

SUBJECT: Establishing requirements for overdose reporting and mapping

COMMITTEE: Homeland Security & Public Safety — committee substitute recommended

VOTE: 6 ayes — Guillen, Bowers, Dorazio, Harless, Holland, Troxclair
1 nay — Jarvis Johnson
2 absent — Canales, Goodwin

WITNESSES: For — Adam Bazaldua, Paula Blackmon, City of Dallas; John Creuzot, Dallas County Criminal District Attorney; Wendell Campbell, High Intensity Drug Trafficking Area; Robert Abbott, Lake Travis Fire Rescue (*Registered, but did not testify*: Will Ramsay, 8th Judicial District Attorney's Office; Eric Carcerano, Chambers County District Attorney; Cheryl Lieck, Chambers County District Attorney's Office; Jennifer Szimanski, Combined Law Enforcement Associations of Texas; Erleigh Wiley, Criminal District Attorney, Kaufman County; Jessica Anderson, Houston Police Department)

Against — (*Registered, but did not testify*: Sarah Reyes, Texas Center for Justice and Equity)

On — (*Registered, but did not testify*: Lexi Quinney, Texas Department of Public Safety)

BACKGROUND: Under Health and Safety Code sec. 483.101, "opioid antagonist" means any drug that binds to opioid receptors and blocks or otherwise inhibits the effects of opioids acting on those receptors.

Some have suggested that a more streamlined process for certain health personnel to track and share overdose information could provide clarity on where there could be a large distribution of controlled substances and allow for appropriate action.

DIGEST: CSHB 3480 would establish mandatory reporting of controlled substance overdoses for certain emergency medical services personnel and require local health authorities and law enforcement agencies to enter participation agreements for overdose mapping.

Mandatory reporting of controlled substance overdoses. CSHB 3480 would require certain emergency medical services personnel who responded to an overdose incident to report information about the incident as soon as possible to the applicable local health authority or law enforcement agency. A person who reported information about an overdose incident in good faith would not be subject to civil or criminal liability for making the report.

These requirements would apply only to emergency medical services personnel operating within the geographical jurisdiction of a local health authority or law enforcement agency, as applicable, that had entered into a participation agreement for overdose mapping.

A report would have to include, if possible:

- the date and time of the overdose incident;
- the approximate location of the overdose incident using certain information;
- whether an opioid antagonist was administered, and if so, the number of doses and the type of delivery; and
- whether the overdose was fatal or nonfatal.

A law enforcement agency could use information received from one of these reports only for mapping overdose locations for public safety purposes. Information in a report would be confidential and not subject to public disclosure.

Participation agreement for overdose mapping. A local health authority or law enforcement agency would be required to enter into a participation agreement with an entity that maintained a computerized system for mapping overdoses of one or more controlled substances for

public safety purposes. A local health authority or law enforcement agency would be required to provide information from the above reports to the partnered entity for purposes of entering the information into the computerized system. The local health authority or law enforcement agency would not be required to provide information regarding a controlled substance to the partnered entity if the entity did not maintain an overdose map that included the controlled substance.

A local health authority or law enforcement agency or an employee of of a local health authority or law enforcement agency would not be subject to civil or criminal liability for providing such information to an entity pursuant to a participation agreement. Information provided to an entity pursuant to a participation agreement would be confidential and not subject to public disclosure. The bill would not waive sovereign immunity to suit or liability.

The bill would take effect September 1, 2023.