

BILL ANALYSIS

S.B. 584
By: West
Public Health
Committee Report (Unamended)

BACKGROUND AND PURPOSE

According to interested parties, recent reports indicate a steep increase in the number of deaths from opioid-related overdoses and that number could be reduced by establishing guidelines for the appropriate prescription of an opioid antagonist, such as naloxone, alongside an opioid prescription to a patient at risk of overdose. S.B. 584 seeks to provide for these guidelines.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

S.B. 584 amends the Occupations Code to require the Texas Medical Board to adopt guidelines for the prescription of opioid antagonists that address prescribing an opioid antagonist to a patient to whom an opioid medication is also prescribed and 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. The bill requires the board, in adopting the guidelines, to consult with the Texas State Board of Pharmacy and consult materials published by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services and authorizes the board to consult other appropriate materials. The bill exempts a physician who acts in good faith and with reasonable care, regardless of whether the physician follows the guidelines, from criminal or civil liability or any professional disciplinary action for prescribing or failing to prescribe an opioid antagonist or for any outcome resulting from the eventual administration of an opioid antagonist prescribed by the physician.

EFFECTIVE DATE

September 1, 2017.