



The Texas Association of Health Plans
TAHP TRACKED BILLS - PUBLIC HEALTH
 03-03-2023 - 10:47:29

T HB 44

Swanson, Valoree

No immunization discrimination in Medicaid

Remarks: SUMMARY: Prohibits providers from refusing to provide services to Medicaid and CHIP recipients who are not vaccinated. Requires HHSC to disenroll providers who do not comply and prohibits provider reimbursement.

TAHP POSITION: Neutral

COVERAGE TYPES: Medicaid, CHIP

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 1/29/23 by JL

Last Action: 2-23-23 H Introduced and referred to committee on House Public Health

T HB 141

Howard, Donna

CHIP birth control coverage

Companions: [SB 407](#) Eckhardt, Sarah(D) (Identical)
 2-15-23 S Introduced and referred to committee on Senate Health and Human Services

Remarks: SUMMARY: Requires CHIP to cover prescription contraceptive drugs, supplies, or devices for children under 18 with written content. Prohibits CHIP from covering abortifacients or any other drug or device that terminates a pregnancy.

TAHP POSITION: Neutral

COVERAGE TYPES: CHIP

EFFECTIVE DATES: Effective immediately if it receives two-thirds vote, otherwise Sept. 1, 2023

TAHP POSITION STATEMENT

DATE UPDATED: 1/9 by JL

Last Action: 2-23-23 H Introduced and referred to committee on House Public Health

 HB 181

Johnson, Jarvis

Sickle cell disease registry

Remarks: SUMMARY: This bill would establish a sickle cell registry at DSHS, which would include a record of cases that occur in the state. The Department would submit annual reports to the legislature on information obtained through the registry.

TAHP POSITION: Neutral

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/13 KS

Last Action: 2-23-23 H Introduced and referred to committee on House Public Health

 HB 235

Howard, Donna

Allow Pharmacists to Test/Treat

Companions: [HB 2049](#) Howard, Donna(D) (Refiled from 87R Session)

Remarks: SUMMARY: This bill would allow pharmacists to furnish a prescription drug to a patient under a physician's written protocol. It would allow a pharmacist to perform rapid strep tests and rapid flu tests, and then furnish prescriptions to treat those acute conditions. The bill also provides that a pharmacist may not furnish a prescription drug under that section unless the pharmacist has completed a training program that is approved by the board and is relevant to the condition treated by the drug.

TAHP POSITION: Support

EFFECTIVE DATES: 9/1/23

POSITION STATEMENT: TAHP supports reducing barriers to care. Numerous states have safely expanded authority to pharmacists to allow testing and treatment for a small number of illnesses. Because of provider shortages Texans often lack easy access to primary care providers. Expanding pharmacist authority will allow patients to access treatments quickly and affordably for certain illnesses.

DATE UPDATED: 2/1 KS

Last Action: 2-23-23 H Introduced and referred to committee on House Public Health

T HB 343

Goodwin, Vikki

Prescriptive authority psychologists

Last Action: 2-23-23 H Introduced and referred to committee on House Public Health

T HB 593

Shaheen, Matt

Expands Direct Primary Care to Other Providers

Remarks: SUMMARY: This bill would broaden the current direct primary care law. First, it would expand the types of care by changing "primary" to "patient." Second, it would expand the types of providers who can use the programs, by changing "physician" to "practitioner." Does not create a new insurance mandate.

TAHP POSITION: Neutral

EFFECTIVE DATES: Immediate or 9/1/23

Last Action: 2-28-23 H Rereferred to Committee on House Public Health

T HB 594

Shaheen, Matt

Expands Telepharmacy

Remarks: SUMMARY: This bill would remove current restrictions on telepharmacy, such as restrictions on facilities it may be used in, the restrictions on locations eligible to be remote dispensing sites, and the requirement that pharmacists make at least monthly on-site visits to remote dispensing sites. The bill would also allow remote dispensing of CSII and remove the mileage limitations between remote sites and pharmacies.

TAHP POSITION: Support

EFFECTIVE DATES: 9/1/23

TAHP POSITION STATEMENT: Since 2017, Texas has allowed limited access to telepharmacy services in certain rural and underserved communities. TAHP supports removing barriers to pharmacy care. This bill increases access to pharmacists, particularly in rural and underserved communities. Telemedicine has proven to be an effective and efficient way to provide quality care to patients, reducing costs and time associated with in-person visits. By allowing licensed pharmacists to offer telehealth services, patients will have greater access, regardless of their location, leading to improved patient outcomes and reduced healthcare costs. The demand for remote care is growing, making telemedicine and telehealth increasingly important in the future of

healthcare. However, TAHP cautions against imposing any payment parity mandates that would undermine potential cost savings and innovation.

DATE UPDATED: 2/1 KS, 2/12 BH

Last Action: 2-28-23 H Rereferred to Committee on House Public Health

 HB 595

Shaheen, Matt

Physician Dispensing of Drugs

Companions: [HB 456](#) Shaheen, Matt(R) (Refiled from 87R Session)

Remarks: SUMMARY: This bill allows physicians to dispense prescription devices or drugs to their patients that are not controlled substances, including Schedules I through V or Penalty Groups 1 through 4 of Chapter 481 (Texas Controlled Substances Act). It also allows them to charge their patients for these drugs. The bill also removes important consumer protections. Section 5 of the bill repeals the safety requirements that physicians who dispense dangerous drugs must comply with, including applicable labeling requirements and overseeing compliance with packaging and record-keeping. It also repeals the requirement that physicians who want to dispense dangerous drugs notify the Board of Pharmacy and the Medical Board of their intention to do so.

TAHP POSITION: Neutral/Monitor

EFFECTIVE DATES: Immediate or 9/1/23

TAHP POSITION STATEMENT: TAHP is not opposed to physicians having the ability to dispense non-controlled substances to their own patients if it is not tied to a payment mandate and appropriate patient protections are required, but we do have concerns with some of the provisions of the legislation that could put Texas patients at risk for billing and safety issues. The bill repeals the safety requirements that physicians who dispense dangerous drugs must comply with and removes the requirement to notify the Board of Pharmacy and the Medical Board. The Texas Legislature should continue these basic safety protections. According to a study by the Institutes of Medicine, most adverse drug events that patients experience are caused by prescriber errors, and at least half of these physician errors are corrected by pharmacists. Patients could also be at risk of surprise billing. The legislation should limit how much a physician can charge for the drugs they dispense and include patient notice requirements.

DATE UPDATED: 2/12/23 BH

Last Action: 2-28-23 H Rereferred to Committee on House Public Health

 HB 624

Harris, Cody

Emergency medical transport by fire fighters

Remarks: SUMMARY: This bill would allow fire fighters to transport a sick or injured patient to a health care facility if an EMS provider was notified of the patient's clinical condition and were unable to provide services at the patient's location. It would also require EMS and trauma care systems to develop transport protocols and provide notice of the protocols to EMS and fire fighters in their area.

TAHP POSITION: Neutral

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/13 KS

Last Action: 3- 6-23 H Meeting set for 10:00 A.M., JHR 120, House Public Health

 HB 638

Toth, Steve

Right to Try Chronic Rx - Not coverage mandate

Remarks: SUMMARY: This bill would allow patients to access investigational drugs if they have severe chronic disease and the patient's physician has considered all treatment options approved by the

FDA and determined that they are unlikely to provide relief. This bill does not create a new insurance mandate.

TAHP POSITION: Neutral as long as a coverage mandate is not added

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/3/23 JB

Last Action: 2-23-23 H Introduced and referred to committee on House Public Health

 HB 647

Hinojosa, Gina

Advance DNR Order - Pregnancy Directive

Remarks: SUMMARY: This bill would allow individuals to specify in an advanced directive the effect that pregnancy has on the directive. Currently, a person may not withhold life-sustaining treatment of a pregnant person.

TAHP POSITION: Neutral

EFFECTIVE DATES: 9/1/24

DATE UPDATED: 2/4 KS

Last Action: 2-23-23 H Introduced and referred to committee on House Public Health

 HB 663

Thierry, Shawn

Confidentiality reporting maternal mortality

Remarks: SUMMARY: Allows for voluntary and confidential reporting of pregnancy-associated deaths and pregnancy-related deaths. Establishes a work group to establish a secure maternal mortality and morbidity data registry and allows DSHS to establish rules for implementation. Requires a report on the establishment of the registry and any recommendations.

TAHP POSITION: Neutral

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 2/13 by JL

Last Action: 2-23-23 H Introduced and referred to committee on House Public Health

 HB 667

Johnson, Ann

Music therapists

Remarks: SUMMARY: Creates a licensure for music therapists. It would also create an advisory board under TDLR.

TAHP POSITION: Neutral

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/13 KS

Last Action: 2-23-23 H Introduced and referred to committee on House Public Health

 HB 690

Rosenthal, Jon

Community violence intervention

Companions: [HB 1580](#) Rosenthal, Jon(D) (Refiled from 87R Session)

Remarks: SUMMARY: Establishes the Office of Community Violence Intervention and Prevention at HHSC and allows the agency to establish rules to implement the program. The purpose is to coordinate and expand violence intervention and prevention activities, reduce the incidence of interpersonal violence and homicide, provide assistance to promote effective state and local efforts on reducing preventable injuries and deaths, collaborate with governmental entities and other relevant stakeholders, and award grants. Requires the Office to conduct a statewide public health campaign. Requires the Office to establish an award advisory committee.

TAHP POSITION: Neutral

EFFECTIVE DATES: Sept. 2, 2023

DATE UPDATED: 2/13 by JL

Last Action: 2-23-23 H Introduced and referred to committee on House Public Health

 HB 724

Howard, Donna

Provider licensure complaint reciprocity

Companions: [HB 3735](#) Howard, Donna(D) (Refiled from 87R Session)
[SB 2115](#) Lucio, Eddie(D) (Refiled from 87R Session)
[SB 161](#) Perry, Charles(R) (Identical)
 2-15-23 S Introduced and referred to committee on Senate Health and Human Services

Remarks: SUMMARY: Requires a licensing entity that receives a complaint regarding a provider who holds a license issued by a different licensing entity to forward the complaint to the appropriate licensing entity. Prohibits a licensing entity from taking disciplinary action against a provider who holds a license issued by a different licensing

entity unless that licensing entity refers the complaint back to the licensing entity that received the complaint for investigation and resolution.

TAHP POSITION: Neutral

EFFECTIVE DATES: Immediately if it receives a two-thirds vote, otherwise Sept. 1, 2023

DATE UPDATED: 2/13 by JL

Last Action: 2-28-23 H Introduced and referred to committee on House Public Health

HB 733

Plesa, Mihaela (F)

Health literacy advisory committee

Companions: [SB 76](#) Johnson, Nathan(D) (Identical)
2-15-23 S Introduced and referred to committee on Senate Health and Human Services

Remarks: SUMMARY: Requires the Statewide Health Coordinating Council to establish an advisory committee on health literacy. The advisory committee must develop a long-range plan and update it every two years. Requires the advisory committee to include in the state plan strategies for improving health literacy that attain greater cost-effectiveness and better patient outcomes.

TAHP POSITION: Neutral

EFFECTIVE DATES: Sept. 1, 2023

DATE UPDATED: 2/13 by JL

Last Action: 2-28-23 H Introduced and referred to committee on House Public Health

HB 814

Thierry, Shawn

Opioid Warning Label

Companions: [HB 849](#) Thierry, Shawn(D) (Refiled from 87R Session)

Remarks: SUMMARY: Prohibits pharmacists from dispensing an opioid without providing, receiving, and maintaining an acknowledgment form providing a warning about the risks of opioid addiction and overdose. Requires the Board to adopt by rules an acknowledgment form to be signed on receipt of an opioid that must include language substantially similar to "WARNING: THIS DRUG IS AN OPIOID. THE USE OF AN OPIOID MAY RESULT IN ADDICTION TO OPIOIDS AND DEATH," in all capital letters and printed in 14-point font.

TAHP POSITION: Neutral

EFFECTIVE DATES: Immediate or 9/1/23

DATE UPDATED:2/3/23 JB

Last Action: 3- 1-23 H Introduced and referred to committee on House Public Health

T HB 815

Thierry, Shawn

Red Cap Opioid Safety Act

Remarks: SUMMARY: "Red Cap Opioid Safety Act" - Requires pharmacists to dispense opioids in "distinctive packaging" (a bottle with a distinctive red cap or a container with a conspicuous red label).

TAHP POSITION: Neutral

EFFECTIVE DATES: Immediate or 9/1/23

Last Action: 3- 1-23 H Introduced and referred to committee on House Public Health

T HB 1050

Hinojosa, Gina

Authority pharmacists dispense some drugs

Remarks: SUMMARY: This bill would allow physicians to issue protocols allowing pharmacists to dispense self-administered hormonal contraceptives to patients over 18.

TAHP POSITION: Support

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/4 KS

Last Action: 3- 2-23 H Introduced and referred to committee on House Public Health

T HB 1105

Price, Four

Pharmacist Vaccination Authority

Companions: **SB 749** Flores, Pete(R) (Identical)

3- 1-23 S Introduced and referred to committee on Senate Health and Human Services

Remarks: SUMMARY: This bill would broaden pharmacists' vaccination authority in various ways, including by allowing them to provide immunizations and vaccinations to patients younger than three, but only if they are referred by a physician.

TAHP POSITION: Support

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/19 KS

Last Action: 3- 2-23 H Introduced and referred to committee on House Public Health

T HB 1190

Klick, Stephanie

APRN/PA controlled substances

Companions: [HB 1524](#) Lucio III, Eddie(D) (Refiled from 87R Session)

Remarks: SUMMARY: This bill would allow APRNs and PAs to prescribe Schedule II substances, regardless of the setting. Currently, they can only prescribe Schedule IIs in hospital and palliative care settings.

TAHP POSITION: Support

EFFECTIVE DATES: 9/1/23

DATE UPDATED: 2/21 by JL

Last Action: 3- 2-23 H Introduced and referred to committee on House Public Health

	All	Track
Total Bills:	21	21

Track(s):

Position:

Add to Track

