

**SUBJECT:** Use of opioid antagonists for the treatment of suspected opioid overdoses

**COMMITTEE:** Public Health — committee substitute recommended

**VOTE:** 8 ayes — Crossover, Naishtat, Collier, S. Davis, Guerra, R. Miller, Sheffield, Zerwas

0 nays

3 absent — Blanco, Coleman, Zedler

**SENATE VOTE:** On final passage, April 22 — 30-0

**WITNESSES:** For — Rene Garza, Texas Pharmacy Association; (*Registered, but did not testify*: Cynthia Humphrey, Association of Substance Abuse Programs; Robin Peyson, Communities for Recovery; Cate Graziani, Mental Health America of Texas; Greg Hansch, National Alliance on Mental Illness-Texas; Fred Shannon, National Safety Council; Amber Pearce, Pfizer; Stephen Minick, Texas Association of Business; Juliana Kerker, Texas College of Emergency Physicians; Scott Henson, Texas Criminal Justice Coalition; Darren Whitehurst, Texas Medical Association; Charles Thibodeaux, Texas Overdose Naloxone Initiative; Krista Crockett, Texas Pain Society; Justin Hudman, Texas Pharmacy Association)

Against — None

On — (*Registered, but did not testify*: Lisa Ramirez, Department of State Health Services; Kerstin Arnold, Texas State Board of Pharmacy)

**BACKGROUND:** An opioid antagonist is a drug used to completely or partially reverse a person's overdose due to opioids. These anti-overdose drugs usually are available only through a prescription. Some states have enacted legislation to make opioid antagonists available to first responders, health care professionals, or the friends or family of individuals at risk of overdosing on opioids.

DIGEST:

CSSB 1462 would allow certain individuals to be prescribed an opioid antagonist and would provide for the prescription, dispensation, administration, storage, distribution, and possession of opioid antagonists. An “opioid antagonist” would be defined as a drug that binds to opioid receptors and blocks or otherwise inhibits the effects of opioids from acting on those receptors. An “opioid-related drug overdose” would mean a condition, evidenced by symptoms such as those specified in the bill, that a layperson would reasonably believe to be the result of the consumption or use of an opioid.

**Prescription, dispensation, and administration.** An authorized prescriber could prescribe and a pharmacist could dispense an opioid antagonist to:

- a person at risk of experiencing an opioid-related drug overdose; or
- a family member, friend, or other person in a position to assist a person at risk of an opioid-related drug overdose.

The opioid antagonist could be prescribed or dispensed either directly or under a standing order. The bill would allow a person or organization acting under a standing order to store and distribute an opioid antagonist, provided they did not request or receive compensation.

The bill would authorize emergency services personnel to administer an opioid antagonist to a person who appeared to be suffering an opioid-related drug overdose, as clinically indicated.

The bill would allow any person to possess an opioid antagonist, regardless of whether the person held a prescription for it.

**Legitimate medical practice and sanctions.** A prescription for an opioid antagonist that was filled or prescribed according to the requirements of the bill would be considered to be for a legitimate medical purpose in the usual course of professional practice. A person who was authorized to prescribe an opioid antagonist and who was acting in good faith with reasonable care would not be subject to a criminal or civil liability or any

professional disciplinary action for prescribing or failing to prescribe the opioid antagonist or for the eventual administration of the opioid antagonist.

A person who acted in good faith and with reasonable care who administered an opioid antagonist to another person whom the person believed was suffering an opioid-related drug overdose would not be subject to criminal prosecution, sanction under any professional licensing statute, or civil liability for an act or omission resulting from the administration of the drug. The same provisions would apply to a person who acted in good faith and with reasonable care and did not administer the opioid antagonist.

The bill would take effect September 1, 2015, and would apply to only to conduct that was grounds for imposition of a disciplinary action, the basis of civil liability, or that constituted a criminal offense on or after that date. To the extent of a conflict between the provisions the bill and another law, the provisions of the bill would control.