

BILL ANALYSIS

C.S.H.B. 1488
By: Rose
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Sickle cell disease is found among people of various racial and ethnic backgrounds, but a disproportionate amount of cases are found among Black Americans. People with the disease can expect a lifespan of less than 50 years and often experience severe pain, anemia, organ failure, stroke, and infection. Furthermore, managing the disease throughout an individual's lifetime can cost on average \$1.7 million. C.S.H.B. 1488 seeks to address current disparities in sickle cell disease awareness by requiring the Health and Human Services Commission to support initiatives that ensure Texas Medicaid managed care plans offer services that align with national standard and to use existing data to identify opportunities for improving healthcare outcomes for recipients under such plans.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 1488 amends the Government Code to require the Health and Human Services Commission (HHSC), to do the following to the extent possible:

- in collaboration with the sickle cell task force:
 - address sickle cell disease education for Medicaid providers, including emergency department providers by collaborating with medical specialty organizations in Texas, state agencies, and health-related institutions to promote existing or new continuing education courses or facilitate development of any necessary new courses to improve the diagnosis, treatment, and management of sickle cell disease and the personal treatment of patients with sickle cell disease; and
 - support initiatives to assist Medicaid managed care plans in promoting timely, evidence-informed health care services to plan enrollees diagnosed with sickle cell disease to ensure the services reflect national clinical practice guidelines and protocols for sickle cell disease treatment and meet medical necessity criteria; and
- use HHSC's existing data to identify opportunities for improving health outcomes of recipients diagnosed with sickle cell disease by reducing hospital admissions and readmissions and connecting those recipients to a sickle cell disease health home or expert.

C.S.H.B. 1488 amends the Health and Safety Code to expand the membership of the sickle cell task force from seven to 13 by adding the following persons:

- one representative of the Texas Education Agency (TEA);
- one representative of HHSC;
- one physician with experience addressing the needs of individuals with sickle cell disease or sickle cell trait;
- one researcher from a public health-related or academic institution with experience addressing sickle cell disease and sickle cell trait;
- one health care professional with experience addressing the needs of individuals with sickle cell disease or sickle cell trait; and
- one member of the public who has sickle cell disease or sickle cell trait.

The bill requires the executive commissioner of HHSC to appoint the new members as soon as practicable after the bill's effective date. The bill requires the task force, in collaboration with HHSC, to include in the task force's annual report recommendations for improving sickle cell disease education for health care providers. The bill abolishes and expires statutory provisions relating to the sickle cell task force August 31, 2035.

C.S.H.B. 1488 requires a medical school or graduate medical education program in Texas that offers an emergency medicine, family medicine, internal medicine, obstetrics, or pediatrics residency program to examine and, to the extent possible, incorporate in the curriculum requirements for the program education focused on sickle cell disease and sickle cell trait. The bill authorizes the medical school or graduate program to enter into agreements as necessary for purposes of that requirement. These provisions apply to residents entering an emergency medicine, family medicine, internal medicine, obstetrics, or pediatrics residency program at a medical school or graduate medical education program in Texas on or after January 1, 2024.

C.S.H.B. 1488 requires TEA, in collaboration with sickle cell disease community-based organizations and to the extent possible, to provide information on sickle cell disease and sickle cell trait to public school districts and district staff. The bill requires HHSC in collaboration with the sickle cell task force to explore methods for improving sickle cell disease education and awareness within the public school system and provide recommendations to TEA on the improvement methods.

EFFECTIVE DATE

September 1, 2023.

COMPARISON OF ORIGINAL TO SUBSTITUTE

While C.S.H.B. 1488 may differ from the introduced in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute revises the requirements included in the introduced for HHSC in collaboration with the sickle cell task force with respect to sickle cell disease treatment, as follows:

- removes the requirement to ensure the health care services reflect national clinical practice guidelines and protocols for such services and requires HHSC instead to support initiatives to assist Medicaid managed care plans in promoting timely, evidence-informed health care services to plan enrollees diagnosed with sickle cell disease to ensure the services reflect national clinical practice guidelines and protocols for such treatment and meet medical necessity criteria; and
- requires HHSC to address sickle cell disease education for Medicaid providers by collaborating with medical specialty organizations in this state, state agencies, and health-related institutions to promote existing or new continuing education courses or facilitate development of any necessary new courses to improve the diagnosis, treatment,

and management of sickle cell disease and the personal treatment of patients with sickle cell disease.

The substitute includes a provision absent from the introduced that set a date on which the task force is abolished and statutory provisions related to the task force expire.

While both the introduced and the substitute expand the membership of the sickle cell task force, the substitute includes, with respect to sickle cell disease and sickle cell trait, one physician with experience addressing the needs of individuals with the disease or trait, one researcher from a public health-related or academic institution with experience addressing the disease and trait, one health care professional with experience addressing the needs of individuals with the disease or trait, and a member of the public with the disease or trait.

While both the introduced and the substitute include provisions relating to an emergency and primary care medicine graduate medical education program curriculum, the substitute includes a graduate medical education program and expands programs a medical school or such a graduate program offers to include an obstetrics or pediatrics residency program.