

- SUBJECT:** Including sickle cell patients under controlled substance exemptions
- COMMITTEE:** Public Health — committee substitute recommended
- VOTE:** 7 ayes — S. Thompson, Wray, Allison, Guerra, Ortega, Price, Zedler
- 2 nays — Frank, Sheffield
- 2 absent — Coleman, Lucio
- WITNESSES:** For —Tonya Prince, Sickle Cell Association of Houston; Titilope Fasipe, Texas Children's Hospital Cancer and Hematology Center; Caitlin McNeil, The Sickle Cell Association of Texas Marc Thomas Foundation; Phillip Okwo; (*Registered, but did not testify*: Jazmine Brown, As One Foundation; Amber Pearce, Pfizer; Yesica Martinez, DeAnna Navarro, and Genesis Rae Navarro, Sickle Cell Association Of Texas Marc Thomas Foundation; Dan Finch, Texas Medical Association; Tina Alexander; Shatia Bartlett)
- Against — None
- On — (*Registered, but did not testify*: Ryan Van Ramshorst, Health and Human Services Commission)
- BACKGROUND:** Health and Safety Code sec. 481.0764(a) requires a person authorized under HIPAA to receive medical information submitted to the Texas State Board of Pharmacy from the Texas Prescription Monitoring Program to access this information before prescribing or dispensing opioids, benzodiazepines, barbiturates, or carisoprodol to the patient.
- Sec. 481.0765(a) exempts prescribers and dispensers from the above requirement if the patient has been diagnosed with cancer or is receiving hospice care. Prescribers must clearly note the patient's diagnosis or hospice status in the patient's prescription record.
- DIGEST:** CSHB 2576 would add individuals diagnosed with sickle cell disease to

those for whom the prescriber and dispenser would be exempted from accessing patient information in the Prescription Monitoring Program prior to prescribing or dispensing opioids, benzodiazepines, barbiturates, or carisoprodol.

The bill would take effect September 1, 2019, and would apply only to a prescription issued on or after that date.

**SUPPORTERS
SAY:**

CSHB 2576 would help sickle cell disease patients receive the pain management they deserve and reduce long-term costs to the health care system by allowing physicians and pharmacists to prescribe and dispense opioids without having to check the Prescription Monitoring Program (PMP).

The bill would ensure that those suffering from sickle cell disease (SCD) could access needed pain medications during sickle cell crises, which can last hours, days, or weeks. While PMP is a useful tool in tackling the opioid epidemic in Texas, it has created a stigma around prescribing opioids in general. SCD patients already suffer from stigma due to the history of sickle cell disease and can face more when seeking opioids to manage their pain. The bill would extend the same level of compassion to those who suffer from SCD that is extended to cancer and hospice patients.

CSHB 2576 also would help lower health care costs in costs in Texas by preventing excessive hospitalization for sickle cell disease patients. Studies have shown that opioid abuse by individuals in the sickle cell community is rare. People affected by sickle cell disease should have all the tools necessary to manage their pain and lead normal, productive lives.

The bill would help remove the stigma around sickle cell disease and the prescribing of opioids to certain populations by codifying exemptions to prescribing requirements in law. It was filed in conjunction with other legislation to raise awareness of sickle cell disease in Texas.

OPPONENTS

CSHB 2576 would not necessarily ensure that sickle cell disease patients

SAY: received needed pain medication because it would not remove the stigma around the prescribing of opioids, and physicians and pharmacists not familiar with sickle cell disease could still refuse to prescribe or dispense opioids to those suffering from the disease.