

BILL ANALYSIS

Senate Research Center
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C.S.S.B. 584
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Health & Human Services
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Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

According to the Centers for Disease Control and Prevention, overdose deaths from opioids have more than quadrupled since 1999. In 2015, more than 33,000 people died from an opioid-related overdose. This number is more than any year on record. Nearly half of all opioid-related overdose deaths involve a prescription opioid. Opioid overdose deaths could be reduced by establishing guidelines for the appropriate co-prescription of naloxone, an opioid antagonist, alongside opioid prescriptions when a patient is at a high risk of overdose.

S.B. 584 requires the Texas Medical Board to establish guidelines for the prescription of opioid antagonists. The board must consult with the Texas State Board of Pharmacy, and also review materials published by the Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services, in developing the guidelines. These guidelines will address prescribing an opioid antagonist, alongside an opioid prescription, to a patient at-risk of experiencing an overdose or to a person in a position to administer the opioid antagonist to an at-risk patient.

As established in S.B. 1462, 84th Legislature, Regular Session, 2015, and confirmed in this bill, physicians who act in good faith and with reasonable care are not subject to civil or criminal liability for prescribing or declining to prescribe an opioid antagonist under the bill.

C.S.S.B. 584 amends current law relating to guidelines for prescribing opioid antagonists.

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 Subtitle B, Title 3, Occupations Code, by adding Chapter 170, as follows:

CHAPTER 170. PRESCRIPTION OF OPIOID ANTAGONISTS

Sec. 170.001. DEFINITIONS. Defines "opioid antagonist" and "opioid-related drug overdose."

Sec. 170.002. GUIDELINES. (a) Requires the Texas Medical Board (TMB) to adopt guidelines for the prescription of opioid antagonists.

(b) Requires the guidelines to address prescribing an opioid antagonist to a patient to whom an opioid medication is also prescribed and address identifying patients at risk of an opioid-related drug overdose and prescribing an opioid antagonist to that patient or to a person in a position to administer the opioid antagonist to that patient.

(c) Provides that, in adopting guidelines under this section, TMB:

(1) is required to consult with the Texas State Board of Pharmacy;

(2) is required to consult materials published by the Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services; and

(3) is authorized to consult other appropriate materials, including medical journals subject to peer review and publications by medical professional associations.

Sec. 170.003. LIABILITY FOR ACT OR OMISSION WITH RESPECT TO PRESCRIBING AN OPIOID ANTAGONIST. Provides that a physician who acts in good faith and with reasonable care, regardless of whether the physician follows the guidelines adopted under this chapter, is not subject to criminal or civil liability or any professional disciplinary action for prescribing or failing to prescribe an opioid antagonist; or any outcome resulting from the eventual administration of an opioid antagonist prescribed by the physician.

SECTION 2. Makes application of the change in law made by this Act relating to conduct that is grounds for imposition of a disciplinary sanction prospective to September 1, 2017.

SECTION 3. Makes application of the change in law made by this Act relating to conduct that is the basis for civil liability prospective to September 1, 2017.

SECTION 4. Makes application of the change in law made by this Act relating to conduct that constitutes a criminal offense prospective to September 1, 2017.

SECTION 5. Effective date: September 1, 2017.