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March 4, 2021

Texas House Committee on Appropriations Rep. Greg Bonnen, M.D., Chair Rep. Mary González, Vice Chair

Re: Texas State Board of Pharmacy Legislative Appropriations Request under Article VIII

Dear Honorable Members of the Texas Senate Committee on Finance:

On behalf of our more than 470 member hospitals and health systems, including rural, urban, children's, teaching and specialty hospitals, the Texas Hospital Association appreciates the opportunity to provide comments to the Senate Committee on Finance regarding the Texas State Board of Pharmacy's Legislative Appropriations Request under Article VIII of the General Appropriations Act. THA strongly supports the Texas State Board of Pharmacy's request for Exceptional Item Number 11 to continue the integration the Prescription Monitoring Program into the prescribers' and dispensers' electronic medical record, continue its subscription to NarxCare and continue its subscription clinical alerts. The Texas State Board of Pharmacy is asking for \$5,041,500 for the 2022–2023 biennium to fund these important programs.

The Prescription Monitoring Program is a clinical tool that allows prescribers and dispensers to access a patient's controlled substance prescription history (including out-of-state). Integrating the Prescription Monitoring Program into electronic medical record systems dramatically increases the efficiency with which providers have access to the PMP data. Effective March 1, 2020, with a few small exceptions, prescribers and pharmacists were required to access the PMP when prescribing or dispensing opioids, barbiturates, benzodiazepines and carisoprodol. The Texas State Board of Pharmacy's request to continue to fund the integration of the PMP into electronic medical records to consult the Prescription Monitoring Program. While this may appear to be a minor improvement, imagine a busy emergency room physician who sees two dozen patients during a shift. This creates a major efficiency and results in a significantly higher likelihood of compliance and better outcomes for patients. In addition, the Texas State Board of Pharmacy's continued investment in NarxCare, which provides analytics and risk assessments and clinical alerts, which provides important data to help prevent overdoses are paramount to combatting the nationwide opioid epidemic.

Without top-down funding of these programs through the Texas State Board of Pharmacy, the price for integration would be passed on to individual providers, resulting in fragmented adoption and significantly higher cost. Put simply, this is an investment in the health and safety of Texans. Thank you for your consideration of these comments. We look forward to working with this committee to support the important work of the Texas State Board of Pharmacy. Should you have any questions, please do not hesitate to contact me at cduncan@tha.org or 512/465-1539.



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Respectfully submitted,

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Cameron Duncan Associate General Counsel Texas Hospital Association

