

**STORAGE NAME:** h1739s1.hcr

**DATE:** February 5, 1998

**HOUSE OF REPRESENTATIVES  
COMMITTEE ON  
HEALTH CARE STANDARDS & REGULATORY REFORM  
BILL RESEARCH & ECONOMIC IMPACT STATEMENT**

**BILL #:** CS/HB 1739

**RELATING TO:** Emergency Medical Services

**SPONSOR(S):** Committee on Health Care Standards & Regulatory Reform and Rep. Saunders

**COMPANION BILL(S):** SB 302 (s)

**ORIGINATING COMMITTEE(S)/COMMITTEE(S) OF REFERENCE:**

- (1) HEALTH CARE STANDARDS & REGULATORY REFORM YEAS 7 NAYS 0
  - (2)
  - (3)
  - (4)
  - (5)
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**I. SUMMARY:**

The committee substitute requires each regional poison control center to develop an emergency dispatch protocol with each licensee as defined by s. 401.23 (13), F.S., in the geographic area covered by the regional poison control center. Such protocol shall be developed by October 1, 1999.

The protocol shall be developed by each licensee's medical director in conjunction with the appropriate poison control center.

The protocol shall define toxic substances and describe the procedure by which the designated poison control center may be consulted by the licensee. If a call is transferred to a regional poison control center in accordance with established protocol and s. 401.268, F.S., the designated poison control center shall assume responsibility and liability for the call.

This bill will have no fiscal impact on the state, local government, or the private sector in general.

II. SUBSTANTIVE RESEARCH:

A. PRESENT SITUATION:

Currently, many local government entities operate "911" emergency systems throughout the state. These systems must divert emergency calls to law enforcement, firefighting, and emergency medical services. These systems may also divert calls to services such as poison control, suicide prevention, and emergency management services. Thus, these 911 systems are not required by statute to divert emergency calls to poison control.

According to the Department of Health, there are currently three regional Poison Information Centers operating in Florida. They are located in Jacksonville, Miami and Tampa. These Centers are funded through the Department of Health and serve approximately 170,000 callers annually, according to the center located in Miami. Callers access the centers directly through a toll-free number, through transfers following consultation with a health care practitioner, and through emergency medical dispatchers.

B. EFFECT OF PROPOSED CHANGES:

The committee substitute requires each regional poison control center to develop an emergency dispatch protocol with each licensee as defined by s. 401.23 (13), F.S., in the geographic area covered by the regional poison control center. Such protocol shall be developed by October 1, 1999. The protocol shall be developed by each licensee's medical director in conjunction with the appropriate poison control center.

The protocol shall define toxic substances and describe the procedure by which the designated poison control center may be consulted by the licensee. If a call is transferred to a regional poison control center in accordance with established protocol, the designated poison control center shall assume responsibility and liability for the call.

C. APPLICATION OF PRINCIPLES:

1. Less Government:

a. Does the bill create, increase or reduce, either directly or indirectly:

(1) any authority to make rules or adjudicate disputes?

No.

- (2) any new responsibilities, obligations or work for other governmental or private organizations or individuals?

Yes. This bill would require the development of emergency protocol procedures between local licensees as defined in s. 401.23 (13), F.S., and the poison control center for that geographic area. Calls relating to toxic substances would be diverted to the poison control center if required by established protocol. Currently, the contacting of poison control centers by emergency operators is optional. This bill has the potential to increase the volume of calls and, subsequently, the workload of these centers. However, the Department of Health says this bill will not have a fiscal impact on the department (poison control centers).

- (3) any entitlement to a government service or benefit?

No.

- b. If an agency or program is eliminated or reduced:

- (1) what responsibilities, costs and powers are passed on to another program, agency, level of government, or private entity?

N/A.

- (2) what is the cost of such responsibility at the new level/agency?

N/A.

- (3) how is the new agency accountable to the people governed?

N/A.

2. Lower Taxes:

- a. Does the bill increase anyone's taxes?

No.

- b. Does the bill require or authorize an increase in any fees?

No.

- c. Does the bill reduce total taxes, both rates and revenues?

No.

- d. Does the bill reduce total fees, both rates and revenues?

No.

- e. Does the bill authorize any fee or tax increase by any local government?

No.

3. Personal Responsibility:

- a. Does the bill reduce or eliminate an entitlement to government services or subsidy?

No.

- b. Do the beneficiaries of the legislation directly pay any portion of the cost of implementation and operation?

No.

4. Individual Freedom:

- a. Does the bill increase the allowable options of individuals or private organizations/associations to conduct their own affairs?

No.

- b. Does the bill prohibit, or create new government interference with, any presently lawful activity?

No.

5. Family Empowerment:

- a. If the bill purports to provide services to families or children:

- (1) Who evaluates the family's needs?

N/A.

- (2) Who makes the decisions?

N/A.

(3) Are private alternatives permitted?

N/A.

(4) Are families required to participate in a program?

N/A.

(5) Are families penalized for not participating in a program?

N/A.

b. Does the bill directly affect the legal rights and obligations between family members?

N/A.

c. If the bill creates or changes a program providing services to families or children, in which of the following does the bill vest control of the program, either through direct participation or appointment authority:

(1) parents and guardians?

N/A.

(2) service providers?

N/A.

(3) government employees/agencies?

N/A.

**D. STATUTE(S) AFFECTED:**

Amends s. 395.1027 and creates s. 401.268, F.S.

**E. SECTION-BY-SECTION RESEARCH:**

Section 1. Amends s. 395.1027, F.S., by adding a new subsection (4) to require each regional poison control center to develop an emergency dispatch protocol with each licensee as defined by s. 401.23 (13), F.S., in the geographic area covered by the regional poison control center. Such protocol shall be developed by October 1, 1999. The protocol shall be developed by each licensee's medical director in conjunction with the appropriate poison control center.

The protocol shall define toxic substances and describe the procedure by which the designated poison control center may be consulted by the licensee. If a call is transferred to a regional poison control center in accordance with established protocol, the designated poison control center shall assume responsibility and liability for the call.

Section 2. Creates s.401.268, F.S., to require each licensee to develop an emergency dispatch protocol with the poison control center established in s. 395.1027, F.S., for the geographic area in which the licensee is located. Such protocol shall be developed by October 1, 1999. The protocol shall be developed by each licensee's medical director in conjunction with the appropriate poison control center.

The protocol shall define toxic substances and describe the procedure by which the designated poison control center may be consulted by the licensee. If a call is transferred to a regional poison control center in accordance with established protocol, the designated poison control center shall assume responsibility and liability for the call.

Section 3. Provides an effective date of July 1 of the year in which enacted.

### III. FISCAL RESEARCH & ECONOMIC IMPACT STATEMENT:

#### A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

1. Non-recurring Effects:

None.

2. Recurring Effects:

None.

3. Long Run Effects Other Than Normal Growth:

None.

4. Total Revenues and Expenditures:

None.

#### B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring Effects:

None.

2. Recurring Effects:

None.

3. Long Run Effects Other Than Normal Growth:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:

None.

2. Direct Private Sector Benefits:

None.

3. Effects on Competition, Private Enterprise and Employment Markets:

None.

D. FISCAL COMMENTS:

According to the Department of Health, this legislation will have no fiscal impact.

IV. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

A. APPLICABILITY OF THE MANDATES PROVISION:

The bill does not require counties or municipalities to spend funds or to take an action requiring the expenditures of funds.

B. REDUCTION OF REVENUE RAISING AUTHORITY:

The bill does not reduce the authority that municipalities or counties have to raise revenues in the aggregate.

C. REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:

The bill does not reduce the percentage of a state tax shared with counties or municipalities.

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V. COMMENTS:

None.

VI. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

There was one strike everything after the enacting clause amendment. The amendment was the result of a compromise by all of the various parties involved. The main difference between the bill as filed and the committee substitute is moving the communication and coordination with the poison control centers from the "911" receiver to the actual EMS dispatcher. Also, it clarifies that if the call is transferred to the regional poison control center in accordance with established protocol, the regional poison control center assumes responsibility and liability for the call.

VII. SIGNATURES:

COMMITTEE ON HEALTH CARE STANDARDS & REGULATORY REFORM:  
Prepared by:

Legislative Research Director:

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Robert W. Coggins

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