



TO: Chairman Price and Members of the House Committee on Public Health
FROM: Cyndy Dunlap, DNP, RN, FACHE, Vice President, Clinical and Quality Initiatives, Texas Hospital Association
RE: Testimony in Support of House Bill 1846
DATE: April 24, 2017

On behalf of the 450 member hospitals and health systems that comprise the Texas Hospital Association, thank you for the opportunity to offer written support for House Bill 1846 by Chairman Coleman relating to the prescribing and ordering of Schedule II controlled substances by certain advanced practice registered nurses and physician assistants.

THA represents hospitals of all types and sizes across the state. These include:

- critical access hospitals that often are the only source of health care in a community;
- rural hospitals serving patients in remote geographic regions; and
- large academic medical centers serving populations requiring specialized care.

No matter the type or size of hospital, however, all strive to provide high quality, cost-effective and personalized care to Texans.

Because of this mission, **THA supports HB 1846**. It would ensure that the original intent of legislation -- SB 406 -- passed by the 83rd Legislature is preserved. That intent has become lost in the implementation of the legislation.

SB 406 allows physicians to delegate to APRNs the ordering and prescribing of Schedule II controlled substances in a hospital. THA participated in the intensive negotiation on the 2013 legislation and its final statutory language. The intent was to allow an APRN in a hospital-based setting to write a prescription for a Schedule II controlled substance and for the patient to be able to fill that prescription at any pharmacy.

However, a subsequent FAQ released by the state agencies responsible for overseeing implementation of SB 406 implementation limited this authority to the prescribing of Schedule II medications for patients **only** if the prescription is filled by the in-house hospital pharmacy and not an off-site or community-based pharmacy.

It is our position that this requirement changes the plain meaning and intent of the statute.

In addition, as implemented, because patients are not allowed to fill Schedule II medication prescriptions at the pharmacy of their choice, SB 406 creates barriers to effective discharge planning so that they can leave the hospital with the resources they need to continue recovery and healing and to control their pain. Not all hospitals have pharmacies where patients can fill prescriptions; this is particularly true for rural and critical access hospitals. With physician oversight, APRNs and physician assistants are active participants in discharge planning. But with the SB 406 requirement, they cannot complete discharge orders for patients requiring pain medication because they cannot prescribe the necessary Schedule II medications. Limiting APRN's prescribing of Schedule II medications to those filled at hospital

pharmacies creates inefficiencies and delays in discharging patients as patients and their families must wait for the attending physician or surgeon to write these prescriptions.

To preserve the original legislative intent of SB 406 and improve discharge planning for patients, THA asks for your favorable consideration of HB 1846.