Summary of Texas’ Approach to Addressing the Opioid Crisis

POLICIES AND PROCEDURES

- In 2017, the Texas State legislature passed Senate Bill 315, which strengthened the ability of the Texas Medical Board to regulate the prescribing of opioids and other controlled substances by physicians and their delegates.
- Beginning September 1, 2019, pharmacists and prescribers will be required to check the patient’s prescription history through the Prescription Drug Monitoring Program before dispensing or prescribing opioids and other controlled substances.
- Texas Administrative Code requires pain management clinics to be certified by the Texas Medical Board.
- In 2018, Health and Human Services Commission (HHSC) implemented morphine equivalent dose (MED) limitations; phased-in implementation to mitigate withdrawal for patients; and tapered down by January 2019 to a maximum MED of 90 milligrams, to align with Centers for Disease Control and Prevention recommendations.

DATA ANALYTICS

- HHSC Office of Inspector General Data and Technology Division analysts developed an algorithm that looks at outpatient pharmacy claims for opioid prescriptions that are disproportionately prescribed by non-pain providers participating in the Medicaid program.
- Texas’ Vendor Drug Program conducts drug utilization reviews to ensure appropriate and medically necessary drugs are prescribed to people enrolled in Medicaid.

OUTREACH

- Texas Health Steps Online Provider Education provides optional opioid-related training for health care providers.
- Prevention Resource Centers provide substance use information, related behavioral health data, and other community resources within each of the HHSC Health Regions to children, youth, and adult populations.

PROGRAMS

- Texas’ Lock-In Program restricts Medicaid recipients and managed care members who are receiving duplicative, excessive, or conflicting health care services, including drugs, to a single provider or pharmacy.
- Texas currently has 92 licensed opioid treatment programs providing Medication-Assisted Treatment services.

OTHER

- HHSC received $27.4 million in 2017 and 2018 from the Substance Abuse and Mental Health Services Administration and was recently awarded an additional $46.2 million to continue its opioid response activities.

Note: Because deaths from illegally made fentanyl cannot be distinguished from deaths from pharmaceutical fentanyl in the data source, these data include both.