HB 1724 4/14/97 Delisi

SUBJECT: Minimum criteria for the Texas pharmacy peer assistance program

COMMITTEE: Public Health — favorable, without amendments

VOTE: 6 ayes — Berlanga, Hirschi, Coleman, Davila, Delisi, Maxey

0 nays

3 absent— Glaze, Janek, Rodriguez

WITNESSES: For — Karen Kenney Reagan, Texas Pharmacy Association

Against — None

BACKGROUND

Peer assistance programs are programs established or approved by a licensing board to provide a confidential alternative to the disciplinary process for professionals impaired by substance abuse or mental illness. Such programs focus on rehabilitative rather than punitive actions. Professionals who successfully complete program requirements can return to their practice.

The Texas Pharmacy Board was the first health care licensing board to establish a peer assistance program, under the Texas Pharmacy Act (VACS, art. 4542 a-1, sec. 27A).

In 1985, the Legislature authorized the creation of other health and human services peer assistance programs under Chapter 467 of the Health and Safety Code. The programs must meet criteria established by the Texas Commission on Alcohol and Drug Abuse (TCADA). Four licensing boards currently operate peer assistance programs authorized under the Health and Safety Code: the boards of Dental Examiners, Nurse Examiners, Veterinary Medical Examiners, and Vocational Nurse Examiners.

DIGEST:

HB 1724 would amend the Texas Pharmacy Act to require the Texas Pharmacy Board to adopt rules or minimum criteria governing administration and enforcement of its peer assistance program that are at least as strict as the rules or minimum criteria adopted by TCADA under Chapter 467 of the Health and Safety Code.

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HB 1724 would take immediate effect if finally approved by a two-thirds record vote of the membership of each house.

SUPPORTERS SAY:

HB 1724 would improve state oversight of the pharmacist peer assistance program and provide a basis for uniformity and consistency among all state-authorized peer assistance programs. Consistent state oversight of all state-authorized peer assistance programs is necessary to ensure only authorized services are offered, program costs are accountable, and program policies do not protect impaired professionals in such a way that licensing boards are hampered from taking disciplinary steps to protect the public.

HB 1724 would enact a recommendation found in the Legislative Budget Board's 1997 *Staff Performance Report*. It would cause little change in the operations of the pharmacist peer assistance program because this nationally recognized program already has administrative and enforcement measures that exceed TCADA-established minimum criteria. HB 1724 would ensure that this tradition of excellence continues by setting a minimum floor for peer assistance program operations. It would not require the pharmacy board to diminish standards that currently exceed the minimum criteria.

TCADA, as the single state agency addressing alcohol and chemical dependency problems and associated mental health issues, is the appropriate agency for formulating minimum peer assistance program criteria. The agency has undergone extensive public and legislative scrutiny in the past two years, has significantly improved management and administrative personnel and policies, and has been recommended for continuation as a freestanding agency by the Sunset Commission.

OPPONENTS SAY:

HB 1724 is unnecessary and could lead to redundant paperwork and bureaucracy. The pharmacist's peer assistance program is a nationally recognized operation that serves as a model for similar programs in other states. The program voluntarily adopted TCADA-established minimum standards when Chapter 467 of the Health and Safety Code was enacted, and currently its administration and enforcement measures exceed those criteria. However, under HB 1724 the board would be required to promulgate additional rules to meet the bill's specific requirements, creating additional expense and effort for the board, the peer assistance contractor, and the public.

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HB 1724 could lay the groundwork for giving TCADA more control over peer assistance programs in the future, which may prove ineffective since TCADA's management and administration has been highly questionable in the recent past. The pharmacy board has gone to great lengths to establish an excellent peer assistance program that protects the public and pharmacists and has no inclination to lower its program standards to state minimum requirements.