

Health & Human Services Committee

Thursday, March 10, 2011 9:15 AM Reed Hall (102 HOB)

Action Packet

Health & Human Services Committee

3/10/2011 9:15:00AM

Location: Reed Hall (102 HOB)

Summary:

Health & Human Services Committee

Thursday March 10, 2011 09:15 am

PCB HHSC 11-03 Favorable

Print Date: 3/10/2011 1:04 pm

Yeas: 13 Nays: 5

PCB HHSC 11-04 Favorable With Amendments (1)

Yeas: 12 Nays: 5

Health & Human Services Committee

3/10/2011 9:15:00AM

Location: Reed Hall (102 HOB)

Attendance:

	Present	Absent	Excused
Robert Schenck (Chair)	X		
Ben Albritton	×		
Mack Bernard	X		
Richard Corcoran	×		
Janet Cruz	X		
Eduardo Gonzalez	X		, ,
Gayle Harrell	X		
Doug Holder	X		
Matt Hudson	X		
Mia Jones	X		
Paige Kreegel	X		
Ana Logan	X		
Mark Pafford	· X		
Ari Porth	X		
Ronald Renuart	X		
Elaine Schwartz	X		
John Wood	X		
Dana Young	X		
Totals:	18	0	0

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Health & Human Services Committee

3/10/2011 9:15:00AM

Location: Reed Hall (102 HOB)

PCB HHSC 11-03 : Controlled Substances

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Ben Albritton	X				
Mack Bernard	X				
Richard Corcoran	X				
Janet Cruz		X			
Eduardo Gonzalez	X				
Gayle Harrell	X				
Doug Holder	X		<u> </u>		·
Matt Hudson	X				,
Mia Jones		X			
Paige Kreegel	X				
Ana Logan	X				
Mark Pafford		X			
Ari Porth		X			
Ronald Renuart	X				
Elaine Schwartz		X			
John Wood	X				
Dana Young	X				
Robert Schenck (Chair)	X				
	Total Yeas: 13	Total Nays: 5			

Appearances:

PCB HHSC 11-03
Sally West (Lobbyist) - Proponent
Florida Retail Federation
P. O. Box 10024
Tallahassee FL 32302
Phone: (850) 222-4082

PCB HHSC 11-03 Fraser Cobbe - Information Only Florida Orthopaedic Society 17503 Mallard Ct. Lutz FL 33559

Phone: (813) 948-8660

PCB HHSC 11-03 Col. Claude Shipley - Opponent Self 2986 Giverny Circle Tallahassee FL 32309 Phone: (850) 508-7926

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Health & Human Services Committee

3/10/2011 9:15:00AM

Location: Reed Hall (102 HOB)

PCB HHSC 11-03

Col. Bruce Grant - Opponent

Self

1316 Conservancy Drive, E.

Tallahassee FL 32312

Phone: (850) 443-8286

PCB HHSC 11-03 Staff Summary

Controlled Substances

Background

- Since the 1990's the legal use of prescription drugs has increased dramatically in Florida and around the nation.
- While these medications are valuable for the treatment of chronic pain, their use comes with unavoidable risks including serious complications like misuse, abuse, addiction, overdose and death.
- Prescription pain relievers in Florida can be lawfully dispensed in a number of ways:
 - Pharmacies undergo a formal permitting process to dispense medication.
 - Physicians must be licensed by the state, have a federal Drug Enforcement
 Administration (DEA) number, and must register with the Florida Department of
 Health (DOH) in order to dispense.
 - Pain management clinics, which are facilities employing physicians specializing in the treatment of pain, are also required to register with the Florida DOH.
- The Florida Department of Health and the boards of the various specialties regulate the dispensing of all prescription drugs in the state.
- Regulation of practitioners is a complaint-driven process, dependent on law enforcement, other practitioners, or the public to identify possible cases of unlawful distribution, prescribing and dispensing of pain relievers such as oxycodone, methadone, hydropmorphone and hydrocodone.
- Regulatory activities require extensive investigation, formal determinations of probable cause and applicable due process before any discipline can be imposed.
- Data about the distribution of controlled substances collected by the U.S. Justice
 Department indicate that the amounts of these drugs purchased by Florida dispensing practitioners is dramatically high compared to practitioners in the rest of the U.S.
- In 2006, Florida doctors purchased 85% of all the oxycodone and 93% of the methodone purchased by practitioners throughout the U.S.
- Florida dispensing practitioners purchased 100 times the grams of oxycodone purchased by all other practitioners in the U.S. in 2006.

Effect of the Proposed Committee Bill

- Prohibit practitioners from dispensing controlled substances (Schedules II through V).
- Provide grounds for disciplining practitioners who dispense controlled substances.
- Require pharmacists to report attempts to fraudulently obtain controlled substances.
- Prohibit wholesale drug distributors from selling controlled substances to practitioners.
- Require wholesale drug distributors to report distributions of controlled substances.
- Create a mandatory buy-back program for physicians to transfer controlled substance inventory back to distributors by a date certain.
- Require the Department of Health to declare a state of emergency and require law enforcement to quarantine the inventories of high-risk dispensing practitioners to ensure legal transfer through the buy-back program.
- Make controlled substances possessed by dispensing practitioners after the date of the buy-back program contraband, and require law enforcement to seize it.
- Repeal existing pain management clinic regulations because this proposed legislation prohibits the dispensing of medication at pain management clinics.

Section Summary

Section 1: Deletes reference to pain management clinics as regulated business establishments.

Section 2: Deletes authority for the department to inspect patient records in a pain management clinic without obtaining a patient release.

Section 3: Repeals s.458.3265 regulating the practice of medicine in pain management clinics.

Section 4: Prohibits medical doctors (licensed under Chapter 458) from dispensing controlled substances listed in Schedule II, III, IV, or V.

Section 5: Creates new grounds for disciplinary action for medical doctors (licensed under Chapter 458) dispensing controlled substances listed in Schedule II, III, IV, or V and deletes grounds for discipline specific to pain management clinic setting.

Section 6: Repeals s.459.0137 regulating the practice of osteopathic medicine in pain management clinics.

Section 7: Prohibits osteopathic physicians (licensed under Chapter 459) from dispensing controlled substances listed in Schedule II, III, IV, or V.

Section 8: Creates new grounds for disciplinary action for osteopathic doctors (licensed under Chapter 459) dispensing controlled substances listed in Schedule II, III, IV, or V and deletes grounds for discipline specific to pain management clinic setting.

Section 9: Defines violations and penalties for any pharmacist or other person working in a pharmacy who fails to report attempts to fraudulently obtain controlled substances.

Section 10: Prohibits dispensing practitioners from dispensing controlled substances listed in Schedules II, III, IV or V, and exempts dispensing free samples and dispensing in the health care system of the Department of Corrections.

Section 11: Prohibits distribution of controlled substances in Schedules II, III, IV or V to practitioners licensed under chapter 458, 459, 461, or 466.

Section 12: Requires wholesale distributers to report weekly distributions of controlled substances.

Section 13: Directs the department to adopt rules to implement the reporting requirements.

Section 14: Establishes burglary of controlled substances as a second degree felony.

Section 15: Establishes theft of any amount of controlled substances as grand theft and a third degree felony.

Section 16: Permits law enforcement officers to access pharmacy controlled substance inventory records without a subpoena, court order, or search warrant.

Section 17: Repeals an unnumbered section of law creating an EOG task force to monitor implementation of the prescription drug monitoring system.

Section 18: Creates a buy-back program for dispensing physicians to return controlled substances within 10 days of the effective date of this act; directs the department to declare a public health emergency; provide for law enforcement actions regarding inventory of controlled substances; and makes an appropriation for law enforcement activities.

Fiscal Impact

The bill includes a \$1.5 million appropriation of non-recurring general revenue associated with law enforcement supervision of the safe disposal of controlled substance inventories by high risk providers.

Any additional costs to the Department of Health for enforcing the dispensing and distributing bans are expected to be absorbed within existing resources for ongoing regulatory activities.

Health & Human Services Committee

3/10/2011 9:15:00AM

Location: Reed Hall (102 HOB)

PCB HHSC 11-04 : Office of Drug Control

X Favorable With Amendments (1)

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Ben Albritton	X				
Mack Bernard			X		
Richard Corcoran	X				
Janet Cruz		X			
Eduardo Gonzalez	X				
Gayle Harrell	X				
Doug Holder	X				
Matt Hudson	X				
Mia Jones		X			
Paige Kreegel	X				
Ana Logan	X				
Mark Pafford		X			
Ari Porth		X			
Ronald Renuart	X				
Elaine Schwartz		X			
John Wood	X				
Dana Young	X				
Robert Schenck (Chair)	X				
	Total Yeas: 12	Total Nays: 5	,		

Appearances:

PCB HHSC 11-04 Col. Bruce Grant - Opponent Self 1316 Conservancy Drive, E. Tallahassee FL 32312 Phone: (850) 443-8286

PCB HHSC 11-04 Col. Claude Shipley - Opponent Self 2986 Giverny Circle Tallahassee FL 32309 Phone: (850) 508-7926

PCB HHSC 11-04 Linda Bartz - Opponent Self 1334 SW Irving Street Port St. Lucie FL 34983 Phone: (772) 812-3060

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Health & Human Services Committee

3/10/2011 9:15:00AM

Location: Reed Hall (102 HOB)

PCB HHSC 11-04

Joy Cooper - Information Only Mayor, City of Hallandale Beach 600 South Federal Highway Hallandale Beach FL 33009-2437

Phone: (954) 632-5700

PCB HHSC 11-04 Staff Summary

Office of Drug Control and Prescription Drug Monitoring System Repeal

Background

- Since the early 1930's state regulatory, administrative, and law enforcement agencies
 have worked to establish systems to track and monitor the prescribing and dispensing of
 particular prescription drugs.
- By 1992, ten states had operational PDMPs and many more states were in the process of enacting legislation to establish a PDMP.
- Prescription drug monitoring programs can take a variety of forms in different states, and research notes that the impact of a PDMP depends on how active the program is.
- Prescription information (patient identifier, drug dispensed, date of dispensing, quantity dispensed, prescriber, and dispenser) from dispensers to the PDMP administrator is a multi-step process.
- At this time, no state has implemented a program that requires real-time data transmission at the point of controlled substance dispensing.
- Currently, the most common time frame for data transmission is bi-weekly.
- Numerous studies have tried to determine the effectiveness of the PDMP on curbing drug abuse and mortality.
- One of the studies most often cited by proponents of PDMPs relied on statistical modeling techniques to estimate what drug abuse levels might have occurred if the PDMP had not been implemented. This hypothetical model suggested PDMPs may reduce supply and drug abuse.
- A more recent study found no evidence that PDMPs, even active PDMPs, are linked to any reduction in deaths due to prescription drug abuse.

Effect of the Proposed Committee Bill

- 1. The bill eliminates the Office of Drug Control (ODC).
 - The Office of Drug Control was created in 1999 to increase coordination of statewide substance abuse policy and planning.
 - The ODC completed its first strategy recommendations in 1999 focusing on prevention and treatment of substance abuse and the role of law enforcement in accomplishing those goals.
 - The ODC is responsible for coordinating efforts and implementing policies to:

- o protect Florida children from substance abuse;
- o reduce the demand for and availability of illegal drugs;
- treat substance abuse;
- o prevent suicide; and
- o improve seaport security.
- 2. The bill eliminates the Prescription Drug Monitoring Program.
 - The Prescription Drug Monitoring Program (PDMP) was enacted in 2009 to prevent the illegal diversion of controlled substances and subsequent abuse and overdose in Florida.
 - The law requires all pharmacies and dispensing practitioners to report patient, and prescriber information for each schedule II, III and IV controlled substance dispensed to the system within 15 days of dispensing.
 - The PDMP was to be operational by December 1, 2010. However, vendors have challenged the contract procurement by DOH on two occasions and litigation remains ongoing. The PDMP is not currently operational.
- 3. The bill makes conforming changes to reflect the elimination of the ODC. For example:
 - The Statewide Office for Suicide Prevention moves from the ODC to the Department of Children and Family Services.
 - The Seaport Security Standards Advisory Council moves from the ODC to the Executive Office of the Governor.
 - The Statewide Drug Policy Advisory Council moves from the Executive Office of the Governor to the Department of Health, and the Surgeon General replaces the director of the ODC as the chair of the Council

Fiscal Impact

The bill will have a significant positive fiscal impact due to the elimination of 7 FTEs and additional General Revenue.

 Salary and Benefits
 \$492,207 GR

 Lump Sum
 \$82,050 GR

 Risk Management
 \$5,220 GR

 HR Mgt (to DMS)
 \$2,266 GR

 Total:
 \$581,743 GR

Amendment No.

	COMMITTEE/SUBCOMMITTEE ACTION ADOPTED(Y/N) ADOPTED AS AMENDED(Y/N) ADOPTED W/O OBJECTION(Y/N) FAILED TO ADOPT(Y/N) WITHDRAWN(Y/N) OTHER
1	Committee/Subcommittee hearing PCB: Health & Human Services
2	Committee
3	Representative(s) Young offered the following:
4	
5	Amendment (with title amendment)
6	Remove lines 160-245
7	
8	
9	
10	
11	TITLE AMENDMENT
12	Remove lines 311-312 and insert:
13	Governor; amending s. 311.123, F.S., making conforming

Controlled Drug Dispensing by Hospitals

	Florida Percent of US		Rate (per 100,000)		
Population	15,123,712 277,755,074	5.4%	Florida Other US		
"Hospital" Regis	strants	_	ener recent de contract de con		
Oxycodone	459		3.0	***************************************	
	8,036	5.7%	2.9		
Hydromorphone	355		2.3		
	6,476	5.5%	2.3		
Hydrocodone	455		3.0		
	8,595	5.3%	3.1		
Methadone	285		0.4		
	5,697	5.0%	2.1		
"Hospital" Gran	ns Sold	_			
Oxycodone	160,525		1,061.4		
	2,270,465	7.1%	803.4		
Hydromorphone	12,773		84.5		
	203,221	6.3%	72.5		
Hydrocodone	52,737		348.7		
	1,242,764	4.2%	453.1		
Methadone	26,779		177.1		
	584,144	4.6%	212.2		

Controlled Drug Dispensing by Pharmacies

	Florida Percent of US		Rate (per 100,000)		
Population	15,123,712 277,755,074	5.4%	Florida Other US		
"Pharmacy" Reg	gistrants	_			
Oxycodone	3,734		24.7		
	62,874	5.9%	22.5		
Hydromorphone	3,022		20.0		
	49,945	6.1%	17.9		
Hydrocodone	4,001		26.5		
	66,083	6.1%	23.6		
Methadone	3,123		20.6		
	49,960	6.3%	17.8		
"Pharmacy" Gra	ams Sold	_			
Oxycodone	3,686,339		24,374.6		
	34,632,256	10.6%	11,783.0		
Hydromorphone	64,770		428.3		
	694,392	9.3%	239.7		
Hydrocodone	2,194,062		14,507.4		
	28,229,680	7.8%	9,913.4		
Methadone	566,286		3,744.4		
	5,986,488	9.5%	2,063.8		

Controlled Drug Dispensing by Practitioners

	Florida Percent of US		Rate (per 100,000)		
Population	15,123,712 277,755,074	5.4%	Florida Other US		
"Practitioner" R	Registrants	_	SISTEMATICAL CONTRACTOR OF THE		
Oxycodone	156 1,423	11.0%	1.0 0.5		
Hydromorphone	204 3,228	6.3%	1.3 1.2		
Hydrocodone	4,087 46,079	8.9%	27.0 16.0		
Methadone	55 111	49.5%	0.4 0.02		
"Practitioner" G	Grams Sold				
Oxycodone	111,934 131,249	85.3%	740.1 7.4		
Hydromorphone	1,392 4,007	34.7%	9.2 1.0		
Hydrocodone	42,025 376,083	11.2%	277.9 127.2		
Methadone	47,512 51,046	93.1%	314.2 1.3		