

Oct. 16, 2020

*Via electronic submission to:*  
[PublicHealth@house.texas.gov](mailto:PublicHealth@house.texas.gov)

House Committee on Public Health  
Rep. Senfronia Thompson, Chair

## **PUBLIC COMMENT LETTER**

**Re: Interim Charge 1:** Monitor the agencies and programs under the Committee's jurisdiction and oversee the implementation of relevant legislation passed by the 86th Legislature. Conduct active oversight of all associated rulemaking and other governmental actions taken to ensure intended legislative outcome of all legislation, including the following:

### **Related to Controlled Substances/Opioids:**

Texas hospitals have been leaders in developing appropriate treatment protocols and adapting to the rise in prescription drug abuse. Over the past several years, the hospital industry has worked to share those [resources](#) and develop, with the leadership of their physician leaders, the appropriate balance between pain management and safe prescribing practices.

Last session, the Legislature passed multiple initiatives to tackle the opioid epidemic, and state agencies and hospitals have worked to implement that legislation, including the prescribing limitations and electronic prescribing mandates. Texas hospitals are pleased that the Legislature allocated funding for the integration of the Prescription Monitoring Program (PMP) and electronic medical records. The integration component is critical for ensuring timely and simplified data entry and patient look-up, allowing physicians working in busy emergency rooms to focus on patient care. We urge the legislature to continue funding that integration component of the PMP.

At this time, while THA is monitoring implementation of the various opioid statutory changes, we urge members of the Legislature not to add any additional opioid mandates. While hospitals stand ready to deliver the best care to Texans, added regulatory hurdles take time and resources to implement, which is difficult to achieve during the ongoing COVID-19 pandemic.

### **Related to General Monitoring:**

**SB 670:** Telemedicine use in Texas has grown exponentially during the COVID-19 pandemic. Legislation like SB 670 laid the foundation for hospitals and physicians to utilize this necessary care modality at a time when it was critically important for providers to be available to patients in the safest way possible. In addition, the waivers and flexibilities the State of Texas enacted during the COVID-19 pandemic to ensure payment parity and access to care through telemedicine helped patients connect with providers to safely receive the care they need.

For commercial health insurance, the Texas Department of Insurance's telemedicine emergency rule was one of the most important steps to ensure safe access to care through telemedicine. The emergency rule required state-regulated health insurers and health maintenance organizations to pay in-network health professionals at least the same rate for telemedicine services as for in-person services, including covered mental health services; cover telemedicine services using any platform permitted by state law; and not require more documentation for telemedicine services than they require for in-person services. Additionally, Texas Medicaid has significantly improved access to care during the COVID-19 pandemic by providing additional telehealth coverage flexibility for occupational, physical and speech therapy, psychotherapy, substance use disorder services, mental health rehabilitation and a variety of other services. The Texas Medical Board has also taken an important step by allowing telemedicine, including the use of telephone only encounters, to establish a physician-patient relationship.

THA supports additional legislative efforts going forward that will improve access to care and create payment parity for telemedicine care in Texas.

John Hawkins  
Texas Hospital Association  
1108 Lavaca Street, Suite 700  
Austin, Texas 78701  
512-465-1000