

BILL ANALYSIS

Senate Research Center

S.B. 1827
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Finance
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AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

According to the Centers for Disease Control (CDC), opioids were involved in 49,860 overdose deaths in 2019. This accounted for over 70 percent of all drug overdose deaths. While this is a public health and public safety crisis in Texas, opioids are wreaking havoc on Americans everywhere. In order to address and respond to this crisis, several multi-state lawsuits have been filed that seek financial damages from opioid manufacturers and distributors. Texas is party to most, if not all, of these multi-jurisdictional suits.

As a result of these suits and their respective settlements, Texas could see hundreds of millions of dollars flow through the state, and accordingly, through the state budget. Currently, these funds, once they get to Texas, are slated to be delivered straight to general revenue.

S.B. 1827 seeks to dedicate the state portion of the settlement funds from the opioid settlements to opioid abatement, and outline certain preferred avenues for opioid abatement.

As proposed, S.B. 1827 amends current law relating to the creation of the opioid abatement account.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter G, Chapter 403, Government Code, by adding Section 403.1044, as follows:

Sec. 403.1044. OPIOID ABATEMENT ACCOUNT. (a) Provides that the opioid abatement account is a dedicated account in the general revenue fund.

(b) Provides that the account is composed of:

(1) money received by the state from any source resulting directly or indirectly from an action by the state against an opioid manufacturer, an opioid distributor, or another person in the opioid industry relating to a violation of state or federal law on the manufacture, marketing, distribution, or sale of opioids;

(2) money appropriated or transferred to the account by the legislature;

(3) gifts and grants contributed to the account; and

(4) earnings on the principal of the account.

(c) Authorizes money in the account to be appropriated only to a state agency for the abatement of opioid-related harms.

(d) Authorizes a state agency to use money appropriated to the agency from the account only to:

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

(2) support efforts to prevent or reduce deaths from opioid overdoses or other opioid-related harms, including through increasing the availability or distribution of naloxone or other opioid antagonists for use by health care providers, first responders, persons experiencing an opioid overdose, families, schools, community-based service providers, social workers, or other members of the public;

(3) create and provide training on the treatment of opioid addiction, including the treatment of opioid dependence with each medication approved for that purpose by the United States Food and Drug Administration, medical detoxification, relapse prevention, patient assessment, individual treatment planning, counseling, recovery supports, diversion control, and other best practices;

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

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

(6) support treatment alternatives that provide both psychosocial support and medication-assisted treatments in areas with geographical or transportation-related challenges, including providing access to mobile health services, and telemedicine, particularly in rural areas.

SECTION 2. Effective date: September 1, 2021.