BILL ANALYSIS

Senate Research Center 88R9872 CJD-D S.B. 1319 By: Huffman Criminal Justice 3/3/2023 As Filed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Overdose cases in Texas have been on the rise due to the increased presence of fentanyl poisoning unsuspecting drug users. Currently, the way the Texas Medical Information Act fits into the Health Insurance Portability and Accountability Act (HIPAA), certain state entities do not have liability coverage under HIPAA to share overdose information. This information could be used to help identify overdose spike areas, deploy overdose responses, and target and secure community resources.

S.B. 1319 allows a public health authority, local health authority, or law enforcement agency to provide overdose information to a governmental entity that maintains a computerized system through a participation agreement. Information that is eligible to be disclosed to the system can only be specific to the overdose and not include any personal information of the victim. Access to this overdose data will help public health agencies mobilize prevention and intervention response, and hopefully, save lives.

As proposed, S.B. 1319 amends current law relating to the reporting of certain overdose information and the mapping of overdoses for public safety purposes.

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 Section 161.042, Health and Safety Code, by amending Subsections (a) and (b) and adding Subsection (b-1), as follows:

(a) Requires a physician who attends or treats, or who is requested to attend or treat, an overdose of a controlled substance listed in a penalty group under Subchapter D (Offenses and Penalties), Chapter 481, rather than listed in Penalty Group 1 under Section 481.102 (Penalty Group 1) or a controlled substance listed in Penalty Group 1-B under Section 481.1022 (Penalty Group 1-B), or the administrator, superintendent, or other person in charge of a hospital, sanitorium, or other institution in which an overdose of a controlled substance listed in a penalty group under Subchapter D, Chapter 481, rather than listed in Penalty Group 1 under Section 481.102 (Penalty Group 1 -B), or the administrator, superintendent, or other person in charge of a hospital, sanitorium, or other institution in which an overdose of a controlled substance listed in a penalty group under Subchapter D, Chapter 481, rather than listed in Penalty Group 1 under Section 481.102 or a controlled substance listed in Penalty Group 1 under Section 481.102 or a controlled substance listed in Penalty Group 1-B under Section 481.1022, is attended or treated or in which the attention or treatment is requested, to report the case at once to certain entities, including the law enforcement authority of the municipality or county in which the physician practices or in which the hospital, sanitorium, or other institution is located.

(b) Requires a physician or other person who reports an overdose of a controlled substance under Section 161.042 (Mandatory Reporting of Controlled Substance Overdoses) to include in the report information regarding:

(1) the date and time of the overdose;

(2) the approximate location of the overdose, using an address, the latitude and longitude of the location, or the location data from a cellular device;

(3) the type of controlled substance or substances suspected to have been used;

(4)-(6) creates these subdivisions from existing text;

(7) whether an opioid antagonist, as defined by Section 483.101 (Definitions), was administered; and

(8) creates this subdivision from existing text.

(b-1) Provides that the physician or other person making the report described by Subsection (b) is authorized to provide other demographic information concerning the person attended or treated or for whom treatment was sought but is prohibited from disclosing the person's name, rather than the person's name or address, or any other information concerning the person's identity. Prohibits the physician or other person making the report from disclosing the person's address unless the person's address is the approximate location of the overdose.

SECTION 2. Amends Subchapter E, Chapter 161, Health and Safety Code, by adding Section 161.045, as follows:

Sec. 161.045. USE OF CONTROLLED SUBSTANCE INFORMATION BY LAW ENFORCEMENT. (a) Authorizes a law enforcement authority to use information received from a report under Section 161.042 only for mapping overdose locations for public safety purposes.

(b) Provides that information described by Subsection (a) is confidential and not subject to disclosure under Chapter 552 (Public Information), Government Code.

SECTION 3. Amends the heading to Chapter 370, Local Government Code, to read as follows:

CHAPTER 370. MISCELLANEOUS PROVISIONS RELATING TO HEALTH AND PUBLIC SAFETY

SECTION 4. Amends Chapter 370, Local Government Code, by adding Section 370.007, as follows:

Sec. 370.007. PARTICIPATION AGREEMENT FOR OVERDOSE MAPPING. Authorizes a political subdivision of the state to enter into a participation agreement with a private entity that maintains a computerized system for mapping overdoses for public safety purposes.

SECTION 5. Makes application of Subchapter E (Reports of Gunshot Wounds and Controlled Substance Overdoses), Chapter 161, Health and Safety Code, as amended by this Act, prospective to January 1, 2024.

SECTION 6. Effective date: September 1, 2023.