HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: PCS for HB 1091 Relating to Substance Abuse Prevention
SPONSOR(S): Professions & Public Health Subcommittee
TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
Orig. Comm.: Professions & Public Health Subcommittee		Woodruff	McElroy

SUMMARY ANALYSIS

An estimated 53 million people worldwide use opioids. An overabundance of opioids in the body can lead to a fatal overdose. An opioid antagonist, such as Narcan, 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. In 2019, Florida reported 5,268 opioid overdose deaths. This was the second highest overdose death rate reported by any state.

Under current law, an authorized health care practitioner may prescribe and dispense an emergency opioid antagonist to a patient or caregiver, and pharmacists may dispense an emergency opioid antagonist pursuant to a prescription or pursuant to a non-patient-specific standing order. A patient or caregiver can store and possess approved emergency opioid antagonists and, in an emergency, when a physician is not immediately available, administer the emergency opioid antagonists 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. Emergency responders and crime laboratory personnel are authorized to possess, store, and administer emergency opioid antagonists. Current law affords civil liability immunity to anyone who possess, administers, prescribes, dispenses, or stores an approved emergency opioid antagonist.

Current law allows, rather than mandates, emergency medical technicians and paramedics who provide basic and advanced life support services to report controlled substances overdoses to the Department of Health (DOH).

HB 1091 amends s. 381.887, F.S., to reflect that the purpose of the section is for the prescribing, ordering, and dispensing of emergency opioid antagonists. The bill requires DOH to develop and implement a statewide awareness campaign to educate the public on opioid overdoses and the safe disposal of opioids. It allows a pharmacist to order and dispense an emergency opioid antagonist to a patient or caregiver.

The bill expressly authorizes personnel of a law enforcement agency or other agency, including, correctional probation officers and child protective investigators to possess, store, and administer emergency opioid antagonists.

Finally, the bill amends s. 401.253, F.S., to require a basic life support service or advanced life support service that treats and releases, or transports to a medical facility, a person in response to an emergency call for suspected or actual overdose of a controlled substance to report such incidents to DOH.

The bill has a significant, negative fiscal impact on DOH, and no fiscal impact on local governments.

The bill has an effective date of July 1, 2021.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Opioids

Opioids are psychoactive substances derived from the opium poppy, or their synthetic analogues.[1] They are commonly used as pain relievers to treat acute and chronic pain. An individual experiences pain because of a series of electrical and chemical exchanges among 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. [3] When an individual experiences pain, the body releases hormones, such as endorphins, which bind with targeted opioid receptors.[4] This disrupts the transmission of pain signals through the central nervous system and reduces the perception of pain.[5] Opioids function in the same way by binding to specific opioid receptors in the brain, spinal cord and gastrointestinal tract, thereby reducing the perception of pain.[6]

Opioids include prescription medications used to treat pain, as well as illegal drugs. Opioids include[7]:

- Buprenorphine (Subutex, Suboxone)
- Codeine
- Fentanyl (Duragesic, Fentora)
- Heroin
- Hydrocodone (Vicodin, Lortab, Norco)
- Hydromorphone (Dilaudid, Exalgo)
- Meperidine
- Methadone
- Morphine
- Oxycodone (OxyContin, Percodan, Percocet)
- Oxymorphone
- Tramadol
- U-47700

It is estimated that 53 million people worldwide use opioids.[8] Opioids are commonly abused, with an estimated 35.6 million people worldwide suffering from drug use dependence.[9] Opioids can create a euphoric feeling because they affect the regions of the brain involved with pleasure and reward, which can lead to abuse.[10] Continued use of these drugs can lead to the development of tolerance and

---

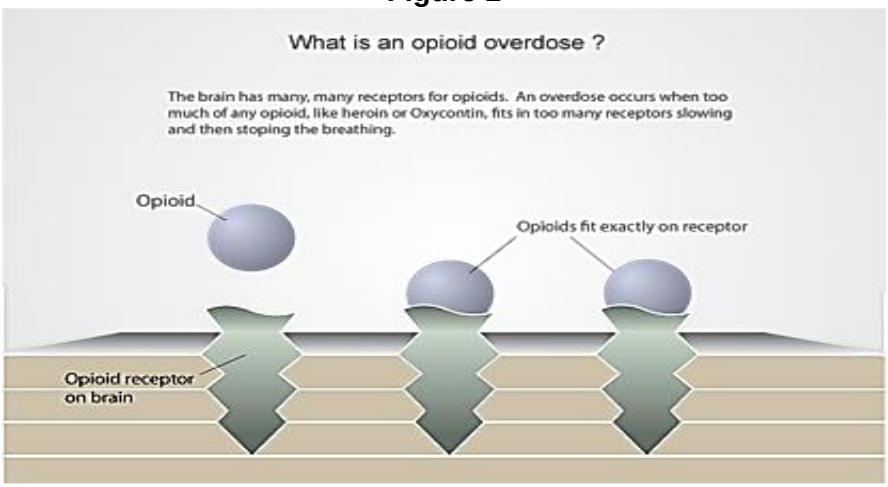
[1] World Health Organization, *Opioid Overdose*, https://www.who.int/news-room/fact-sheets/detail/opioid-overdose (last visited Mar. 30, 2021).
[2] Medical News Today, *What is pain, and how do you treat it?* (Sept. 7, 2020), https://www.medicalnewstoday.com/articles/145750#:~:text=People%20feel%20pain%20when%20specific,immediate%20contraction%20of%20the%20muscles (last visited Mar. 18, 2021).
[3] Gjermund Henriksen, Frode Willoch*, Imaging of Opioid Receptors in the Central Nervous System,* Brain (2008) 131 (5): 1171-1196.
[4] *Id*.
[5] *Id*.
[6] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *SAMHSA Opioid Overdose Toolkit: Facts for Community Members* (2018).
[7] Florida Department of Law Enforcement, *Drugs Identified in Deceased Persons by Florida Medical Examiners 2019 Report,* (Nov. 2020).
[8] United Nations Office on Drugs and Crime, World Drug Report 2019, *Global Overview of Drug Demand and Supply* (Jun. 2019), https://wdr.unodc.org/wdr2019/prelaunch/WDR19_Booklet_2_DRUG_DEMAND.pdf (last visited Mar. 30, 2021).
[9] *Supra* note 1.
[10] National Institute on Drug Abuse, *How Do Opioids Affect the Brain and Body?,* (June 2020) http://www.drugabuse.gov/publications/research-reports/prescription-drugs/opioids/how-do-opioids-affect-brain-body (last visited Mar. 18. 2021).

psychological and physical dependence.[11] This dependence is 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.[12]

An overabundance of opioids in the body can lead to a fatal overdose. In addition to their presence in major pain pathways, opioid receptors are also located in the respiratory control centers of the brain.[13] Opioids disrupt the transmission of signals for respiration in the identical manner that they disrupt the transmission of pain signals (figure 1). This leads to a reduction, and potentially cessation, of an individual's respiration. Oxygen starvation will eventually stop vital organs like the heart, then the brain, and can lead to unconsciousness, coma, and possible death.[14] Within 3-5 minutes without oxygen, brain damage starts to occur, soon followed by death.[15] However, this does not occur instantaneously as people will commonly stop breathing slowly, minutes to hours after the drug or drugs were used.[16] An opioid overdose can be identified by a combination of three signs and symptoms referred to as the "opioid overdose triad":[17]

- Pinpoint pupils.
- Unconsciousness.
- Respiratory depression.

Figure 1



Source: Maya Doe-Simkins, MPH, Boston Medical Center.

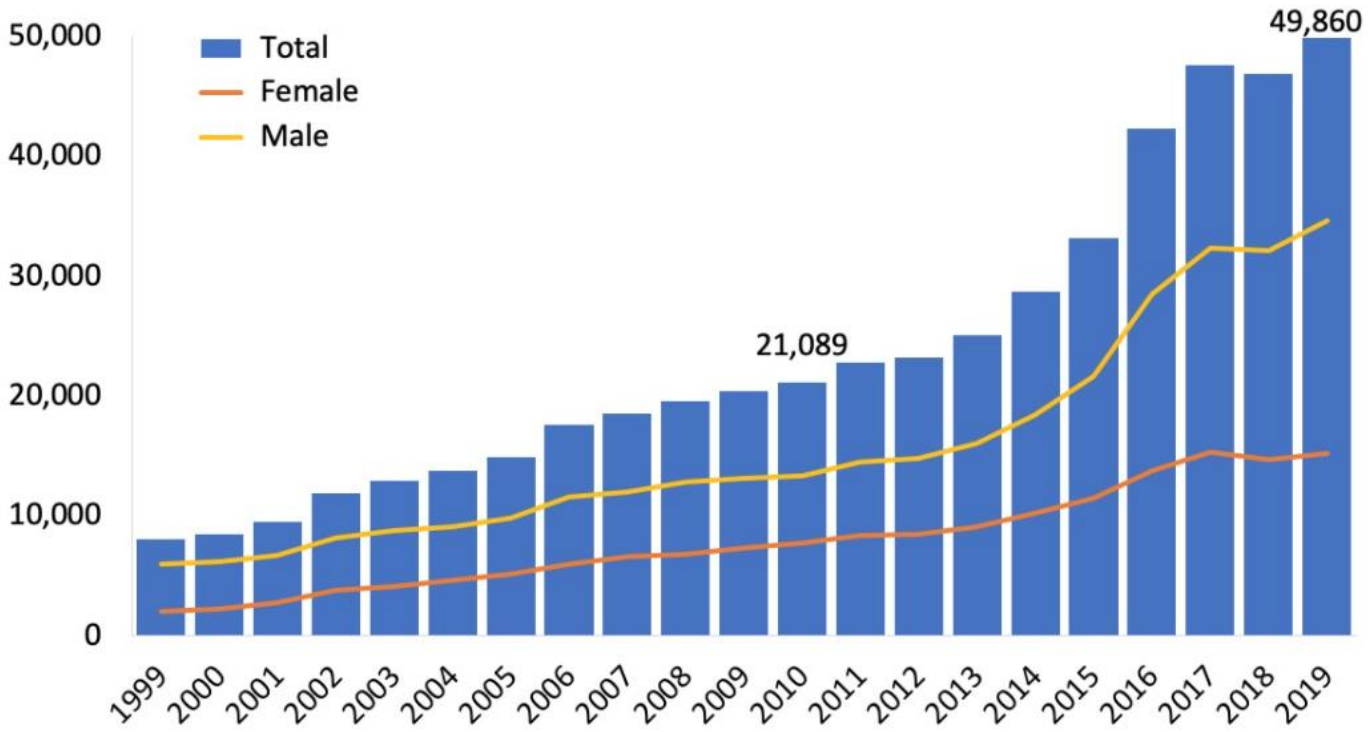
The rise in opioid overdose deaths can be outlines in three distinct waves:

1. The first wave began with increase prescribing of opioids in the 1990s, with overdose deaths involving prescription opioids increasing since at least 1999.
2. The second wave began in 2010, with rapid increase in overdose deaths involving heroin.
3. 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 it can be found in combination with heroin, counterfeit pills, and cocaine.[18]

---

[11] *Supra* note 6.
[12] *Supra* note 1.
[13] Pattinson, K.T.S., *Opioids and the Control of Respiration*, BJA, Vol. 100, Issue 6, Pages 747-758. http://bja.oxfordjournals.org/content/100/6/747.full (last visited Mar. 18, 2021).
[14] Harm Reduction Coalition, *Guide to Developing and Managing Overdose Prevention and Take-Home Naloxone Projects*, (Aug. 31, 2020) http://harmreduction.org/our-work/overdose-prevention/ (last visited Mar. 18, 2021).
[15] *Id*.
[16] *Id*.
[17] *Supra* note 1.
[18] Centers for Disease Control and Prevention, *Understanding the Epidemic*, https://www.cdc.gov/drugoverdose/epidemic/index.html (last visited Mar. 30, 2021).

More than 70,000 Americans died from drug-involved overdose in 2019, including illicit drugs and prescription opioids.[19] Overall, drug overdose deaths increased from 2018 to 2019 with 70,630 drug overdoses reported in 2019.[20] The following graph provides information on the total number of U.S. overdose deaths involving any opioid[21] from 1999 to 2019.[22] Opioid-involved overdose deaths increased from 21,088 in 2010 to 47,600 in 2017 and remained steady in 2018 with 46,802.[23] This was following by a significant increase in 2019 to 49,860 overdose deaths.[24]



In 2019, Florida reported 5,268 opioid overdose deaths.[25] This was an 11.9 percent increase from 2018.[26] Florida also experienced 4,152 opioid and 10,464 all drug non-fatal overdoses between July and September 2019.[27]

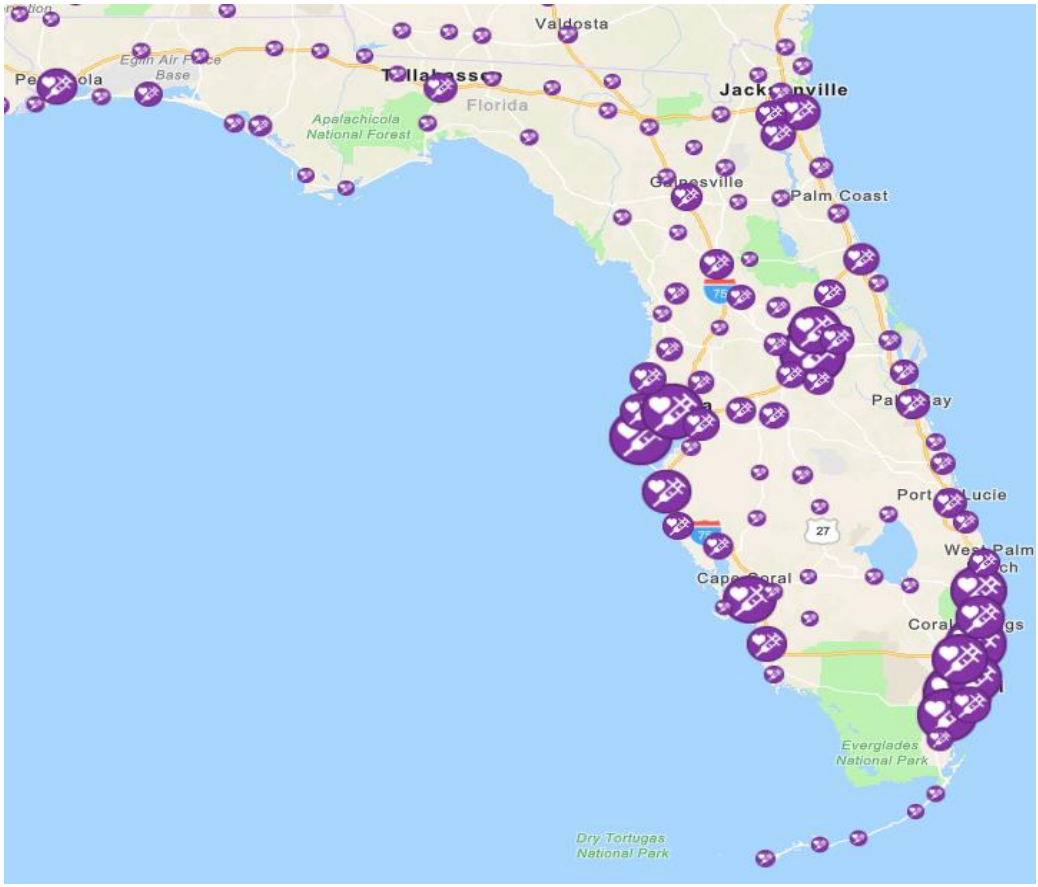
Opioid Antagonist

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.[28] 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 signals for respiration to resume.[29] This effect lasts only for a short period of time[30] with the narcotic

[19] National institute on Drug Abuse, *Overdose Death Rates*, https://www.drugabuse.gov/drug-topics/trends-statistics/overdose-death-rates (last visited Mar. 30, 2021).
[20] *Id*.
[21] Any opioid includes prescription opioids (natural and semi-synthetic opioids and methadone), heroin and synthetic opioids other than methadone (primarily fentanyl).
[22] *Id*.
[23] *Id*.
[24] *Id*.
[25] Center for Disease Control and Prevention, *Drug Overdose Deaths*, https://www.cdc.gov/drugoverdose/data/statedeaths/drug-overdose-death-2019.html (last visited Mar. 30, 2021).
[26] Center for Disease Control and Prevention, *2018-2019 Drug Overdose Death Rate Increase*, https://www.cdc.gov/drugoverdose/data/statedeaths/drug-overdose-death-2019.html (last visited Mar. 30, 2021).
[27] Florida Department of Health, *Non-Fatal Opioid and All Drug Overdose Surveillance Report, Florida Q4-2019*, http://www.floridahealth.gov/statistics-and-data/fl-dose/_documents/non-fatal-od-2019-q4.pdf
[28] Harm Reduction Coalition, *Understanding Naloxone,* (Sept. 8, 2020) http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understanding-naloxone/ (last visited Mar. 18, 2021).
[29] *Supra* note 13.

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 and it is why it is generally recommended that anyone who has experienced an overdose seek medical attention.

In February 2019, Florida issued a statewide Standing Order for Naloxone. The Standing Order authorizes pharmacists to dispense certain naloxone formulations to emergency responders for administration to persons exhibiting signs of opioid overdose.[31] 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. Access to naloxone is available at most pharmacies in Florida. The following map provides information on pharmacy locations where naloxone is available with or without a prescription.[32]



Florida law allows an authorized health care practitioner to prescribe and dispense an emergency opioid antagonist to a patient or caregiver, and pharmacists may dispense an emergency opioid antagonist pursuant to a prescription or to a non-patient-specific standing order.[33] Current law defines a "caregiver" as a family member, friend, or *person* in a position to have recurring contact with a person at risk of experiencing an opioid overdose.[34] Current law broadly defines a "person" to include

---

[30] 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.
[31] Florida Department of Health, State of Florida, *Statewide Standing Order for Naloxone* (Feb. 25, 2019), http://www.floridahealth.gov/licensing-and-regulation/ems-system/_documents/standing-order-naloxone.pdf (last visited Mar. 30, 2021).
[32] New America, *National Naloxone Access Map*, https://opioidepidemic.maps.arcgis.com/home/item.html?id=153b0c32fefc432eae6a0e8439b9f56b (last visited Mar. 30, 2021). The National Naloxone Map accumulates data from many difference sources, with participation from thousands of CVS, Walmart, and Walgreens pharmacies, along with other independent distributors. The map is meant to be a community effort, and contributing locations is encouraged to participate, to make it the best possible representation of resources. The map is not complete, and naloxone prescription needs and costs vary by state, but this effort represents over 25,000 locations to obtain naloxone.
[33] S. 381.887, F.S.
[34] S. 381.887(1)(c), F.S.

individuals and children.[35] Therefore, an authorized health care practitioner may prescribed any person falling under the definition an emergency opioid antagonist.

Any person prescribed an opioid antagonist, or distributed an emergency opioid antagonist pursuant to a non-patient-specific standing order, may store and possess approved emergency opioid antagonists. In an emergency, when a physician is not immediately available, that person may administer the emergency opioid antagonists to an individual believed in good faith to be experiencing an opioid overdose, regardless of whether that person has a prescription for an emergency opioid antagonist.[36] Current law also allows emergency responders and crime laboratory personnel to possess, store, and administer emergency opioid antagonists.

A person who possess, administers, prescribes, dispenses, or stores an approved emergency opioid antagonist is afforded the civil liability immunity protections under s. 768.13, F.S. (Good Samaritan Act).

Prescription Drug Disposal

Currently, the recommended method of disposing unused prescription medications is to take them to a drug take-back location.[37] However, if there is not a drug take-back location in the area or if the person cannot go to one promptly, the U.S. Food and Drug Administration (FDA) provides two recommendations:

- That drugs on the drug flus list be disposed of immediately by being flushed down a toilet. The FDA has identified and created a list of drugs that are either dangerous to be kept unused for an extended period of time or are sought-after for their misuse and abuse potential. Many of the drugs on the flush list are prescription opioids.[38]
- If the drug is not on the flush list, the FDA recommends that the drug be mixed with an unappealing substance in a sealed container and thrown away in the trash.[39]
- In either case, the FDA also recommends that all personal information on the prescription label be deleted before throwing away or recycling the drug container.

Drug Disposal Products

In April 2019, 70 percent of the U.S. population lived less than five miles from collection sites.[40] If collection sites, take-back events, or mail-back programs are not feasible, commercial products to facilitate in-home disposal exist for patients that may not want to dispose of products in the trash. There are numerous drug disposal products available, many of which are sold directly to consumers. In-home disposal products are proprietary substances that patients can mix with their unused drugs, including opioids, before disposing them in the trash.[41] The products use a variety of method to dispose of drugs and make them non-retrievable, including activated carbon, bentonite clay, mixtures of calcium hypochlorite with other ingredients, and other proprietary methods not fully described by the products. Vendors of in-home disposal products indicate the products can prevent misuse of opioids by rending drugs non-retrievable and by motivating patients to dispose of unused opioids.[42]

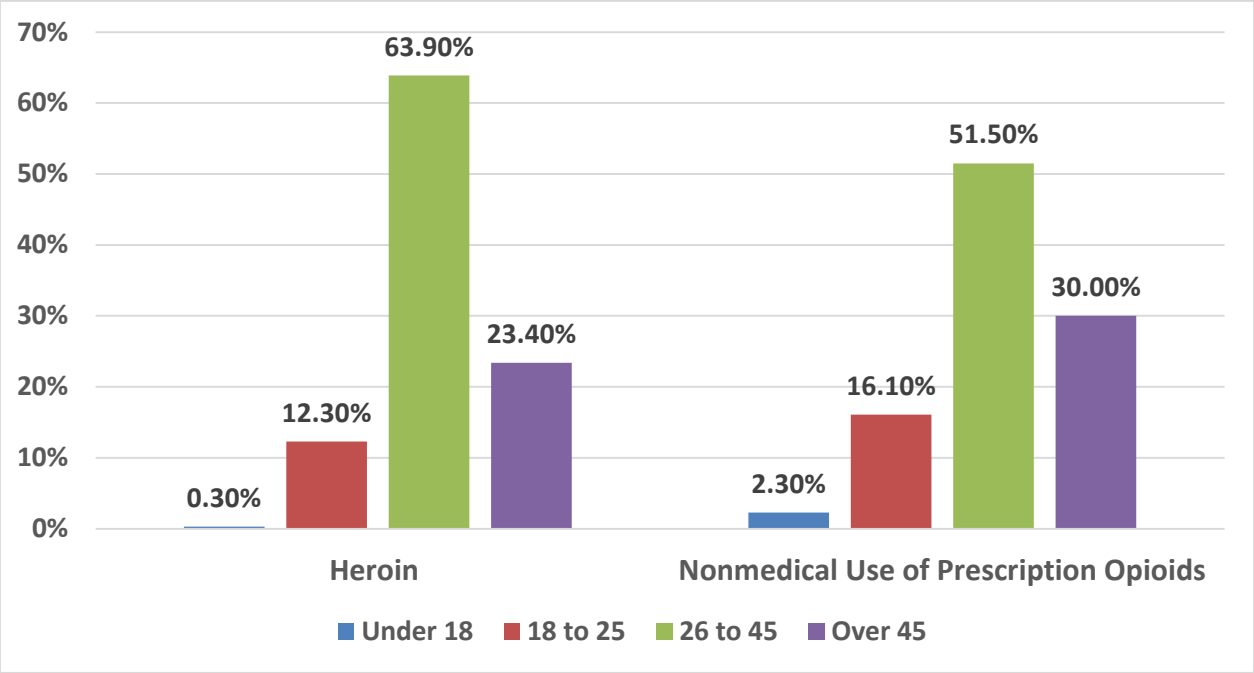
Emergency Response to Overdose

---

[35] S. 1.01 (3), F.S.
[36] *Id*.
[37] Theriot, Jonathan, et al., *Opioid Antagonists*, (Jul. 27, 2020), https://www.ncbi.nlm.nih.gov/books/NBK537079/#:~:text=3%5D%5B4%5D-,The%20two%20most%20commonly%20used%20centrally%20acting%20opioid%20receptor%20antagonists,depression%20associated%20with%20opioid%20use (last visited Mar. 22, 2021).
[38] U.S. Food and Drug Administration, *Drug Disposal: FDA's Flush List for Certain Medicines*, (Oct. 1, 2020) https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-fdas-flush-list-certain-medicines (last visited Mar. 22, 2021).
[39] *Id*.
[40] United States Government Accountability Office, *Prescription Opioids, Patient Options for Safe and Effective Disposal of Unused Opioids,* (Sept. 2019), https://www.gao.gov/assets/gao-19-650.pdf (last visited Mar. 29, 2021).
[41] *Id*.
[42] *Id*.

In 2017, U.S. drug overdose deaths increased 9.6% from 2016. Emergency departments treated 967,615 nonfatal drug overdoses in 2017.[43] From 2016 to 2017, rates for nonfatal overdoses increased for those involving all drugs (4.3%), all opioids (3.1%), nonherion opioids (3.6%), heroin (3.6%), and cocaine (32.9%).[44]

The following table provides information on emergency department visits related to heroin and nonmedical use of prescription opioids by age from April 2019 to December 2020.[45] Patients aged 26 to 45 accounted for more than half (52%) of emergency department visits related to non-medical use of prescription opioids.[46]



Florida Emergency Response to Overdoses Reporting Requirements

Current law allows emergency medical technician[47] (EMT) and paramedics[48] who provide basic and advanced life support services to report controlled substances overdoses to the Department of Health (DOH). A report must contain:

- The date and time of the overdose.
- The address of where the patient was picked up or where the overdose took place.
- Whether an emergency opioid antagonist was administered.
- Whether the overdose was fatal or non-fatal.

Additionally, the report must include the approximate age and gender of the patient and the suspected controlled substance involved in the overdose only if permitted by its reporting mechanism. Reporters must attempt to make the report within 120 hours.

---

[43] Centers for Disease Control and Prevention, *Nonfatal Drug Overdoses Treated in Emergency Departments – United States, 2016-2017,* (Apr. 3, 2020), https://www.cdc.gov/mmwr/volumes/69/wr/mm6913a3.htm (last visited Mar. 30, 2021).
[44] *Id*.
[45] U.S. Department of Health, Substance Abuse and Mental Health services Administration, *DAWN: Heroin and Nonmedical Use of Prescription Opioids,* https://www.samhsa.gov/data/sites/default/files/reports/rpt32814/DAWN%20Opioids%20Profile.pdf (last visited Mar. 22, 2021).
[46] *Id*.
[47] S. 401.23(11), F.S., defines an EMT as a person who is certified by DOH to perform basic life support.
[48] S. 401.23(17), F.S., defines a paramedic as a person who is certified by DOH to perform basic and advanced life support.

A report must be filed with DOH using the Emergency Medical Tracking and Reporting System (EMSTARS),[49] the Washington/Baltimore High Intensity Drug Tracking Overdoes Detection Mapping Application Program,[50] or other program identified by DOH in rule.

Reporting of such incidents is currently voluntary, and only about 30 percent of all emergency responding units utilize it.[51]

DOH established the Florida Drug Overdose Surveillance and Epidemiology (FL-DOSE) program using federal grant funding from the Center for Disease Control and Prevention (CDC).[52] The FL-DOSE program allows for a collaborative and targeted response to the growing drug overdose challenge through timely dissemination of surveillance data. The program supports resources necessary to:

- Monitor non-fatal drug overdose visits at Florida's emergency departments and hospitals.
- Leverage Florida's existing incident-level Emergency Medical Services data collection system to calculate drug overdose indicators.
- Collect, abstract, and input fatal overdose data from Florida's Vital Statistics Death Certificates and Medical Examiners' reports for target counties into the CDC's National Violence Death Registry System's State Unintentional Drug Overdose Reporting system.
- Communicate surveillance results to key stakeholders at state and local levels.

Opioid Public Education Campaigns

DOH, through Overdose Data to Action (OD2A) funding, recently launched a statewide media campaign to increase awareness and education on overdose prevention utilizing campaign materials from the Centers for Disease Control and Prevention Rx Awareness campaign.[53] This evidence-driven campaign tells real stories of people whose lives have been torn apart by opioid use and abuse to raise awareness.[54] In addition to state level efforts, these campaign materials are available and accessible to County Health Departments in support of local initiatives and prevention efforts.[55] In addition to this media campaign, there are various prevention efforts throughout Florida to increase education and awareness about the risks of prescription drug and opioid misuse. Current statewide awareness campaigns and initiatives include:

- The Department of Children and Families' Opioid Overdose Prevention Awareness campaign, launched in 2018, to educate the public on the signs and symptoms of opioid overdose, how to use an opioid antagonist to reverse an opioid overdose, and where to access an opioid antagonist in Florida.
- First Lady Casey DeSantis Hope for Healing Florida initiative, which is a multi-agency mental health and substance abuse campaign.
- The Florida Dose of Reality website, launch by the Florida Office of Attorney General in September 2018, provides information on the dangers of opioid misuse, safe storage of opioids, advice for prescribing providers, students, teachers, parents, veterans, business owners and others.

---

[49] DOH maintains the EMSTARS to collect data and analyze the incident level data from EMS agencies for benchmarking and quality improvement initiatives. The electronic patient care records submitted by licensed EMS agencies to EMSTARS are confidential and exempt pursuant to s. 401.30(4), F.S.

[50] The Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA) is a federal grant program administered by the White House Office of National Drug Control Policy which provides resources to assist federal, state, local, and tribal agencies coordinate activities that address drug trafficking. HIDTA created an app, known as the Overdose Detection Mapping Application Program, which allows EMS agencies to report overdose incidents that are then transmitted in real time with electronic map showing the location, date, time, and incident type. The app does not allow EMS agencies to report on the patient's age or gender or suspected controlled substance involved in the overdose.

[51] Florida Attorney General, Florida's Opioid Epidemic: Recommendations and Best Practices (Jan. 25, 2021), https://myfloridalegal.com/webfiles.nsf/WF/TDGT-B9UTV9/$file/AG+Opioid+Working+Group+Report+Final+2-28-2019.pdf (last visited Mar. 30, 2021).

[52] Florida Department of Health, Florida Drug Overdose Surveillance and Epidemiology (FL-DOSE), http://www.floridahealth.gov/statistics-and-data/fl-dose/index.html (last visited Mar. 30, 2021).

[53] Florida Department of Health, *2021 Agency Bill Analysis for HB 1091* (Mar. 12, 2021).

[54] *Id*.

[55] *Id*.

Effect of Proposed Changes

HB 1091 amends s. 381.887, F.S., to specify that the purpose of the section is for the prescribing, ordering, and dispensing of emergency opioid antagonists. The bill requires DOH to develop and implement a statewide awareness campaign to educate the public regarding:

- Risk factors of opioid overdoses.
- Signs and symptoms of opioid overdoses.
- How to respond to opioid overdoses.
- Safe storage and administration of emergency opioid antagonists.
- Safe disposal of opioids including, but not limited to, permanent prescription drug donation boxes and at-home drug deactivation and disposal systems.

The bill allows a pharmacist to 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 s. 381.887, F.S. It further allows a pharmacist to dispense an emergency opioid antagonist pursuant to a prescription by an authorized health care practitioner. Pharmacists may dispense an emergency opioid antagonist with an autoinjection delivery system or intranasal application delivery system, which must be appropriately labeled with instructions for use, pursuant to a pharmacist order or pursuant to a non-patient standing order.

The bill expressly authorizes personnel of a law enforcement agency or other agency, including, but not limited to, correctional probation officers and child protective investigators to possess, store, and administer emergency opioid antagonists. Personnel of a law enforcement agency or other agency are immune from civil liability or criminal liability as a result of administering an emergency opioid antagonist.

The bill also amends s. 401.253, F.S., to require a basic life support service or advanced life support service that treats and releases, or transports to a medical facility, a person in response to an emergency call for suspected or actual overdose of a controlled substance to report such incident to DOH.

B. SECTION DIRECTORY:

Section 1: Amending s. 381.887, F.S., relating to emergency treatment for suspected opioid overdose.
Section 2: Amending s. 401.253, F.S., relating to reporting of controlled substance.
Section 3: Providing an effective date.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

   None.

2. Expenditures:

   DOH will incur an insignificant fiscal impact to implement the bill's provisions. DOH will incur both a recurring and nonrecurring expense should the bill pass. DOH anticipates needing 2 FTEs at a total costs of $231,582 in recurring costs for salaries and benefits to implement the bill's provisions. Additionally, DOH estimates $500,000 in non-recurring and $50,000 in recurring costs to implement a statewide targeted awareness campaign.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

   None.

2. Expenditures:

   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

DOH has sufficient rulemaking authority to implement the bill's provisions.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES