

BILL ANALYSIS

Senate Research Center
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S.B. 1462
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Health & Human Services
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AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Approximately 80 percent of opioid overdose deaths are unintended. At highest risk are the elderly and medically ill who are already medically compromised (this is typically not someone addicted to opioids, but taking opioids for pain as prescribed by a medical doctor). As most of these overdoses are witnessed (family and friends often say they heard the victim “snoring loudly”), there is frequently the opportunity to intervene. The drug naloxone, an opioid antagonist, offers a rapid and easily administered approach to quickly reverse an opioid overdose. While previously only available to hospitals and first responders, there has been a concerted effort towards getting naloxone out into the community—particularly to the friends and family of patients taking opioids on a regular basis.

1. Health professionals may prescribe naloxone to the family and friends of persons on opioids (presently, prescriptions may only be provided to the patient).
2. It will be legal for a person prescribed naloxone for use on another person will be legally allowed to have this medication.
3. Health professionals prescribing naloxone will be protected from liability.
4. Anyone prescribing naloxone will be protected from prosecution, including first responders (presently, only advanced EMTs may prescribe naloxone).

As proposed, S.B. 1462 amends current law relating to the prescription, administration, and possession of certain opioid antagonists for the treatment of suspected opioid overdoses.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Chapter 483, Health and Safety Code, by adding Subchapter E, as follows:

SUBCHAPTER E. OPIOID ANTAGONISTS

Sec. 483.101. DEFINITIONS. Defines "emergency services personnel," "health care professional," "opioid antagonist," and "opioid-related drug overdose" in this subchapter.

Sec. 483.102. PRESCRIPTION OF OPIOID ANTAGONIST; STANDING ORDER. (a) Authorizes a health care professional to, directly or by standing order, prescribe, dispense, or distribute an opioid antagonist to:

- (1) a person at risk of experiencing an opioid-related drug overdose; or
- (2) a family member, friend, or other person in a position to assist a person described by Subdivision (1).

(b) Provides that a prescription issued under this section is considered as issued for a legitimate medical purpose in the usual course of professional practice.

(c) Provides that a health care professional who, acting in good faith and with reasonable care, prescribes or dispenses an opioid antagonist is not subject to any criminal or civil liability or any professional disciplinary action for:

(1) prescribing or dispensing the opioid antagonist; or

(2) any outcome resulting from the eventual administration of the opioid antagonist.

Sec. 483.103. DISTRIBUTION OF OPIOID ANTAGONIST; STANDING ORDER. Authorizes a person or organization acting under a standing order issued by a health care professional to store an opioid antagonist and dispense an opioid antagonist, provided the person or organization does not request or receive compensation for storage or dispensation.

Sec. 483.104. POSSESSION OF OPIOID ANTAGONIST. Authorizes any person to possess an opioid antagonist, regardless of whether the person holds a prescription for the opioid antagonist.

Sec. 483.105. ADMINISTRATION OF OPIOID ANTAGONIST. (a) Provides that a person who, acting in good faith and with reasonable care, administers an opioid antagonist to another person whom the person believes is suffering an opioid-related drug overdose is not subject to criminal prosecution, sanction under any professional licensing statute, or civil liability, for an act or omission resulting from the administration of the opioid antagonist.

(b) Authorizes emergency services personnel to administer an opioid antagonist to a person who appears to be suffering an opioid-related drug overdose, as clinically indicated.

Sec. 483.106. CONFLICT OF LAW. Provides that, to the extent of a conflict between this subchapter and another law, this subchapter controls.

SECTION 2. (a) Provides that the change in law made by this Act relating to conduct that is grounds for imposition of a disciplinary sanction applies to:

(1) conduct that occurs before September 1, 2015, for which a sanction is imposed on or after that date; or

(2) conduct that occurs on or after September 1, 2015.

(b) Provides that conduct that occurs before September 1, 2015, to which Subsection (a)(1) of this section does not apply is governed by the law in effect on the date the conduct occurred, and the former law is continued in effect for that purpose.

SECTION 3. (a) Provides that the change in law made by this Act relating to conduct that is the basis for civil liability applies to:

(1) conduct that occurs before September 1, 2015, for which judgment is entered on or after that date; or

(2) conduct that occurs on or after September 1, 2015.

(b) Provides that conduct that occurs before September 1, 2015, to which Subsection (a)(1) of this section does not apply is governed by the law in effect on the date the conduct occurred, and the former law is continued in effect for that purpose.

SECTION 4. (a) Provides that the change in law made by this Act relating to conduct that constitutes a criminal offense applies to:

(1) an offense committed before September 1, 2015, for which judgment is entered on or after that date; or

(2) an offense committed on or after September 1, 2015.

(b) Provides that, for purposes of this section, an offense is committed before September 1, 2015, if any element of the offense occurs before that date.

(c) Provides that an offense committed before September 1, 2015, to which Subsection (a)(1) of this section does not apply is governed by the law in effect on the date the offense was committed, and the former law is continued in effect for that purpose.

SECTION 5. Effective date: September 1, 2015.