

By: Menéndez, et al. S.B. No. 629
(Talarico, Oliverson, Leo-Wilson, Howard, Zwiener, et al.)

Substitute the following for S.B. No. 629:

By: Buckley C.S.S.B. No. 629

A BILL TO BE ENTITLED

AN ACT

relating to the maintenance, administration, and disposal of opioid antagonists on public and private school campuses and to the permissible uses of money appropriated to a state agency from the opioid abatement account.

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

SECTION 1. Chapter 38, Education Code, is amended by adding Subchapter E-1 to read as follows:

SUBCHAPTER E-1. MAINTENANCE, ADMINISTRATION, AND DISPOSAL OF OPIOID ANTAGONISTS

Sec. 38.221. DEFINITIONS. In this subchapter:

(1) "Opioid antagonist" and "opioid-related drug overdose" have the meanings assigned by Section 483.101, Health and Safety Code.

(2) "Physician" means a person who holds a license to practice medicine in this state.

Sec. 38.222. MAINTENANCE, ADMINISTRATION, AND DISPOSAL OF OPIOID ANTAGONISTS. (a) Each school district shall adopt and implement a policy regarding the maintenance, administration, and disposal of opioid antagonists at each campus in the district that serves students in grades 6 through 12 and may adopt and implement such a policy at each campus in the district, including campuses serving students in a grade level below grade 6.

(b) An open-enrollment charter school or private school may

1 adopt and implement a policy regarding the maintenance,
2 administration, and disposal of opioid antagonists. If a school
3 adopts a policy under this subsection, the school may apply the
4 policy:

5 (1) only at campuses of the school serving students in
6 grades 6 through 12; or

7 (2) at each campus of the school, including campuses
8 serving students in a grade level below grade 6.

9 (c) A policy adopted under this section must:

10 (1) provide that school personnel and school
11 volunteers who are authorized and trained may administer an opioid
12 antagonist to a person who is reasonably believed to be
13 experiencing an opioid-related drug overdose;

14 (2) require that each school campus subject to a
15 policy adopted under this section have one or more school personnel
16 members or school volunteers authorized and trained to administer
17 an opioid antagonist present during regular school hours;

18 (3) establish the number of opioid antagonists that
19 must be available at each campus at any given time; and

20 (4) require that the supply of opioid antagonists at
21 each school campus subject to a policy adopted under this section
22 must be stored in a secure location and be easily accessible to
23 school personnel and school volunteers authorized and trained to
24 administer an opioid antagonist.

25 (d) The executive commissioner of the Health and Human
26 Services Commission, in consultation with the commissioner of
27 education, shall adopt rules regarding the maintenance,

1 administration, and disposal of opioid antagonists at a school
2 campus subject to a policy adopted under this section. The rules
3 must establish:

4 (1) the process for checking the inventory of opioid
5 antagonists at regular intervals for expiration and replacement;
6 and

7 (2) the amount of training required for school
8 personnel and school volunteers to administer an opioid antagonist.

9 Sec. 38.223. REPORT ON ADMINISTERING OPIOID ANTAGONIST.

10 (a) Not later than the 10th business day after the date a school
11 personnel member or school volunteer administers an opioid
12 antagonist in accordance with a policy adopted under Section
13 38.222(a) or (b), the school shall report the information required
14 under Subsection (b) of this section to:

15 (1) the school district, the charter holder if the
16 school is an open-enrollment charter school, or the governing body
17 of the school if the school is a private school;

18 (2) the physician or other person who prescribed the
19 opioid antagonist; and

20 (3) the commissioner of state health services.

21 (b) The report required under this section must include the
22 following information:

23 (1) the age of the person who received the
24 administration of the opioid antagonist;

25 (2) whether the person who received the administration
26 of the opioid antagonist was a student, a school personnel member or
27 school volunteer, or a visitor;

1 (3) the physical location where the opioid antagonist
2 was administered;

3 (4) the number of doses of opioid antagonist
4 administered;

5 (5) the title of the person who administered the
6 opioid antagonist; and

7 (6) any other information required by the commissioner
8 of education.

9 Sec. 38.224. TRAINING. (a) Each school district,
10 open-enrollment charter school, and private school that adopts a
11 policy under Section 38.222(a) or (b) is responsible for training
12 school personnel and school volunteers in the administration of an
13 opioid antagonist.

14 (b) Training required under this section must:

15 (1) include information on:

16 (A) recognizing the signs and symptoms of an
17 opioid-related drug overdose;

18 (B) administering an opioid antagonist;

19 (C) implementing emergency procedures, if
20 necessary, after administering an opioid antagonist; and

21 (D) properly disposing of used or expired opioid
22 antagonists;

23 (2) be provided in a formal training session or
24 through online education; and

25 (3) be provided in accordance with the policy adopted
26 under Section [21.4515](#).

27 (c) Each school district, open-enrollment charter school,

1 or private school that adopts a policy under Section 38.222(a) or
2 (b) must maintain records on the training required under this
3 section.

4 Sec. 38.225. PRESCRIPTION OF OPIOID ANTAGONISTS. (a) A
5 physician or person who has been delegated prescriptive authority
6 under Chapter 157, Occupations Code, may prescribe opioid
7 antagonists in the name of a school district, open-enrollment
8 charter school, or private school.

9 (b) A physician or other person who prescribes opioid
10 antagonists under Subsection (a) shall provide the school district,
11 open-enrollment charter school, or private school with a standing
12 order for the administration of an opioid antagonist to a person
13 reasonably believed to be experiencing an opioid-related drug
14 overdose.

15 (c) The standing order under Subsection (b) is not required
16 to be patient-specific, and the opioid antagonist may be
17 administered to a person without a previously established
18 physician-patient relationship.

19 (d) Notwithstanding any other provisions of law,
20 supervision or delegation by a physician is considered adequate if
21 the physician:

22 (1) periodically reviews the order; and
23 (2) is available through direct telecommunication as
24 needed for consultation, assistance, and direction.

25 (e) An order issued under this section must contain:

26 (1) the name and signature of the prescribing
27 physician or other person;

1 (2) the name of the school district, open-enrollment
2 charter school, or private school to which the order is issued;

3 (3) the quantity of opioid antagonists to be obtained
4 and maintained under the order; and

5 (4) the date of issue.

6 (f) A pharmacist may dispense an opioid antagonist to a
7 school district, open-enrollment charter school, or private school
8 without requiring the name or any other identifying information
9 relating to the user.

10 Sec. 38.226. GIFTS, GRANTS, AND DONATIONS. A school
11 district, open-enrollment charter school, or private school may
12 accept gifts, grants, donations, and federal and local funds to
13 implement this subchapter.

14 Sec. 38.227. IMMUNITY FROM LIABILITY. (a) A person who in
15 good faith takes, or fails to take, any action under this subchapter
16 is immune from civil or criminal liability or disciplinary action
17 resulting from that action or failure to act, including:

18 (1) issuing an order for opioid antagonists;

19 (2) supervising or delegating the administration of an
20 opioid antagonist;

21 (3) possessing, maintaining, storing, or disposing of
22 an opioid antagonist;

23 (4) prescribing an opioid antagonist;

24 (5) dispensing an opioid antagonist;

25 (6) administering, or assisting in administering, an
26 opioid antagonist;

27 (7) providing, or assisting in providing, training,

1 consultation, or advice in the development, adoption, or
2 implementation of policies, guidelines, rules, or plans; or

3 (8) undertaking any other act permitted or required
4 under this subchapter.

5 (b) The immunities and protections provided by this
6 subchapter are in addition to other immunities or limitations of
7 liability provided by law.

8 (c) Notwithstanding any other law, this subchapter does not
9 create a civil, criminal, or administrative cause of action or
10 liability or create a standard of care, obligation, or duty that
11 provides a basis for a cause of action for an act or omission under
12 this subchapter.

13 (d) A cause of action does not arise from an act or omission
14 described by this section.

15 (e) A school district, open-enrollment charter school, or
16 private school and school personnel and school volunteers are
17 immune from suit resulting from an act, or failure to act, under
18 this subchapter, including an act or failure to act under related
19 policies and procedures.

20 (f) An act or failure to act by school personnel or a school
21 volunteer under this subchapter, including an act or failure to act
22 under related policies and procedures, is the exercise of judgment
23 or discretion on the part of the school personnel or school
24 volunteer and is not considered to be a ministerial act for purposes
25 of liability of the school district, open-enrollment charter
26 school, or private school.

27 Sec. 38.228. RULES. Except as otherwise provided by this

1 subchapter, the commissioner of education and the executive
2 commissioner of the Health and Human Services Commission shall
3 jointly adopt rules necessary to implement this subchapter.

4 SECTION 2. Section 403.505(d), Government Code, is amended
5 to read as follows:

6 (d) A state agency may use money appropriated from the
7 account only to:

8 (1) prevent opioid use disorder through
9 evidence-based education and prevention, such as school-based
10 prevention, early intervention, or health care services or programs
11 intended to reduce the risk of opioid use by school-age children;

12 (2) support efforts to prevent or reduce deaths from
13 opioid overdoses or other opioid-related harms, including through
14 increasing the availability or distribution of naloxone or other
15 opioid antagonists for use by:

16 (A) health care providers;

17 (B) [] first responders;

18 (C) [] persons experiencing an opioid overdose;

19 (D) [] families;

20 (E) [] schools, including under a policy adopted
21 under Subchapter E-1, Chapter 38, Education Code, regarding the
22 maintenance, administration, and disposal of opioid antagonists;

23 (F) community-based service providers;

24 (G) [] social workers; [] or

25 (H) other members of the public;

26 (3) create and provide training on the treatment of
27 opioid addiction, including the treatment of opioid dependence with

1 each medication approved for that purpose by the United States Food
2 and Drug Administration, medical detoxification, relapse
3 prevention, patient assessment, individual treatment planning,
4 counseling, recovery supports, diversion control, and other best
5 practices;

6 (4) provide opioid use disorder treatment for youths
7 and adults, with an emphasis on programs that provide a continuum of
8 care that includes screening and assessment for opioid use disorder
9 and co-occurring behavioral health disorders, early intervention,
10 contingency management, cognitive behavioral therapy, case
11 management, relapse management, counseling services, and
12 medication-assisted treatments;

13 (5) provide patients suffering from opioid dependence
14 with access to all medications approved by the United States Food
15 and Drug Administration for the treatment of opioid dependence and
16 relapse prevention following opioid detoxification, including
17 opioid agonists, partial agonists, and antagonists;

18 (6) support efforts to reduce the abuse or misuse of
19 addictive prescription medications, including tools used to give
20 health care providers information needed to protect the public from
21 the harm caused by improper use of those medications;

22 (7) support treatment alternatives that provide both
23 psychosocial support and medication-assisted treatments in areas
24 with geographical or transportation-related challenges, including
25 providing access to mobile health services and telemedicine,
26 particularly in rural areas;

27 (8) address:

1 (A) the needs of persons involved with criminal
2 justice; and

3 (B) rural county unattended deaths; or

4 (9) further any other purpose related to opioid
5 abatement authorized by appropriation.

6 SECTION 3. Not later than November 1, 2023:

7 (1) the executive commissioner of the Health and Human
8 Services Commission shall, in consultation with the commissioner of
9 education, adopt rules required under Section 38.222, Education
10 Code, as added by this Act; and

11 (2) the commissioner of education and the executive
12 commissioner of the Health and Human Services Commission shall
13 jointly adopt rules necessary to implement Subchapter E-1, Chapter
14 38, Education Code, as added by this Act.

15 SECTION 4. Notwithstanding the effective date of this Act,
16 a school district is not required to comply with Section 38.222,
17 Education Code, as added by this Act, before January 1, 2024.

18 SECTION 5. This Act takes effect immediately if it receives
19 a vote of two-thirds of all the members elected to each house, as
20 provided by Section 39, Article III, Texas Constitution. If this
21 Act does not receive the vote necessary for immediate effect, this
22 Act takes effect September 1, 2023.