



FLORIDA SYRINGE EXCHANGE PROGRAMS

IDEA: Infectious Disease Elimination Act

TALKING POINTS

- The Infectious Disease Elimination Act (IDEA) went into effect July 1, 2019.
- IDEA allows county commissions to authorize sterile needle and syringe exchange programs when specific conditions are met.
- Disease prevention must be the goal of any county exchange program.
- This act modified existing statute that authorized the University of Miami to establish a pilot exchange program.
- Since its launch in 2016, the University of Miami pilot program has had 1,208 reported overdose reversals; 260 participants have been linked to substance abuse treatment. The pilot has also performed 957 rapid HIV tests and 787 rapid hepatitis C tests.
- Before a county can establishing an exchange program, it must:
 - Authorize the program under the provisions of a county ordinance.**
 - Enter into a letter of agreement with the Florida Department of Health (FDOH) in which the county commission agrees that any exchange program authorized by the county commission will operate in accordance with 381.0038, Florida Statutes.**
 - Enlist the county health department to provide ongoing advice, consultation, and recommendations for the operation of the program.**
 - Contract with one of the following entities to operate the program:**
 - A hospital licensed under chapter 395.
 - A health care clinic licensed under part X of Chapter 400.
 - A medical school in this state accredited by the Liaison Committee on Medical Education or Commission on Osteopathic College Accreditation.
 - A licensed addiction receiving facility as defined in s. 397.311.
 - A 501(c)(3) HIV/AIDS service organization.
- An exchange program must:
 - Develop an oversight and accountability system to ensure compliance with statutory and contractual requirements and receive the county commission's approval of the oversight and accountability system before commencing operation.**
 - Operate a one-to-one exchange, meaning that participants can only receive a sterile syringe in exchange for a used one.**
 - Offer participants educational materials on HIV, viral hepatitis, and other blood-borne diseases.**
 - Provide on-site counseling or referrals for drug abuse prevention, education and treatment as well as on-site screening or referrals for screening for HIV and viral hepatitis.**
 - Make available kits, or referrals to programs that can provide kits, that contain emergency opioid overdose treatment.**
 - Provide kits containing an emergency opioid antagonist or provide a referral to a program that can make available such kits.**
- By Aug. 1 each year, each exchange program must submit a report to FDOH and to its county commission.
 - The annual report must include:**
 - Number of participants served.
 - Number of used needles and syringes received.
 - Number of clean, unused needles and syringes distributed.
 - Demographic profiles of the participants served.
 - Number of participants entering drug counseling or treatment.
 - Number of participants receiving testing for HIV, AIDS, viral hepatitis, or other blood-borne diseases.
 - Other data required under department rule (IDEA allows FDOH to develop rules for implementing data collection).
 - Participants' personal identifying information may not be collected for any purpose.**
- By Oct. 1 each year, FDOH must submit to the governor, the president of the senate, and the speaker of the house of representatives a compilation report encompassing data from all county exchange programs.
- Exchange programs cannot use state, county, or municipal funds to operate.