Chapter 958

S.B. No. 1462

AN ACT
relating to the prescription, administration, and possession of certain opioid antagonists for the treatment of suspected opioid overdoses.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Chapter 483, Health and Safety Code, is amended by adding Subchapter E to read as follows:

SUBCHAPTER E. OPIOID ANTAGONISTS

Sec. 483.101. DEFINITIONS. In this subchapter:

(1) "Emergency services personnel" includes firefighters, emergency medical services personnel as defined by Section 773.003, emergency room personnel, and other individuals who, in the course and scope of employment or as a volunteer, provide services for the benefit of the general public during emergency situations.

(2) "Opioid antagonist" means any drug that binds to opioid receptors and blocks or otherwise inhibits the effects of opioids acting on those receptors.

(3) "Opioid-related drug overdose" means a condition, evidenced by symptoms such as extreme physical illness, decreased level of consciousness, constriction of the pupils, respiratory depression, or coma, that a layperson would reasonably believe to be the result of the consumption or use of an opioid.

(4) "Prescriber" means a person authorized by law to
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prescribe an opioid antagonist.

Sec. 483.102. PRESCRIPTION OF OPIOID ANTAGONIST; STANDING ORDER. (a) A prescriber may, directly or by standing order, prescribe an opioid antagonist to:

(1) a person at risk of experiencing an opioid-related drug overdose; or

(2) a family member, friend, or other person in a position to assist a person described by Subdivision (1).

(b) A prescription issued under this section is considered as issued for a legitimate medical purpose in the usual course of professional practice.

(c) A prescriber who, acting in good faith with reasonable care, prescribes or does not prescribe an opioid antagonist is not subject to any criminal or civil liability or any professional disciplinary action for:

(1) prescribing or failing to prescribe the opioid antagonist; or

(2) if the prescriber chooses to prescribe an opioid antagonist, any outcome resulting from the eventual administration of the opioid antagonist.

Sec. 483.103. DISPENSING OF OPIOID ANTAGONIST. (a) A pharmacist may dispense an opioid antagonist under a valid prescription to:

(1) a person at risk of experiencing an opioid-related drug overdose; or

(2) a family member, friend, or other person in a position to assist a person described by Subdivision (1).
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(b) A prescription filled under this section is considered as filled for a legitimate medical purpose in the usual course of professional practice.
(c) A pharmacist who, acting in good faith and with reasonable care, dispenses or does not dispense an opioid antagonist under a valid prescription is not subject to any criminal or civil liability or any professional disciplinary action for:
   (1) dispensing or failing to dispense the opioid antagonist; or
   (2) if the pharmacist chooses to dispense an opioid antagonist, any outcome resulting from the eventual administration of the opioid antagonist.

Sec. 483.104. DISTRIBUTION OF OPIOID ANTAGONIST; STANDING ORDER. A person or organization acting under a standing order issued by a prescriber may store an opioid antagonist and may distribute an opioid antagonist, provided the person or organization does not request or receive compensation for storage or distribution.

Sec. 483.105. POSSESSION OF OPIOID ANTAGONIST. Any person may possess an opioid antagonist, regardless of whether the person holds a prescription for the opioid antagonist.

Sec. 483.106. ADMINISTRATION OF OPIOID ANTAGONIST. (a) A person who, acting in good faith and with reasonable care, administers or does not administer an opioid antagonist to another person whom the person believes is suffering an opioid-related drug overdose is not subject to criminal prosecution, sanction under any
professional licensing statute, or civil liability, for an act or omission resulting from the administration of or failure to administer the opioid antagonist.

(b) Emergency services personnel are authorized to administer an opioid antagonist to a person who appears to be suffering an opioid-related drug overdose, as clinically indicated.

Sec. 483.107. CONFLICT OF LAW. To the extent of a conflict between this subchapter and another law, this subchapter controls.

SECTION 2. The change in law made by this Act relating to conduct that is grounds for imposition of a disciplinary sanction applies only to conduct that occurs on or after September 1, 2015. Conduct that occurs before September 1, 2015, is governed by the law in effect on the date the conduct occurred, and the former law is continued in effect for that purpose.

SECTION 3. The change in law made by this Act relating to conduct that is the basis for civil liability applies only to conduct that occurs on or after September 1, 2015. Conduct that occurs before September 1, 2015, is governed by the law in effect on the date the conduct occurred, and the former law is continued in effect for that purpose.

SECTION 4. The change in law made by this Act relating to conduct that constitutes a criminal offense applies only to an offense committed on or after September 1, 2015. For purposes of this section, an offense is committed before September 1, 2015, if any element of the offense occurs before that date. An offense committed before September 1, 2015, is governed by the law in effect
on the date the offense was committed, and the former law is
continued in effect for that purpose.

SECTION 5. This Act takes effect September 1, 2015.

I hereby certify that S.B. No. 1462 passed the Senate on
April 22, 2015, by the following vote: Yeas 30, Nays 0; and that
the Senate concurred in House amendment on May 29, 2015, by the
following vote: Yeas 31, Nays 0.

I hereby certify that S.B. No. 1462 passed the House, with
amendment, on May 26, 2015, by the following vote: Yeas 146,
Nays 0, two present not voting.

Approved:

6 - 16 - 2015

Date

Governor

FILED IN THE OFFICE OF THE
SECRETARY OF STATE
8:00 O'CLOCK
JUN 18 2015
Secretary of State
TO: Honorable Myra Crownover, Chair, House Committee on Public Health

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: SB1462 by West (Relating to the prescription, administration, and possession of certain opioid antagonists for the treatment of suspected opioid overdoses.), Committee Report 2nd House, Substituted

No significant fiscal implication to the State is anticipated.

The bill would add a new subchapter to the Health and Safety Code that would authorize the prescription, distribution, possession, and administration of opioid antagonists in certain circumstances. The Department of State Health Services and Health and Human Services Commission indicate costs associated with the bill could be absorbed within current resources. This analysis assumes the bill would not result in a significant increase in individuals seeking an opioid antagonist. This analysis assumes the provisions of the bill addressing felony sanctions for criminal offenses would not result in a significant impact on state correctional agencies.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 515 Board of Pharmacy, 405 Department of Public Safety, 529 Health and Human Services Commission, 537 State Health Services, Department of

LBB Staff: UP, ADe, NB, WP, KVe, VJC, LR, ESi
TO: Honorable Myra Crownover, Chair, House Committee on Public Health

FROM: Ursula Parks, Director, Legislative Budget Board

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The provisions of the bill addressing felony sanctions for criminal offenses are the subject of this analysis. The bill would amend the Health and Safety Code to provide protection for certain persons against criminal liability for certain offenses related to dangerous drugs. Under the provisions of the bill, certain persons would be permitted to provide or administer certain opioid antagonists to persons at risk of experiencing an opioid-related drug overdose.

Allowing for a defense to prosecution for a criminal offense is expected to decrease correctional supervision and/or incarceration populations and thereby decrease demands on state correctional resources. This analysis assumes implementing the provisions of the bill would not significantly impact state correctional populations, programs, or workloads.
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