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A bill to be entitled

An act relating to drug-related overdose prevention; amending s. 381.887, F.S.; revising the purpose of specified provisions relating to the prescribing, ordering, and dispensing of emergency opioid antagonists to certain persons by authorized health care practitioners; authorizing pharmacists to order certain emergency opioid antagonists; providing certain authorized persons immunity from civil or criminal liability for administering emergency opioid antagonists under certain circumstances; authorizing personnel of law enforcement agencies and other agencies to administer emergency opioid antagonists under certain circumstances; amending s. 381.981, F.S.; revising requirements for a certain health awareness campaign; amending s. 395.1041, F.S.; requiring hospital emergency departments and urgent care centers to report incidents involving a suspected or actual overdose to the Department of Health under certain circumstances; providing requirements for the reports; requiring hospital emergency departments and urgent care centers to use their best efforts to report such incidents to the department within a specified timeframe; amending s. 1002.20, F.S.; authorizing a public school to purchase or enter into an arrangement to receive a supply of the opioid antagonist naloxone for a certain purpose; specifying requirements for the maintenance of the naloxone; requiring the school district to adopt a protocol for

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the administration of naloxone; providing that a school district and its employees and agents and the physician who provides the protocol are not liable for any injury arising from the administration of the naloxone pursuant to the protocol; providing an exception; providing an effective date.

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

Section 1. Subsections (2), (3), and (4) of section 381.887, Florida Statutes, are amended to read:

381.887 Emergency treatment for suspected opioid overdose.-

- (2) The purpose of this section is to provide for the prescribing, ordering, and dispensing prescription of emergency opioid antagonists an emergency opioid antagonist to patients and caregivers and to encourage the prescribing, ordering, and dispensing prescription of emergency opioid antagonists by authorized health care practitioners.
- (3) (a) An authorized health care practitioner may prescribe and dispense an emergency opioid antagonist to, and a pharmacist may order an emergency opioid antagonist with an autoinjection delivery system or intranasal application delivery system for, a patient or caregiver for use in accordance with this section. T
- (b) A pharmacist pharmacists may dispense an emergency opioid antagonist pursuant to a prescription by an authorized health care practitioner. A pharmacist may dispense an emergency opioid antagonist with such a prescription or pursuant to a non-patient-specific standing order for an autoinjection delivery

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system or intranasal application delivery system, which must be appropriately labeled with instructions for use, pursuant to a pharmacist's order or pursuant to a nonpatient-specific standing order.

- (c) A such patient or caregiver is authorized to store and possess approved emergency opioid antagonists and, in an emergency situation when a physician is not immediately available, administer the emergency opioid antagonist to a person believed in good faith to be experiencing an opioid overdose, regardless of whether that person has a prescription for an emergency opioid antagonist.
- (4) The following persons are authorized to possess, store, and administer emergency opioid antagonists as clinically indicated and are immune from any civil liability or criminal liability as a result of administering an emergency opioid antagonist:
- (a) Emergency responders, including, but not limited to, law enforcement officers, paramedics, and emergency medical technicians.
- (b) Crime laboratory personnel for the statewide criminal analysis laboratory system as described in s. 943.32, including, but not limited to, analysts, evidence intake personnel, and their supervisors.
- (c) Personnel of a law enforcement agency or other agency, including, but not limited to, correctional probation officers and child protective investigators who, while acting within the scope or course of employment, come into contact with a controlled substance or persons at risk of experiencing an opioid overdose.

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Section 2. Paragraph (r) of subsection (2) of section 381.981, Florida Statutes, is amended to read:

381.981 Health awareness campaigns.

- (2) The awareness campaigns shall include the provision of educational information about preventing, detecting, treating, and curing the following diseases or conditions. Additional diseases and conditions that impact the public health may be added by the board of directors of the Florida Public Health Institute, Inc.; however, each of the following diseases or conditions must be included in an awareness campaign during at least 1 month in any 24-month period:
- (r) Substance abuse, including, but not limited to, emergency opioid antagonists.

Section 3. Subsection (8) is added to section 395.1041, Florida Statutes, to read:

395.1041 Access to emergency services and care.-

(8) REPORTING OF CONTROLLED SUBSTANCE OVERDOSES.—A hospital emergency department or an urgent care center that treats and releases a person in response to a suspected or actual overdose of a controlled substance must report such incident to the department if the patient was not transported by a transport service operating pursuant to part III of chapter 401. Such reports must 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, the Florida Prehospital EMS Tracking and Reporting System (EMSTARS), or another program identified by department rule. If a hospital emergency department or an urgent care center reports such an incident, it must use its best

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efforts to make the report to the department within 120 hours after becoming aware of the incident.

Section 4. Paragraph (o) is added to subsection (3) of section 1002.20, Florida Statutes, to read:

1002.20 K-12 student and parent rights.—Parents of public school students must receive accurate and timely information regarding their child's academic progress and must be informed of ways they can help their child to succeed in school. K-12 students and their parents are afforded numerous statutory rights including, but not limited to, the following:

- (3) HEALTH ISSUES.—
- (o) Naloxone use and supply.—
- 1. A public school may purchase a supply of the opioid antagonist naloxone from a wholesale distributor as defined in s. 499.003 or may enter into an arrangement with a wholesale distributor or manufacturer as defined in s. 499.003 for naloxone at fair-market, free, or reduced prices for use in the event that a student has an opioid overdose. The naloxone must be maintained in a secure location on the public school's premises. The participating school district shall adopt a protocol developed by a licensed physician for the administration of the drug by school personnel trained to recognize an opioid overdose and to administer naloxone.
- 2. The school district and its employees and agents and the physician who provides the standing protocol for school naloxone are not liable for any injury arising from the use of the drug if it is administered by trained school personnel who follow the standing protocol and whose professional opinion is that the student is having an opioid overdose:

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	a.	Unless	the	trained	school	personnel's	action	is	willful
and	wanton;								

- b. Notwithstanding that the parents or guardians of the student to whom the naloxone is administered have not been provided notice or have not signed a statement acknowledging that the school district is not liable; and
- c. Regardless of whether authorization has been given by the student's parents or guardians or by the student's physician, physician's assistant, or advanced practice registered nurse.

Section 5. This act shall take effect July 1, 2022.