

HOUSE OF REPRESENTATIVES STAFF FINAL BILL ANALYSIS

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

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

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

FINAL HOUSE FLOOR ACTION: 116 Y's

0 N's

GOVERNOR'S ACTION: Approved

SUMMARY ANALYSIS

CS/CS/HB 783 passed the House on April 26, 2023. The bill was amended in the Senate on May 2, 2023, and returned to the House. The House concurred on the Senate amendment and subsequently passed the bill as amended on May 3, 2023.

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.

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 standing order. Any person, including emergency medical responders, crime laboratory personnel, and personnel of a law enforcement agency, is authorized to possess, store, and administer emergency opioid antagonists, if they are likely to come in contact with a person at risk of an overdose.

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 expands caregiver authority to possess and administer emergency opioid antagonists by removing the criterion that a caregiver have recurring, rather than any, contact with a person at risk of overdose.

The bill creates the Statewide Council on Opioid Abatement within the Department of Children and Families (DCF) to enhance 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 requires each Florida College System institution and state university to have a supply of emergency opioid antagonists in clearly marked locations within residence halls and dormitory residences. The bill establishes guidance for such supplies, and provides civil and criminal immunity to campus law enforcement officers who administer or attempt to administer an emergency opioid antagonist.

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

The bill was approved by the Governor on June 2, 2023, ch. 2023-184, L.O.F., and will become effective on July 1, 2023.

I. SUBSTANTIVE INFORMATION

A. EFFECT OF CHANGES:

Background

Opioids

Opioids are psychoactive substances derived from the opium poppy, or their synthetic analogues.¹ 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.² 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.³ Opioids bind to specific opioid receptors, disrupt the transmission of pain signals through the central nervous system and reduce the perception of pain.⁴

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

- 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.⁶ In 2019, an estimated 62 million people used opioids for non-medical reasons worldwide.⁷ Opioids are commonly misused, with an estimated 36.3 million people worldwide suffering from drug use disorders.⁸ Continued use of opioids can lead to the development of tolerance and psychological and physical dependence.⁹ This dependence is

¹ World Health Organization, *Opioid Overdose*, available at <https://www.who.int/news-room/fact-sheets/detail/opioid-overdose> (last visited May 12, 2023).

² 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 May 12, 2023).

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

⁴ *Id.*

⁵ 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 May 12, 2023).

⁶ 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 May 12, 2023).

⁷ 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 May 12, 2023).

⁸ 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 (last visited May 12, 2023).

⁹ *Supra*, note 4.

characterized by a strong desire to take opioids, impaired control over opioid use, persistent opioid use 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.¹⁰

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.¹¹ 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.¹² Within 3-5 minutes without oxygen, brain damage starts to occur, soon followed by death.¹³ 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.¹⁴ An opioid overdose can be identified by a combination of three signs and symptoms referred to as the "opioid overdose triad":¹⁵ pinpoint pupils, unconsciousness; and respiratory depression.

More than 106,000 Americans died from drug-involved overdose in 2021, including illicit drugs and prescription opioids.¹⁶ 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 2019.¹⁷ This was followed by a sharp increase in opioid-involved overdose deaths associated with the COVID-19 pandemic beginning in 2020.¹⁸ Nationally, there were 63,630 reported opioid-involved overdose deaths in 2020 and 80,411 in 2021.¹⁹ The graph below demonstrates the total number of U.S. overdose deaths involving any opioid²⁰ from 1999 to 2021.²¹

Opioid Deaths in the United States, 1999-2021²²

¹⁰ *Supra*, note 1.

¹¹ 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 May 12, 2023).

¹² 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 May 12, 2023).

¹³ *Id.*

¹⁴ *Id.*

¹⁵ *Supra*, note 1.

¹⁶ National Institute on Drug Abuse, *Overdose Death Rates*, available at <https://www.drugabuse.gov/drug-topics/trends-statistics/overdose-death-rates> (last visited May 12, 2023).

¹⁷ *Id.*

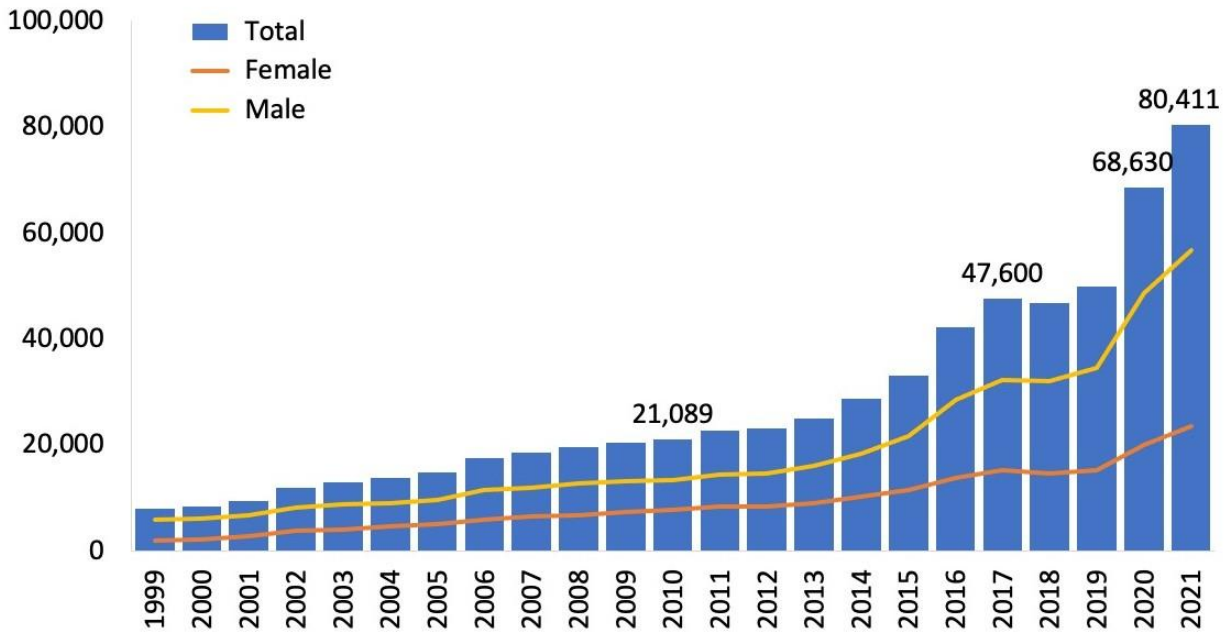
¹⁸ Ghose, R., Forati, A.M. & Mantsch, J.R. *Impact of the COVID-19 Pandemic on Opioid Overdose Deaths: A Spatiotemporal Analysis*. *J Urban Health* 99, 316–327 (2022), available at <https://doi.org/10.1007/s11524-022-00610-0> (last visited May 12, 2023).

¹⁹ *Supra*, note 16.

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

²¹ *Supra*, note 16.

²² *Id.*



Prior to the COVID-19 pandemic, the increase in opioid overdose deaths formed 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.²³

In 2021, 6,442 opioid overdose deaths were reported in Florida, a 22% increase from 2019.²⁴ Additionally, 50,803 all-drug, non-fatal overdoses resulted in an emergency department visit in 2021.²⁵ 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 2020.²⁶

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.²⁷ This occurs because opioid antagonists create a stronger bond with opioid receptors than opioids. This forces the opioids from the opioid receptors and allows the transmission of

²³ Centers for Disease Control and Prevention, *Understanding the Opioid Overdose Epidemic*, available at <https://www.cdc.gov/opioids/basics/epidemic.html> (last visited May 12, 2023).

²⁴ Florida Department of Health, *FL Health Charts: Substance Use Dashboard*, available at <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SubstanceUse.Overdose> (last visited May 12, 2023).

²⁵ *Id.*

²⁶ 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 (last visited May 12, 2023).

²⁷ Harm Reduction Coalition, *Understanding Naloxone*, (Sept. 8, 2020), available at <http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understanding-naloxone/> (last visited May 12, 2023).

signals for respiration to resume.²⁸ This effect lasts only for a short period of time,²⁹ 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 abuse³⁰ and will not cause harm if mistakenly administered to a person who is not overdosing on an opioid.³¹

Opioid Antagonist Dispensing

Under current law, an authorized health care practitioner may prescribe and dispense an emergency opioid antagonist to any person at risk of experiencing an opioid overdose, and for any person in a position to have *recurring* contact with a person at risk of experiencing an opioid overdose, such as a family member or friend.³² A pharmacist may also order and dispense an emergency opioid antagonist to a patient or caregiver without a prescription or a nonpatient-specific standing order.³³

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.³⁴

In September 2022, the State Surgeon General issued a statewide Standing Order for Naloxone (Standing Order).³⁵ 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.³⁶

²⁸ *Supra*, note 11.

²⁹ 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.

³⁰ *Supra*, note 27.

³¹ 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%20pills%E2%80%9D>

(last visited May 12, 2023).

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

³³ S. 381.887, F.S. A nonpatient-specific standing order allows pharmacists to dispense specified medications without a patient-specific prescription.

³⁴ 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.

³⁵ 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 May 12, 2023).

³⁶ *Id.*

Multistate Opioid Lawsuit and Settlement

In 2018, Attorney General Pam Bondi filed a lawsuit against multiple opioid manufacturers and distributors. The lawsuit was later expanded to include the pharmacies CVS and Walgreens.³⁷ The complaint alleged that the defendants caused the opioid crisis by, among other things:³⁸

- 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.³⁹ Of the \$26 billion available, approximately \$22.7 billion is earmarked for use by states that participated in the lawsuit, including Florida.⁴⁰

Florida additionally negotiated individual settlements with multiple other companies including:⁴¹

- \$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.

Additionally, Teva Pharmaceuticals has agreed to provide the state with a supply of Naloxone Hydrochloride, an opioid antagonist, valued at \$84 million.⁴²

These settlements will pay out over a period of time ranging from 10 to 18 years. In general, the monies from the settlements must be used for opioid abatement, including prevention efforts, treatment, and recovery services, and to pay litigation fees and costs incurred by the state, cities, and counties.⁴³

To ensure the settlement proceeds 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 to enter into the Florida Opioid Allocation and Statewide Response Agreement. The agreement requires the state to establish an opioid abatement task force or council to advise the Governor, the Legislature, the Department of Children and Families (DCF), and local governments on the priorities that should be addressed by the expenditure of settlement funds, as

³⁷ 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 May 12, 2023).

³⁸ 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 May 12, 2023).

³⁹ 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 May 12, 2023).

⁴⁰ Office of the Attorney General, *Attorney General Moody Secures Relief for Opioid Crisis*, available at <https://myfloridalegal.com/opioidsettlement> (last visited May 12, 2023).

⁴¹ *Id.*

⁴² *Id.*

⁴³ *Id.*

well as review the spending of such funds and the results achieved. The Council's membership, administration, and duties are outlined in the agreement.⁴⁴

Effect of Proposed Changes

Opioid Antagonists

CS/CS/HB 783 includes pharmacists in the definition of “authorized health care practitioner”, which authorizes pharmacists to prescribe, dispense, administer, possess and store emergency opioid antagonists subject to the same requirements and immunities as other practitioners under the law. This appears to be duplicative or clarifying, as current law already authorizes pharmacists to perform these functions.⁴⁵

The bill expands who may possess, store and administer opioid antagonists for people at risk of overdose. Current law requires caregivers to have *recurring* contact with such a person to perform these functions; the bill eliminates the recurring contact requirement. Any contact with such a person makes one a “caregiver” under the law. The bill eliminates a subjective barrier that may have limited access to emergency opioid antagonists.

Florida College System Institutions and State Universities

The bill requires each Florida College System (FCS) institution and state university⁴⁶ to maintain a supply of emergency opioid antagonists in clearly marked locations within residence halls and dormitory residences that are owned or operated by the institution or university. Such emergency opioid antagonists must be easily accessible to campus law enforcement officers who are trained in the administration of emergency opioid antagonists.

The bill provides civil and criminal immunity to campus law enforcement officers who administer or attempt to administer an emergency opioid antagonist as authorized under laws related to emergency treatment for suspected opioid overdoses and the Good Samaritan Act. The institution that employs the officer is also granted civil and criminal immunity under the bill. The State Board of Education and the Board of Governors are directed to adopt rules and regulations, respectively, in order to execute the provisions of the bill.

Statewide Council on Opioid Abatement

The bill establishes the Statewide Council on Opioid Abatement (Council) in accordance with the terms of the Florida Opioid Allocation and Statewide Response 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 the Council to be composed of 10 members as follows:

⁴⁴ *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 May 12, 2023).

⁴⁵ See, s. 381.887(3)(a) (authorizing pharmacists to order opioid antagonists); s. 381.887(3)(b) (authorizing pharmacists to dispense opioid antagonists); s. 381.887(5) (granting pharmacists civil immunity for possessing, administering, prescribing dispensing or storing opioid antagonists).

⁴⁶ There are currently 28 FCS institutions and 12 state universities in Florida.

- 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.,⁴⁷ 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 the Council to hold the first meeting by August 31, 2023. The bill directs the Council to meet quarterly thereafter, and upon the call of the chair or two other members. The bill allows meetings of the Council to take place in person or virtually, and sets the quorum at a majority of the members.

The bill requires DCF and DLA to provide the Council staff necessary for the performance of the its 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 required to adhere to all laws, rules, and regulations, including s. 112.311, F.S., relating to conflict of interest disclosure 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;

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

- 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 DCF assistance and support, 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 on how settlement moneys were spent in the previous fiscal year by the state, managing entities, and each county and municipality, and making recommendations to the Governor, the Legislature, and local governments for how expenditures should be prioritized in the coming fiscal year in response to the opioid epidemic. The first report must be published on the DCF and DLA websites by December 1, 2023.

The bill requires each county, city, managing entity, or state agency which receives settlement monies from an opioid settlement 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.

The bill 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 has an indeterminate, negative fiscal impact on DLA associated with establishing and staffing the Council. The impact on DLA associated with staffing the Council is insignificant and absorbable within existing resources.

The bill has an indeterminate, negative fiscal impact on DCF. Under the bill, DCF must reimburse Council members' per diem and travel expenses if they are not employed by a state agency. DCF estimates this to cost approximately \$44,520 annually.⁴⁸ Other expenditures associated with the staffing the Council are expected to be absorbable within existing resources.

FCS institutions and state universities may incur expenses for the purchase and storage of emergency opioid antagonists pursuant to the provisions of the bill.⁴⁹

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

⁴⁸ Department of Children and Families, Agency Analysis: HB 783 (2023), p. 6. On file with the Healthcare Regulation Subcommittee.

⁴⁹ Department of Education, Agency Analysis: HB 39 (2023), p. 4. On file with the Healthcare Regulation Subcommittee.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.