

**SUBJECT:** Establishing certain programs to address substance use disorders

**COMMITTEE:** Public Health — committee substitute recommended

**VOTE:** 10 ayes — S. Thompson, Wray, Allison, Coleman, Frank, Guerra, Ortega, Price, Sheffield, Zedler

0 nays

1 absent — Lucio

**WITNESSES:** For — (*Registered, but did not testify:* Duane Galligher and Cynthia Humphrey, Association of Substance Abuse Programs; Frank McStay, Baylor Scott and White Health; Tim Schauer, Community Health Choice; Eric Woomer, Federation of Texas Psychiatry; Mark Vane, Husch Blackwell Strategies; Christine Yanas, Methodist Healthcare Ministries of South Texas, Inc.; Greg Hansch, National Alliance on Mental Illness-Texas; Will Francis, National Association of Social Workers-Texas Chapter; Marshall Kenderdine, Texas Academy of Family Physicians; Jessica Boston, Texas Association of Business; Price Ashley, Texas College of Emergency Physicians; Lee Johnson, Texas Council of Community Centers; Reginald Smith, Texas Criminal Justice Coalition; Nora Belcher, Texas e-Health Alliance; Cameron Duncan, Texas Hospital Association; Dan Finch, Texas Medical Association; Monty Wynn, Texas Municipal League; Bobby Hillert, Texas Orthopaedic Association; Bonnie Bruce, Texas Society of Anesthesiologists; John Heal, Texas TrueCare Pharmacies; Allison Greer, The Center for Health Care Services; Jim Keffer, Texas Association of Physical Therapists; Nataly Saucedo, United Ways of Texas; Connie Gray; Carl F. Hunter)

Against — None

On — Kristin McGarity; (*Registered, but did not testify:* Manda Hall, Department of State Health Services; Brad Fitzwater and Lisa Ramirez, Health and Human Services Commission; Allison Benz, Texas State Board of Pharmacy)

**BACKGROUND:** Health and Safety Code sec. 483.101 defines "opioid-related drug overdose" as a condition, evidenced by symptoms such as extreme physical illness, decreased level of consciousness, constriction of pupils, respiratory depression, or coma, that a layperson would reasonably believe to stem from opioid consumption. "Opioid antagonist" is defined as any drug that binds to opioid receptors and inhibits the effects of opioids acting on those receptors.

Observers suggest that the increase in prescription drug abuse, including opioids, in recent years requires a multi-pronged approach to address prevention, intervention, and treatment of substance use disorders.

**DIGEST:** CSHB 3285 would amend the statewide behavioral health strategic plan, establish opioid antagonist programs, require Medicaid reimbursements for certain substance use disorder treatments, increase awareness of opioid risks, and require continuing education in pain management for certain providers.

**Strategic plan.** Under the bill, the Statewide Behavioral Health Coordinating Council would have to incorporate into the statewide behavioral health strategic plan strategies for:

- addressing challenges of existing prevention, intervention, and treatment programs;
- evaluating substance use disorder prevalence involving opioid abuse;
- identifying substance abuse treatment services availability and gaps; and
- collaborating with state agencies to expand substance abuse treatment services capacity in Texas.

**Opioid antagonists.**

*Grant program.* The bill would require the Office of the Governor's Criminal Justice Division to establish and administer a grant program to

provide financial assistance to a law enforcement agency that wanted to provide opioid antagonists to peace officers, evidence technicians, and other personnel who would encounter persons suffering from an apparent opioid-related drug overdose. Before applying for a grant, the law enforcement agency would have to adopt a policy addressing opioid antagonist usage for a person suffering from an apparent opioid-related drug overdose. In the application, the law enforcement agency would have to provide information to the Criminal Justice Division on the frequency of:

- interactions between peace officers and persons suffering from an apparent opioid-related drug overdose;
- calls for assistance based on an apparent opioid-related drug overdose; and
- any exposure of personnel to opioids or suspected opioids while performing their duties and any reactions by personnel to those substances.

As soon as practicable after receiving the grant, a law enforcement agency would have to provide to the Criminal Justice Division proof of purchasing opioid antagonists.

*Opioid antagonist program.* The bill would require the executive commissioner of the Health and Human Services Commission (HHSC) to establish a program to provide opioid antagonists for opioid overdose prevention. The executive commissioner could provide opioid antagonists to EMS personnel, first responders, public schools, community centers, and other persons likely to be in a position to respond to an opioid overdose. HHSC could accept gifts, grants, and donations to administer the program and would adopt rules to implement these provisions.

**Treatment.** The bill would define medication-assisted treatment (MAT) for opioid or substance use disorder as the use of methadone, buprenorphine, oral buprenorphine/naloxone, or naltrexone to treat opioid or substance abuse disorder. The bill would require HHSC to provide Medicaid reimbursement for MAT for opioid or substance use disorder

without requiring a Medicaid recipient or health care provider to obtain prior authorization or precertification for the treatment. The reimbursement requirement for opioid or substance use disorder treatment would not apply to:

- a prescription for methadone;
- a recipient for whom MAT was determined to be medically contraindicated by the recipient's physician; or
- a recipient who was subject to an age-related MAT restriction.

HHSC could provide Medicaid reimbursement for MAT only if the treatment was prescribed by a licensed health care provider who was authorized to prescribe methadone, buprenorphine, oral buprenorphine/naloxone, or naltrexone. These provisions would expire August 31, 2023.

The bill would require the executive commissioner by rule to establish a program to expand access to telehealth treatment for substance use disorders.

**Continuing education.** The bill would require a prescriber or dispenser whose practice included opioid prescriptions or dispensation to annually attend at least one hour of continuing education covering best practices, alternative treatment options and multimodal pain management approaches that could include physical therapy, psychotherapy, and other treatments. The Texas State Board of Pharmacy (TSBP) would adopt rules to establish the continuing education content. These provisions would expire August 31, 2023.

**Public awareness campaign.** The bill would require the executive commissioner of HHSC by rule to develop and the Department of State Health Services (DSHS) to implement a statewide public awareness campaign to explain certain opioid misuse risks, including the risk of overdose, addiction, respiratory depression, or over-sedation and risks involved in mixing opioids with alcohol or other medications. These provisions would expire August 31, 2023.

**Data collection and research.** The HHSC executive commissioner would have to ensure DSHS collected data on opioid overdose deaths and the co-occurrence of substance use disorders and mental illness.

The Texas Higher Education Coordinating Board would have to encourage health-related institutions of higher education to conduct research on substance use disorders and addiction issues involving prescription drugs.

**Other provisions.** The bill would remove from the list of health care facilities exempt from pain management clinic regulations a clinic owned or operated by a licensed advanced practice nurse who treated patients in the nurse's specialty area and who personally used other forms of treatment with prescriptions for a majority of patients.

By December 1, 2019, the executive commissioner of HHSC would have to develop the opioid misuse public awareness campaign and establish the opioid antagonist grant program.

The bill would require TSBP to encourage pharmacists to participate in a program that provided a comprehensive approach to early intervention and treatment services for persons with and at risk of developing substance use disorders, such as a program promoted by the federal Substance Abuse and Mental Health Services Administration.

The bill would take effect September 1, 2019.

**NOTES:**

According to the Legislative Budget Board, the Health and Human Services Commission estimates a potential negative fiscal impact of \$1.2 million in general revenue related funds in fiscal 2020-21 by removing prior authorization requirements for drugs used in medication-assisted treatment for opioid and substance use disorders.