

SUBJECT: Requiring school districts to adopt policies relating to opioid antagonists

COMMITTEE: Public Education — committee substitute recommended

VOTE: 13 ayes — Buckley, Allen, Allison, Cunningham, Dutton, Cody Harris, Harrison, Hefner, Hinojosa, K. King, Longoria, Schaefer, Talarico

0 nays

WITNESSES: For — Laura Colangelo, Texas Private Schools Association; Rebecca Harkleroad, Texas School Nurses Organization (*Registered, but did not testify*); Julia Grizzard, Bexar County Education Coalition; Bill Kelly, Mayor’s Office, City of Houston; Christine Yanas, Methodist Healthcare Ministries; Greg Hansch, National Alliance on Mental Illness Texas; Kelsey Kling, Texas American Federation of Teachers; Barry Haenisch, Texas Association of Community Schools; Amy Beneski, Texas Association of School Administrators; Alycia Castillo, Texas Center for Justice and Equity; David Reynolds, Texas Chapter American College of Physicians Services; Paige Williams, Texas Classroom Teachers Association; Isabel Casas, Texas Council of Community Centers; Sara Gonzalez, Texas Hospital Association; Michelle Romero, Texas Medical Association; Jill Sutton, Texas Osteopathic Medical Association; Clayton Travis, Texas Pediatric Society; Suzi Kennon, Texas PTA; Bryce Adams, Texas Public Charter Schools Association; AJ Louderback, Texas Sheriffs Regional Alliance; Jennifer Allmon, The Texas Catholic Conference of Bishops; Cynthia Van Maanen, Travis County Democratic Party; and 10 individuals)

Against — None

On — (*Registered, but did not testify*: Eric Marin, TEA; Monica Martinez, Texas Education Agency)

DIGEST: CSHB 2411 would require school districts to adopt and implement a policy at each campus serving students in grades 6 through 12 on the maintenance, administration, and disposal of opioid antagonists, which are

drugs that inhibit the effects of opioids. School districts could implement a policy at each campus in the district, including campuses serving students in a grade level below 6. Open-enrollment charter schools or private schools could adopt and implement such a policy only at campuses serving students grades 6 through 12 or could apply the policy at each campus of the school.

Opioid antagonist policies. The policy would be required to:

- allow school personnel and volunteers who are authorized and trained to administer an opioid antagonist to a person who is reasonably believed to be experiencing an opioid-related overdose;
- require each school campus subject to the policy to have one or more school personnel or volunteers authorized or trained to administer an opioid antagonist present during regular school hours;
- establish the number of opioid antagonists that would have to be available at each campus; and
- require the supply of opioid antagonists to be stored in a secure location and to be easily accessible to authorized and trained personnel and volunteers.

The executive commissioner of the Health and Human Services Commission (HHSC) would be required to consult with the Texas Education Agency (TEA) commissioner to adopt rules on the maintenance, administration, and disposal of opioid antagonists at a school campus subject to a policy under the bill. The rules would have to establish the process for checking the inventory of opioid antagonists for expiration and replacement at regular intervals and the amount of training required for school personnel and volunteers to administer an opioid antagonist.

Training. Each school district, charter school, and private school that adopted an opioid antagonist policy would be responsible for training school personnel and volunteers in administering opioid antagonists. The training would have to include information on recognizing the signs and

symptoms of opioid-related drug overdoses, administering an opioid antagonist, and properly disposing of a used or expired opioid antagonist. The training also would have to be provided in a formal training session or through online education and in accordance with the school's professional development policy.

Reporting the administration of opioid antagonists. Within 10 business days of administering an opioid antagonist, the school would be required to make a report to:

- the school district, charter holder, or governing body;
- the physician or other person who prescribed the opioid antagonist; and
- the commissioner of state health services.

The report would have to include:

- the age of the person who received the opioid antagonist;
- whether the person who received the opioid antagonist was a student, school personnel member or volunteer, or a visitor;
- the physical location where the opioid antagonist was administered;
- the number of doses administered;
- the title of the person who administered the opioid antagonist; and
- any other information that the TEA commissioner required.

Prescription of opioid antagonists. A physician or person who has been delegated prescriptive authority could prescribe for opioid antagonists in the name of a school district, charter schools, or private schools. A physician or other person would have to provide the school district, charter school, or private schools with a standing order for administering an opioid antagonist to a person reasonably believed to be experiencing an opioid-related drug overdose. The standing order would not have to be patient-specific and could be administered to a person without a previously established physician-patient relationship. Notwithstanding any other statute, a physician's supervision or delegation would be adequate if the physician periodically reviewed the order and was available through

direct telecommunication as needed. The standing order would have to contain:

- the name and signature of the prescribing physician or other person;
- the name of the school district, charter school, or private school to which the order was issued;
- the quantity of opioid antagonists obtained and maintained under the order; and
- the issue date.

A pharmacist could dispense an opioid antagonist to a school district, charter school, or private school without requiring the name or other identifying information related to the user.

Immunity from liability. A person who took or failed to take any action in good faith under the provisions of the bill would be immune from civil or criminal liability or disciplinary action resulting from the action or inaction, including certain actions relating to administering, possessing, prescribing, dispensing, or providing training for use of an opioid antagonist or any other act permitted or required under the bill. These immunities or limitations of liability would be in addition to other immunities or limitations of liability provided by law.

The bill would not create a civil, criminal, or administrative cause of action, a liability, or a standard of care, obligation, or duty that would be a basis for a cause of action for an act or omission under the bill. A school district, charter school, or private school would be immune from suit resulting from an act or failure to act under the bill or related policies and procedures. An act or failure to act would be considered the exercise of judgment or discretion for the school personnel or volunteer and would not be a ministerial act for the purposes of liability.

Rules. The TEA commissioner and the HHSC executive commissioner would jointly adopt rules as necessary, except as otherwise specified by the bill.

Gifts, grants, and donations. A school district, charter school, or private school could accept gifts, grants, donations, and federal and local funds to implement a policy under the bill.

Opioid abatement account. The bill would allow a state agency to use money appropriated from the opioid abatement account for school policies related to the maintenance, administration, and disposal of opioid antagonists.

Other provisions. The executive commissioner of HHSC, in consultation with the commissioner of TEA would be required to adopt rules by November 1, 2023. School districts would not be required to comply with the bill until January 1, 2024.

This bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2023.

**SUPPORTERS
SAY:**

CSHB 2411 would save lives in schools by requiring districts to implement a policy on storing and administering opioid antagonists, more commonly known as naloxone or Narcan. Charter schools and private schools also would have the option to implement these policies. The opioid crisis affects children as well as adults, and many children do not know they are ingesting fentanyl when they overdose. Increasing access to naloxone on school campuses would help schools more effectively respond to an overdosing student.

Some school districts already stock naloxone, but not all do. CSHB 2411 would ensure that schools across the state have access to naloxone. Naloxone has no potential for abuse and has no negative effects if it is administered to a person who is not experiencing an opioid overdose. The bill would guide schools in adopting these policies while allowing them flexibility to meet their own needs, helping them to address opioid overdoses on campuses.

CRITICS
SAY:

While CSHB 2411 would improve access to naloxone on school campuses, school policies also should include a plan to provide emergency medical care to people after they have received a dose of naloxone.