

BILL ANALYSIS

Senate Research Center
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S.B. 2247
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AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Currently there is no ban on the use of pro re nata (PRN) orders for psychotropic medications via injection. There is the potential for abuse of PRN medications by injection because they can be improperly used as emergency medications. Persons have the right to consent and refuse to take psychotropic medications. If a person willingly takes medications there are no grounds for it to be ordered via injections unless there is a compelling medical reason. Allowing psychotropic medication to be administered PRN by injection makes it easy for staff to use this route of administration when the patient is not willing to consent to taking medication orally, even though PRN medication only may be used with the consent of the patient.

Adult mental health recipients are protected from unwarranted treatment, including treatment with psychotropic medications. Whether voluntary or involuntary, all treatment must be appropriate for the person's medical health that is being treated. If a physician issues an order to administer psychotropic medication to a patient without the patient's consent because of a psychiatric emergency, then the physician must document it in the patient's clinical record in specific medical or behavioral terms. They are emergency medication orders and are not addressed by this legislation.

The use of medication within hospital settings remains an effective tool in supporting the needs of persons in psychiatric or behavioral distress. STAT physician orders for medication, when properly used, represent the best practice for providing immediate symptom relief to foster a safe milieu. Requiring a STAT physician's order relative to administering additional psychiatric medication increases the quality of the clinical decision making. All unscheduled medications, including medications administered early, need to be monitored closely by the clinician, as well as the health care facility, to ensure their proper use. Hospitals that permit the use of PRN orders for psychiatric indications via injection expose patients to unnecessary psychiatric medications when compared to hospitals that have discontinued their use.

As proposed, S.B. 2247 amends current law relating to the use of pro re nata psychoactive medications in certain residential care facilities.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 (Section 576.0245, Health and Safety Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter B, Chapter 576, Health and Safety Code, by adding Section 576.0245, as follows:

Sec. 576.0245. ADMINISTRATION OF PSYCHOACTIVE MEDICATIONS. (a) Requires the executive commissioner of the Health and Human Services Commission (executive commissioner), for each health and human services agency that regulates the care or treatment of a resident at a facility as defined by Section 322.001 (Definitions), to adopt rules to govern the administration of pro re nata psychoactive medications.

(b) Requires that the rules prohibit a health care practitioner authorized under the laws of this state to issue a prescription drug order from prescribing to a resident

of a facility a pro re nata psychoactive medication administered by injection unless the drug is administered in a psychiatric emergency or under court order, and require the practitioner to document in the resident's clinical record the use of psychoactive medication in a psychiatric emergency using certain medical and behavioral terms.

(c) Prohibits a nurse licensed in this state and employed by a facility from in an emergency administering psychoactive medication by injection unless the nurse has attended the training required by rule of the executive commissioner. Requires that the training address the criteria that is required to be met to administer the medication in a psychiatric emergency.

(d) Requires a person employed by a facility to attend training on a resident's consent to treatment and refusal of consent to treatment as prescribed by rule of the executive commissioner. Requires that the training include information to equip staff to be alert to behaviors signifying a resident's refusal to consent to administration of medication and information on effective intermediate measures to calm residents in distress by the use of methods other than control and intervention.

SECTION 2. (a) Requires the executive commissioner, not later than January 1, 2010, to adopt the rules required by Section 576.0245, Health and Safety Code, as added by this Act.

(b) Provides that a facility subject to Section 576.0245, Health and Safety Code, as added by this Act, is not required to comply with that section until January 1, 2010.

SECTION 3. Effective date: September 1, 2009.