

PUBLIC COMMENTS

HB 1694

HOUSE COMMITTEE ON PUBLIC HEALTH

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Hearing Date: March 24, 2021 8:00 AM

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BEVERLY AUSTIN, Project Director

Franklin County Rural Health Clinic

Mt. Vernon, TX

As it stands, individuals with a history of past drug-related convictions or probation are ineligible for the defense to prosecution. I would like to reach out to bill authors (Rep. Raney and Sen. Schwertner) requesting the removal of the exception for people with previous drug convictions. This is also something the Hogg Foundation has been speaking to the offices and the Governor's office about. Our clinic, the Franklin County Rural Health Clinic (FCRHC) in Mount Vernon, Texas, offers a Substance and Opioid Use Disorder prevention, treatment, and recovery grant program. With the addition of Fentanyl on the street, many are unaware of the powerful effect of mixing this drug with heroin and even marijuana, and the reason there are so many overdosing. Not knowing what is happening to them, they are overdosing and fear calling for help due to the present laws, especially if they have a past drug-related conviction. In Texas we need the Good Samaritan Law passed so we can save more lives and put more people on the path to recovery.

One initiative FCRHC is working on is partnering with Law Enforcement on an Action Plan to reduce overdosing, recidivism, and crime by enacting a pre-entry and post-entry program that would include education, Medically Assisted Treatment (MAT), and counseling. People are coming out of jails and prison in Texas with no assistance, some homeless, poor, and no real guidance on how to get back on their feet. Through education, they can learn social skills in job preparation, hygiene, food preparation, budgeting, as well as given resources for shelter and clothing. By offering MAT just before they are released, they get medical assistance to keep them alive as there is evidence-based studies that show that if a person with a history of Substance or Opioid Use Disorders, is released without obtaining assistance that within two weeks that person is using again or has overdosed. With counseling, a person can receive the behavioral therapy needed and then is paired with a Peer Specialist for daily encounters. Since Peer Specialists have "lived experience" they are more likely to reach a person that is in recovery because of they have been through similar experiences.

So, Texas has an opportunity to join the vast majority of many states that have the Good Samaritan Law as well as establishing a MAT Initiative within the Criminal Justice System. The initiative has been supported by many jails and prisons around the country and internationally, as well as the National Sheriffs Association who states, "Jails can minimize the risk of post-release overdose by facilitating continued access to MAT for individuals who are on prescribed FDA-approved MAT and by facilitating initiation of MAT prior to release for individuals with SUD/OD who were not receiving MAT prior to arrest — taking into account individual preferences, clinician judgment and medication diversion potential." National Sheriffs' Association

Thank you.

Katharine Harris

Baker Institute for Public Policy, Rice University

Houston, TX

This bill is a step in the right direction to providing legal protections for people who report an overdose; however, the exclusion criteria will create confusion among the public and limit its effectiveness. People with prior drug convictions are more likely to witness an overdose event; when they realize the bill does not protect them they will cease calling 911 and people who use drugs will continue to be at a greater and unnecessary risk for fatal overdose compared to those who live in states with more inclusive Good Samaritan protections.

Printed on: April 9, 2021 11:00 AM

People with prior drug convictions are also at greater risk for overdose themselves, and contact with emergency response services can be an opportunity to connect a person with recovery. The exclusion criteria in this bill will limit the possibilities for such connections. Because people of color are more likely to have prior drug convictions despite using drugs at similar rates as white people, the law will likely reinforce racial disparities in the justice system, in access to medical care and treatment, and in drug-related risks for fatal overdose. The exclusion criteria in HB 1694 also suggests it will not improve overdose reporting, which means Texas will continue to suffer from a lack of accurate data on the extent of the overdose crisis in the state.

I urge the committee to amend HB 1694 by removing the exception for people with a prior drug conviction.

Heather Green

Self

Waco, TX

People don't need mail. They need support and help and resources.

Lisa Medina

Self/trauma therapist

Austin, TX

Although I fully support the passage of an Overdose Good Samaritan law, HB 1694 falls woefully short and continues to negatively impact the most vulnerable people in our communities across Texas. We need a stronger, more equitable, non-discriminatory bill.

Richard Bradshaw

Recovery Advocacy Project

Waco, TX

I do not support this bill because of the limitations and criteria that it places on what individuals would be excluded from using this as a defense. Given that the individual is needing to make a call that will save another human's life, the life of a human that is our equal in the eyes of the Creator.

Aleksandra Guerra

Self, Mental health social worker

Frisco, TX

This bill needs to be amended to extend protections to those with previous drug offenses/charges. To charge those experiencing overdose or seeking medical attention due to their previous criminal history is only heightening the stigma of drug addiction and does not encourage these individuals to seek recovery. People should not have to choose between the possible death of themselves or a loved one and possible arrest. Please extend the protections in this bill to include EVERYONE.

Shannon Hoffman

The Hogg Foundation for Mental Health

AUSTIN, TX

Substance use and overdose death trends in Texas have evolved and steadily increased in recent years. From June 2019 through June 2020, over 3,500 Texans lost their lives to an overdose. For the first time, Americans' odds of dying from an accidental opioid overdose are higher than from a motor vehicle crash.

Printed on: April 9, 2021 11:00 AM

There is mounting evidence pointing to a continued and exacerbated substance use and overdose epidemic as a result of COVID-19. Overdoses have not only increased since the pandemic began, but are accelerating as it persists. The United States lost the most lives to an overdose ever recorded in a 12-month period through May 2020. Texas has seen a 21.8 percent increase in overdose deaths, and is one of 13 states that saw an over 50 percent increase in overdose deaths involving synthetic opioids.

In recent years, Texas lawmakers have expanded community access to overdose-reversal medication and training, as well as to medication-assisted treatment for opioid use disorders. Texas, however, still has not enacted an overdose Good Samaritan law. Good Samaritan protections are policies that provide legal protections for individuals who call for emergency assistance (such as 911) for themselves and/or others in the event of a drug overdose. Fear of police involvement is the most cited reason for not calling 911 during an overdose and, as a result, fewer than 50 percent of overdoses result in a call for help.

Though they vary significantly in the level of protections, 47 states and the District of Columbia have passed some form of an overdose Good Samaritan law. As a result, illicit drug use did not increase and lives were saved; opioid-related overdose deaths decreased by as much as 15 percent, and there were even greater reductions for African American (26 percent) and Hispanic (16 percent) populations.

Texas laws leave victims and bystanders in danger of legal repercussions if they call 911 to save a life during an overdose. HB 1694 would create overdose good Samaritan protections by creating a defense to prosecution for certain drug-related offenses. However, four separate requirements to qualify and four eligibility exceptions are included that limit who is eligible for the protections. While HB 1694 is a good first step to create a pathway that encourages individuals to call 911 during an overdose emergency and save lives, the current language excludes this defense if the person has previous drug convictions or has been placed on community supervision due to a drug-related charges.

By removing this exclusionary language, HB 1694 would have the potential to save more lives by encouraging those most at-risk to call 911 when witnessing or experiencing an overdose. Individuals with criminal justice involvement are at high risk of overdose. Research shows that high risk factors for opioid overdoses include drug-related arrests and recent release from incarceration.

Claire Zagorski

The University of Texas at Austin College of Pharmacy

Round Rock, TX

As a public health professional, a paramedic, a drug policy researcher, someone who works with people who use drugs and a lifelong Texan, this bill is exceptionally important to me. In the 7 years I've been teaching people how to use naloxone - the medicine that reverses opioid overdoses - I've had hundreds of conversations about overdose experiences. And of these hundreds, only a small handful are ever reported to 911. I can't imagine the terror in these situations. Of being the only person in a position to help your near-lifeless friend, and knowing that calling for EMS rescue will bring with it the police, handcuffs, and a jail cell. Knowing that that jail cell will likely mean a lost job, a broken promise to a loved one, a rejection of future lease applications, mortgage applications, and public benefits. I cannot imagine the terror of being tugged between getting backup to save a life, and losing the progress you've made in your life. Try to imagine that for a moment - our state death records paint this image very vividly.

This impossible situation, and the fact that it severely depresses the rate of 911 calls made for drug overdoses, is why Texas must have a strong, effective Good Samaritan law for drug overdoses and related medical complications. We know that arrests made at calls like these are low-yield for the criminal justice system. Arresting panicky and heartbroken individuals at overdose calls is not leading us to cartel heads or making significant drug busts. The people in these situations need to know that in their darkest moment, help can be trusted. Let's make this happen.

Please support the Good Samaritan bill, HB 1694. But also, let's talk about how to make it even better. Currently, people with prior drug convictions are ineligible for its protections. Please consider removing this clause. Addiction is a complex, tangled phenomenon, but one thing that's clear is that relapse is so common that we EXPECT it to happen. Anticipating this, and giving our patients tools to respond to and move past it, is part of our care of people who use drugs. As such, I'm very concerned that a large bulk of relevant people will be exempt from HB 1694's protections. In short, I am concerned that the people who need this protection the most won't have it. I don't want us to miss even a single opportunity to save lives.

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Let's make this bill a law, and save lives in the process. In those moments between breath slipping away and making a decision whether to call for help, nothing else matters. Only rescue. Only life. That must not be a point at which people hesitate. A dead person cannot change their life. They cannot repair relationships, go back to school, or find a great new job. They cannot find peace and happiness. Please help us open up a universe of possibilities for Texans. Please help us save lives. Thank you Representative Raney, Representative Klick, and the members of the Public Health committee.

Lucas Hill, Dr.

Self - Clinical Assistant Professor of Pharmacy Practice and Director of the Pharmacy Addictions Research & Medicine Program  
Buda, TX

A confusing overdose Good Samaritan law with numerous caveats, such as this bill, will have no appreciable impact on willingness of overdose witnesses to call 911 for help. If we want to ensure that our loved ones who use drugs receive timely emergency medical services in the event of an overdose, this bill must be expanded to remove unnecessary limitations on who qualifies for legal protection. Most people who use drugs will at some point also sell small amounts of those drugs to friends, meaning they would not qualify for protection according to this bill as currently written. This bill will not save lives unless it is amended substantially.

Melody Cottrell

Self, Registered Nurse

The Colony, TX

This act will save lives, allowing Texans to act as good samaritans.

Suzanne Jarvis, MPH

Self

Houston, TX

I ran a Texas non-profit program that worked with 155 women incarcerated for addiction treatment in a county corrections facility. Most were incarcerated for non-violent, low-level offenses driven by substance use. I would ask "How many of you smoke cigarettes?" 95% raised their hands. "How many of you are going to smoke a cigarette when you're out?" Even after being removed from cigarettes for 6 months or longer, with nicotine no longer in their system, they all immediately raised their hands. That's when I realized the difference between an addicted mind and a criminal mind.

Substance use disorders are a chronic health condition with complex psycho-social, neurological and genetic factors. And we have criminalized it.

Repeated, constructive consequences related to substance use help a person begin to address their issues. An overdose that takes a person to the emergency department giving them access care is a constructive consequence. It is an opportunity for them to realize accidental or misuse of substances, and receive medical care and recovery assistance.

Constructive consequences, when coupled with peer support, are a highly effective recovery practice. Peers pull peers into using substances. With lived experience, peers in recovery pull peers out of using substances. Successful recovery pathways have relied on 12-step community peers for over a century and now Certified Peer Recovery Support Specialists are being added to the workforce with great success. Due to criminalization of substance use, peers in recovery may have a prior conviction.

Texas requires a Good Samaritan law that understands the chronic/relapsing nature of substance use disorders, and supports overdose intervention and access to care. Unfortunately, the HB 1694 exclusions create a barrier to emergency medical care for the person overdosing when their only assistance for help is a peer who falls within the exclusion criteria. Passing a Good Samaritan law with these exclusions presents challenges in educating the greater community on how the law works; this can put peers who meet exclusion criteria inadvertently at risk of prosecution.

I would like to thank Representative Raney for authoring this bill. My request is to please review the exclusions, especially lines

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13-15, and simplify this bill. With an escalation of overdoses and deaths in our state, the Texas legislature has a great opportunity to create an effective Good Samaritan law that serves the whole community and that saves Texan lives.