

CHAPTER 2017-54

Committee Substitute for Committee Substitute for House Bill No. 249

An act relating to drug overdoses; providing legislative findings and intent; creating s. 401.253, F.S.; permitting certain entities to report controlled substance overdoses to the Department of Health; defining the term “overdose”; providing requirements for such reports; providing immunity for persons who make reports in good faith; providing that a failure to report is not a basis for licensure discipline; requiring sharing of data with specified entities; providing for use of such data; amending s. 395.1041, F.S.; requiring a hospital with an emergency department to develop a best practices policy to promote the prevention of unintentional drug overdoses; authorizing the policy to include certain processes, guidelines, and protocols; providing an effective date.

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

Section 1. (1) The Legislature finds that substance abuse and drug overdose is a major health problem that affects the lives of many people, multiple service systems, and leads to such profoundly disturbing consequences as permanent injury or death. Heroin, opiates, illegal drug, and accidental overdoses are a crisis and stress the financial, health care, and public safety resources because there are no central databases that can quickly help address this problem. Quick data collection will allow all agencies to focus on specific age groups, areas, criminal behavior, and needed public education and prevention with the maximum utilization of resources. Further, it is the intent of the Legislature to require the collaboration of local, regional, and state agencies, service systems, and program offices to address the needs of the public; to establish a comprehensive system addressing the problems associated with drug overdoses; and to reduce duplicative requirements across local, county, state, and health care agencies.

(2) It is the goal of the Legislature in this act to:

(a) Discourage substance abuse and accidental or intentional overdoses by quickly identifying the type of drug involved, whether prescription or illegal, the age of the individual involved, and the areas where drug overdoses pose a potential risk to the public, schools, workplaces, and communities.

(b) Provide a central data point so that data can be shared between the health care community and municipal, county, and state agencies to quickly identify needs and provide short and long-term solutions while protecting and respecting the rights of individuals.

(3) It is the intent of the Legislature in this act to maximize:

(a) The efficiency of financial, public education, health professional, and public safety resources so that these resources may be concentrated on areas and groups in need.

(b) The utilization of funding programs for the dissemination of available federal, state, and private funds through contractual agreements with licensed basic life support service providers, advanced life support service providers, community-based organizations, or units of state or local government that deliver local substance abuse services in accordance with the intent of this act and s. 397.321(4), Florida Statutes.

Section 2. Section 401.253, Florida Statutes, is created to read:

401.253 Reporting of controlled substance overdoses.—

(1)(a) A basic life support service or advanced life support service which treats and releases, or transports to a medical facility, in response to an emergency call for a suspected or actual overdose of a controlled substance may report such incidents to the department. Such reports must be made using the Emergency Medical Service Tracking and Reporting System or other 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 the department in rule. If a basic life support service or advanced life support service reports such incidents, it shall make its best efforts to make the report to the department within 120 hours after it responds to the incident.

(b) The data collected by the department shall be made available within 120 hours to law enforcement, public health, fire rescue, and emergency medical service agencies in each county.

(c) For purposes of this section, the term “overdose” means a condition, including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of any controlled substance that requires medical attention, assistance or treatment, and clinical suspicion for drug overdose, such as respiratory depression, unconsciousness, or altered mental status, without other conditions to explain the clinical condition.

(2)(a) A report of an overdose of a controlled substance under this section shall include:

1. The date and time of overdose.
2. The approximate address of where the person was picked up or where the overdose took place.
3. Whether an emergency opioid antagonist, as defined in s. 381.887, was administered.
4. Whether the overdose was fatal or nonfatal.

(b) A report of an overdose of a controlled substance under this section shall also include, if the reporting mechanism permits:

1. The gender and approximate age of the person receiving attention or treatment.

2. The suspected controlled substance involved in the overdose.

(3) A basic life support service or advanced life support service that reports information to or from the department pursuant to this section in good faith is not subject to civil or criminal liability for making the report.

(4) Failure to report an overdose under this section is not grounds for disciplinary action or penalties pursuant to s. 401.411(1)(a).

(5) The department shall produce a quarterly report to the Statewide Drug Policy Advisory Council, the Department of Children and Families, and the Florida FUSION Center summarizing the raw data received pursuant to this section. Such reports shall also be made immediately available to the county-level agencies described in paragraph (1)(b). The Statewide Drug Policy Advisory Council, the Department of Children and Families, and the department may use these reports to maximize the utilization of funding programs for licensed basic life support service providers or advanced life support service providers, and for the dissemination of available federal, state, and private funds for local substance abuse services in accordance with s. 397.321(4).

Section 3. Subsection (6) of section 395.1041, Florida Statutes, is amended to read:

395.1041 Access to emergency services and care.—

(6) RIGHTS OF PERSONS BEING TREATED.—

(a) A hospital providing emergency services and care to a person who is being involuntarily examined under the provisions of s. 394.463 shall adhere to the rights of patients specified in part I of chapter 394 and the involuntary examination procedures provided in s. 394.463, regardless of whether the hospital, or any part thereof, is designated as a receiving or treatment facility under part I of chapter 394 and regardless of whether the person is admitted to the hospital.

(b) Each hospital with an emergency department shall develop a best practices policy to promote the prevention of unintentional drug overdoses. The policy may include, but is not limited to:

1. A process to obtain the patient’s consent to notify the patient’s next of kin, and each physician or health care practitioner who prescribed a controlled substance to the patient, regarding the patient’s overdose, her or his location, and the nature of the substance or controlled substance involved in the overdose.

2. A process for providing the patient or the patient's next of kin with information about licensed substance abuse treatment services, voluntary admission procedures under part IV of chapter 397, involuntary admission procedures under part V of chapter 397, and involuntary commitment procedures under chapter 394.

3. Guidelines for emergency department health care practitioners authorized to prescribe controlled substances to reduce the risk of opioid use, misuse, and addiction.

4. 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.

5. The use of Screening, Brief Intervention, and Referral to Treatment protocols in the emergency department.

6. This paragraph may not be construed as creating a cause of action by any party.

Section 4. This act shall take effect October 1, 2017.

Approved by the Governor June 2, 2017.

Filed in Office Secretary of State June 2, 2017.