

**SUBJECT:** Creating requirements for opioid antagonists in campus residence halls

**COMMITTEE:** Higher Education — favorable, without amendment

**VOTE:** 8 ayes — Kuempel, Paul, Bucy, Burns, Burrows, Clardy, Howard, Lalani  
0 nays  
3 absent — Cole, M. González, Raney

**WITNESSES:** For — (*Registered, but did not testify*: Jacquie Benestante, Autism Society of Texas; Rebekah Chenelle, Dallas County Commissioners Court; Paul Sugg, Harris County Commissioners Court; Hannah Gill, NAMI Texas; Chelsea Biggerstaff, RecoveryPeople; Leela Rice, Texas Council of Community Centers; Linda Litzinger, Texas Parent to Parent; Michelle Evans)  
Against — None

**BACKGROUND:** Some have suggested that requiring resident advisors in campus residence halls to be provided with opioid antagonists could help prevent fentanyl overdoses in higher education institutions.

**DIGEST:** HB 3338 would require each higher education institution to adopt and implement a policy providing for the availability of opioid antagonists at each residence hall on the institution’s campus and the training of resident advisors in the proper use of those devices. Such a policy would be required to include provisions for the acquisition, maintenance, storage, administration, and disposal of opioid antagonists. A policy would provide that authorized and trained advisors could administer an opioid antagonist to a person who was reasonably believed to be experiencing an opioid-related drug overdose in a residence hall on the institution’s campus.  
  
The commissioner of the Texas Higher Education Coordinating Board (THECB), with advice from the commissioner of state health services,

would adopt rules regarding the maintenance, storage, administration, and disposal of an opioid antagonist to be used in residence halls. These rules would establish the process for each institution to check the opioid antagonist inventory at regular intervals for expiration and replacement and would establish the amount of training required for resident advisors to administer such drugs. Each institution would require all resident advisors be authorized and trained to administer an opioid antagonist and would include the policy in the institution's student handbook and publish the policy on the institution's website.

The supply of opioid antagonists at a campus would be required to be stored in a secure location at each resident hall and be easily accessible to authorized and trained persons.

**Report on administering opioid antagonist.** No later than the 10<sup>th</sup> business day after the date a resident advisor, employee, or volunteer administered an opioid antagonist, the institution would be required to report certain information to the physician who prescribed the opioid antagonist. The report would include:

- the age of the person who received the administration of the opioid antagonist;
- whether the recipient was a student, employee, or visitor;
- the physical location where the administration occurred;
- the number of doses of opioid antagonist administered;
- the title of the person who administered the opioid antagonist; and
- any other information required by the THECB commissioner.

**Training.** The bill would require each higher education institution to be responsible for training resident advisors in the administration of an opioid antagonist. Such training would include information on:

- recognizing the signs and symptoms of an opioid overdose;
- administering an opioid antagonist;
- implementing emergency procedures after administering an opioid antagonist;

- requirements for alerting emergency medical services during or immediately after administration; and
- properly disposing of used or expired opioid antagonists.

Required training also would be provided annually to resident advisors along with any other mandatory training imposed by the institution in a formal session or online. Such training would be required to provide an opportunity to address frequently asked questions. The bill would require each institution to maintain records on the required training.

**Prescription of opioid antagonists.** A physician could prescribe an opioid antagonist in the name of an higher education institution. The physician would provide the institution with a standing order for the administration of such a drug to a person reasonably believed to be experiencing an opioid overdose. The standing order would not be required to be patient-specific, and the opioid antagonist could be administered to a person without an established physician-patient relationship. Supervision or delegation by a physician would be considered adequate if the physician periodically reviewed the order and was available through direct telecommunications as needed. The bill would require a standing order to contain:

- the name and signature of the prescribing physician;
- the name of the institution to which the order was issued;
- the quantity of opioid antagonists to be obtained and maintained;
- and
- the date of issue.

A pharmacist could dispense an opioid antagonist to an institution without requiring the name or other identifying information relating to the user.

**Immunities.** A person who in good faith took, or failed to take, any action under the bill would be immune from civil or criminal liability or disciplinary action resulting from that act or failure to act. Such an action could include the possession, disposal, or administration of an opioid antagonist among other actions. The immunity provided by the bill would

be in addition to other immunity or limitations of liability provided by law. The bill would not create a civil, criminal, or administrative cause of action or liability or create a standard of care, obligation, or duty that provided the basis for a cause of action for an act or omission under the bill's provisions.

A higher education institution would be immune from suit resulting from an act or failure to act of any person. A cause of action would not arise from an act or omission. A person acting in good faith who reported or requested emergency medical assistance for a person believed to be overdosing in a residence hall would be immune from civil and criminal liability for certain offenses under the Health and Safety Code. Such a person could not be subjected to any disciplinary action by the higher education institution at which the person was enrolled or employed for any violation of the institution's code of conduct unless suspension or expulsion from the institution was a possible punishment.

A higher education institution would be allowed to accept gifts, grants, donations, and federal funds to implement the bill's provisions.

Each higher education institution would implement the provisions of the bill as soon as practicable, but no later than the 2024 fall semester.

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.