

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

---

Prepared By: The Professional Staff of the Committee on Fiscal Policy

---

BILL: CS/CS/SB 714

INTRODUCER: Fiscal Policy Committee; Appropriations Committee on Health and Human Services;  
and Senator Burton

SUBJECT: Nonopioid Advance Directives

DATE: April 3, 2025

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Looke</u>	<u>Brown</u>	<u>HP</u>	<u>Favorable</u>
2.	<u>Gerbrandt</u>	<u>McKnight</u>	<u>AHS</u>	<u>Fav/CS</u>
3.	<u>Looke</u>	<u>Siples</u>	<u>FP</u>	<u>Fav/CS</u>

---

**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

---

**I. Summary:**

CS/CS/SB 714 creates s. 395.3042, F.S., to require the Agency for Health Care Administration (AHCA) to create and post on its website a voluntary nonopioid patient form to allow a person to indicate to a treating health care provider that the person should not be prescribed or administered an opioid drug during an episode of care. The bill defines “episode of care” and allows a person to request the form be filed in the his or her medical record at the health care facility or private office where he or she will be receiving care. The bill specifies that a person may revoke the form for any reason either orally or by written statement and the form expires at the conclusion of the specified episode of care.

The bill has an insignificant negative fiscal impact on state revenues and expenditures. **See Section V. Fiscal Impact Statement.**

The bill takes effect July 1, 2025.

**II. Present Situation:**

**Opioids**

Opioids are a class of natural, semi-synthetic, and synthetic drugs that include both prescription medications and illegal drugs like heroin. Prescription medications such as oxycodone,

hydrocodone, morphine, codeine, fentanyl, and others are mainly used for the treatment of pain. They can also help treat cough or diarrhea. However, like illegal opioids, prescription opioids can be addictive, particularly if they are misused.<sup>1</sup>

### ***Health Risks of Opioids***

Opioids are addictive. People can quickly lose control over their opioid use and need to keep using them to feel “normal.” High doses can lead to overdose. Opioids can slow breathing to life-threatening levels. As a result, not enough oxygen reaches the brain. This can cause severe brain damage or death.

Opioid use, even as prescribed by a health care provider or only for a short time, can lead to negative health effects.

- Opioid medications may have unpleasant effects, particularly when people take them for a longer time. These include constipation, nausea and vomiting, headache, dizziness, and sleepiness or sleep problems.
- Depending on the dose and how long people use them, opioids can cause cardiovascular changes, such as slower heart rate, low blood pressure, heart failure, and cardiac arrest.
- Opioids can impair the immune system, increasing risk of infection.
- Opioid use, particularly in high doses or for a long period of time, can cause changes in a person’s body that can make them more sensitive to pain.
- Opioid use also has been associated with mental disorders like depression or sexual dysfunction.<sup>2</sup>

### ***Nonopioid Directives***

Several other states and the federal government have either introduced or passed laws that allow for nonopioid directives. See the chart below from 2022 for details:<sup>3</sup>

---

<sup>1</sup> National Institute on Drug Abuse, *Opioids*, Nov. 2024, available at <https://nida.nih.gov/research-topics/opioids#health-risks>, (last visited Feb. 27, 2025).

<sup>2</sup> National Institute on Drug Abuse, *Opioids*, Nov. 2024, available at <https://nida.nih.gov/research-topics/opioids#health-risks>, (last visited Feb. 27, 2025).

<sup>3</sup> Bicket MC, Waljee J, Hilliard P. Nonopioid Directives: Unintended Consequences in the Operating Room. *JAMA Health Forum*. 2022;3(6):e221356. doi:10.1001/jamahealthforum.2022.1356 (available at <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2793282>, (last visited Feb. 27, 2025).

Table. US Nonopioid Directive Policies, by Federal or State Legislative Entity, 2022

Legislative entity	Status	Exemption		Year passed	Description	Clinician role
		Intraoperative	Other setting			
US House of Representatives <sup>a</sup>	Proposed	Yes	Emergency care, hospice, SUDT	Pending	Patient must not "be administered (with the exception of intraoperative opioid use) an opioid or offered a prescription for an opioid for pain management."	NS
US Senate <sup>b</sup>	Proposed	Yes	Hospice, SUDT	Pending	Patient must not "be administered (with the exception of intraoperative opioid use) an opioid or offered a prescription for an opioid for pain management."	NS
Alaska <sup>c</sup>	Passed	No	No	2017	Patient certifies refusal of administration of "any opioid medications including in an emergency situation."	Signature for verification
Connecticut <sup>d</sup>	Passed	No	No	2017	Patient certifies refusal of offer or administration of "any opioid medications at any time, including during an emergency situation."	Signature required
Louisiana <sup>e</sup>	Passed	No	No	2018	Patient certifies refusal of offer or administration of "any opioid medications"	Signature permitted
Massachusetts <sup>f</sup>	Passed	No	No	2016	Patient certifies refusal of offer or administration of "any opioid medications at any time, including during an emergency situation."	Signature required
Michigan <sup>g</sup>	Passed	Yes <sup>h</sup>	Emergency care, hospice, SUDT	2017	Patient "must not be administered an opioid or offered a prescription for an opioid."	NS
Pennsylvania <sup>i</sup>	Passed	No	Based on professional medical judgment	2016	Patient refuses "offer, supply, prescription or other administration of any controlled substance containing an opioid."	Signature for acknowledgment
West Virginia <sup>j</sup>	Passed	No	No	2018	Patient certifies refusal of offer or administration of "any opioid medications at any time, including during an emergency situation."	Signature required

Abbreviations: NS, none specified; SUDT, substance use disorder treatment.

<sup>a</sup> Non-Opioid Directive Act, HR 4098. <https://www.congress.gov/bill/117th-congress/house-bill/4098/text>

<sup>b</sup> Non-Opioid Directive Act, S 1292. <https://www.congress.gov/bill/117th-congress/senate-bill/1292>

<sup>c</sup> Alaska Department of Health and Social Services. Voluntary Non-opioid Directive. <https://dhs.alaska.gov/dph/Director/Documents/opioids/VoluntaryNonOpioidDirective.pdf>

<sup>d</sup> Connecticut Department of Public Health. Voluntary Non-Opioid Directive. [https://portal.ct.gov/-/media/DPH/CT-VNOD-Form\\_FINAL.pdf](https://portal.ct.gov/-/media/DPH/CT-VNOD-Form_FINAL.pdf)

<sup>e</sup> Louisiana Department of Health. Voluntary Non-Opioid Directive Form. <https://dh.la.gov/assets/docs/BehavioralHealth/Opioids/VoluntaryNonOpioidFormFINAL9618.pdf>

<sup>f</sup> Massachusetts Department of Public Health. Voluntary Non-Opioid Directive. <https://www.mass.gov/doc/voluntary-non-opioid-directive/download>

<sup>g</sup> Michigan Department of Health and Human Services. Nonopioid Directive. [https://www.michigan.gov/documents/opioids/MDHHS-5793\\_650584\\_7.dotx](https://www.michigan.gov/documents/opioids/MDHHS-5793_650584_7.dotx)

<sup>h</sup> Michigan Public Act 41, HB 5261. <http://legislature.mi.gov/doc.aspx?2021-HB-5261>

<sup>i</sup> Pennsylvania Department of Health. Pennsylvania Patient Non-Opioid Directive. <https://www.health.pa.gov/topics/Documents/Opioids/Pennsylvania%20Non-Opioid%20Directive.pdf>

<sup>j</sup> West Virginia Department of Health and Human Resources. Voluntary Non-Opioid Directive. <https://dhhr.wv.gov/Office-of-Drug-Control-Policy/Documents/WV%20NonOpioid%20Directive.pdf>

### III. Effect of Proposed Changes:

The bill creates s. 395. 3042, F.S., to require the AHCA to create and post on its website a voluntary nonopioid patient form. The form will allow a person to indicate to a treating health care provider that he or she should not be prescribed or administered an opioid drug during a specified episode of care. The bill defines “episode of care” to mean all services provided to a patient to clinically treat a condition, an illness, or a procedure.

The bill requires each health care facility to post the voluntary nonopioid form on its website or provide a link to the form on the AHCA’s website. At a person’s request before a specified episode of care, the form may be filed in the person’s medical record in the health care facility or private office of a health care practitioner who is providing pretreatment or posttreatment care, or both, to the person for that specified episode of care. The bill specifies that the form serves as the person’s directive related to treatment using opioid drugs during the episode of care at the facility or during the health care practitioner’s pretreatment or posttreatment care.

The bill also allows a person to revoke the form for any reason either by written or oral statement and specifies that the form expires upon the conclusion of the specified episode of care for which it was filed.

The bill takes effect July 1, 2025.

**IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

**V. Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill has an insignificant negative fiscal impact on the AHCA due to the bill's provisions that require the AHCA to develop a voluntary nonopioid advanced directive form and make it available on their website. These costs can be absorbed within existing agency resources.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill creates section 395.3042 of the Florida Statutes.

**IX. Additional Information:****A. Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**CS/CS by Fiscal Policy on April 2, 2025:**

The committee substitute replaces the current bill provisions with a new requirement for the AHCA to create a voluntary nonopioid patient form to allow a person to indicate that he or she does not wish to be treated with opioid drugs during a specific episode of care. The amendment defines “episode of care” and requires health care facilities to post the form on their websites. The committee substitute specifies that a form may be revoked at any time by written or oral statement and that the form expires at the conclusion of the specified episode of care.

**CS by Appropriations Committee on Health and Human Services on March 18, 2025:**

The committee substitute:

- Extends protection from civil and criminal liability to healthcare providers who prescribe, *administer*, and *order* opioids in certain emergency situations to individuals with a nonopioid advance directive.
- Revises the term “medical emergency situation” in the bill to include an emergency medical condition and emergency services and care, as those terms are defined in s. 395.002, F.S.

**B. Amendments:**

None.