<sup>19</sup> States: Results from the 2023 National Survey on Drug Use and Health <https://www.samhsa.gov/data/sites/default/files/reports/rpt47095/National%20Report/National%20Report/2023-nsduh-annual-national.pdf>, (last visited March 6, 2025).

<sup>20</sup> *Id.*

<sup>21</sup> Florida Department of Law Enforcement, *Drugs Identified in Deceased Persons by Florida Medical Examiners*, available at <https://www.myfloridalegal.com/sites/default/files/2025-01/2023-drugs-in-deceased-annual-report.pdf>, (last visited February 28, 2025).

<sup>22</sup> *Id.*

<sup>23</sup> Harm Reduction Coalition, *Opioid Overdose Basis, Understanding Naloxone*, <http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understanding-naloxone/>, (last visited March 6, 2025).

<sup>24</sup> Yale Medicine, *How Can Over-the-Counter Naloxone Prevent Opioid Overdose Deaths?*, available at <https://www.yalemedicine.org/news/naloxone-narcan-prevent-opioid-overdose-deaths#:~:text=Naloxone's%20opioid%2Dreversal%20effects%20can,dose%20of%20naloxone%20wears%20off,> (last visited March 6, 2025).

The two most commonly used centrally-acting opioid receptor antagonists are naloxone and naltrexone. Naloxone comes in intravenous, intramuscular, and intranasal formulations and is FDA-approved for use in an opioid overdose and the reversal of respiratory depression associated with opioid use. Naltrexone is available in both oral and long-acting injectable formulations and is FDA-approved for the treatment of opioid and/or alcohol maintenance treatment. The most commonly used peripheral opioid receptor antagonist is methylnaltrexone, which is a potent competitive antagonist acting in the digestive tract and is also FDA-approved for the treatment of opioid-induced constipation.<sup>25</sup>

### Emergency Opioid Antagonists Supplies - Public Schools and Florida College System Institutions and State Universities

Under current law an [emergency opioid antagonist](#) is naloxone hydrochloride or any similarly acting drug that blocks the effects of opioids, is administered from outside the body, and is FDA-approved for treatment of an opioid overdose.<sup>26</sup>

Public schools are required to purchase, use and maintain a supply of the emergency opioid antagonist naloxone for use in the event a student has an opioid overdose and cannot, under current law, purchase other similarly acting FDA-approved treatments for opioid overdose. Current law also requires each Florida College System institution and state university to purchase, use, and maintain a supply of emergency opioid antagonists in each residence hall or dormitory residence owned or operated by the institution for treatment of an opioid overdose.

In Florida, a public school may purchase a supply of the opioid antagonist naloxone from a wholesale distributor or enter into an arrangement with a wholesale distributor or manufacturer to purchase naloxone at a fair-market, free, or reduced price to use in the event a student has an opioid overdose.<sup>27</sup> The naloxone must be stored in a secure location on the school's premises.<sup>28</sup> A school district employee who administers an approved emergency opioid antagonist to a student is immune from civil liability.<sup>29</sup>

Florida law requires every Florida College System institution and state university to provide each residence hall or dormitory residence owned or operated by the institution with a supply of emergency opioid antagonists, with an autoinjection or an intranasal application delivery system, for the administration of emergency opioid antagonists to a person believed to be experiencing an opioid overdose.<sup>30</sup> The law encourages these institutions to cover the cost associated with the purchase and placement of emergency opioid antagonists through public and private partnerships.<sup>31</sup>

Emergency opioid antagonists must be stored in a clearly marked location within each residence hall or dormitory residence and easily accessible to campus law enforcement officers who are trained in the administration of emergency opioid antagonists.<sup>32</sup> Any campus law enforcement officer employed by the institution and trained in the administration of emergency opioid antagonists who administers or attempts to administer an emergency opioid antagonist is immune from civil or criminal liability as a result of such administration or attempted administration of the opioid antagonist.<sup>33</sup>

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<sup>25</sup> *Opioid Antagonists*, Theriot, Jonathan, et. al., (last updated July 23, 2021), available at <https://www.ncbi.nlm.nih.gov/books/NBK537079/#:~:text=3%5D%5B4%5D-The%20two%20most%20commonly%20used%20centrally%20acting%20opioid%20receptor%20antagonists,depression%20associated%20with%20opioid%20use>, (last visited March 6, 2025).

<sup>26</sup> [Ss. 1004.0971\(1\)\(b\), F.S.](#), and [381.887\(1\)\(d\), F.S.](#)

<sup>27</sup> [S. 1002.20\(3\)\(o\), F.S.](#)

<sup>28</sup> *Id.*

<sup>29</sup> *Id.*

<sup>30</sup> [s. 1004.0971\(1\)\(b\), F.S.](#)

<sup>31</sup> [S. 1004.0971\(4\), F.S.](#)

<sup>32</sup> [S. 1004.0971\(3\), F.S.](#)

<sup>33</sup> [S. 104.0971\(5\), F.S.](#)

**RECENT LEGISLATION:**

<b>YEAR</b>	<b>BILL #</b>	<b>HOUSE SPONSOR(S)</b>	<b>SENATE SPONSOR</b>	<b>OTHER INFORMATION</b>
2023	<a href="#">CS/CS/HB 783</a>	Caruso	Boyd	Became law on July 1, 2023.
2023	<a href="#">CS/HB 39</a>	Edmonds	Boyd	Died in House

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**BILL HISTORY**

<b>COMMITTEE REFERENCE</b>	<b>ACTION</b>	<b>DATE</b>	<b>STAFF DIRECTOR/ POLICY CHIEF</b>	<b>ANALYSIS PREPARED BY</b>
<a href="#">Human Services Subcommittee</a>	18 Y, 0 N	3/11/2025	Mitz	Curry
<a href="#">Health &amp; Human Services Committee</a>				