

SUBJECT: Promoting sickle cell disease education for medical providers

COMMITTEE: Public Health — committee substitute recommended

VOTE: 10 ayes — Klick, Campos, Jetton, A. Johnson, J. Jones, V. Jones, Oliverson, Price, Smith, Tinderholt

0 nays

1 absent — Collier

WITNESSES: For —Tomia Austin, As One Foundation; Titilope Fasipe; André Harris (*Registered, but did not testify*: Chase Bearden, Coalition of Texans with Disabilities; Eric Glenn, Superior Health Plan; Matt Abel, Texas Association of Business; Jessica Lynch, Texas Association of Health Plans; David Reynolds, Texas Chapter American College of Physicians; Danielle Lobsinger Bush, Texas Healthcare and Bioscience Institute; Sara Gonzalez, Texas Hospital Association; Matt Dowling, Texas Medical Association; Clayton Travis, Texas Pediatric Society; Kyle Kamrath, Vertex Pharmaceuticals; Susan Stewart)

Against — None

On — (*Registered, but did not testify*: Dr. Manda Hall, Department of State Health Services)

DIGEST: CSHB 1488 would require the Health and Human Services Commission (HHSC) to collaborate with the sickle cell task force, to the extent possible, to support initiatives to assist Medicaid managed care plans in promoting timely, evidence-informed health care services to enrollees diagnosed with sickle cell disease and ensure that services reflect national guidelines and protocols. HHSC also would be required, in collaboration with the task force, to address sickle cell disease education for Medicaid providers by collaborating with medical specialty organizations, state agencies, and health-related institutions to promote continuing education courses or facilitate development of any necessary new courses to

improve the diagnosis, treatment, and management of sickle cell disease.

HHSC would be required to use existing data to identify ways to improve health outcomes for people diagnosed with sickle cell disease by reducing hospital admissions and readmissions and connecting patients to a sickle cell disease health home or expert.

The bill also would require the sickle cell task force to collaborate with HHSC to include recommendations for improving sickle cell education for health care providers in the task force's annual report.

Certain individuals would be added to the sickle cell task force, including:

- one representative of the Texas Education Agency;
- one representative of HHSC;
- one physician and one health care professional with experience in addressing the needs of people 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; and
- one additional member of the public.

The bill would require that one of the members of the public had sickle cell disease or sickle cell trait.

Medical schools and graduate medical education programs in the state that offered emergency medicine, family medicine, internal medicine, obstetrics, or pediatrics residency programs would be required to examine and, to the extent possible, incorporate curriculum requirements for education focused on sickle cell disease and sickle cell trait.

To the extent possible, the Texas Education Agency would be required to collaborate with sickle cell disease community-based organizations to provide information on sickle cell disease and sickle cell trait to public school districts and district staff. HHSC would be required to collaborate

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 the Texas Education Agency on the improvement methods.

The task force would be abolished and provisions related to the task force would expire on August 31, 2035.

The bill would take effect September 1, 2023, and would apply to residents entering certain programs at a medical school or graduate medical education program on or after January 1, 2024. As soon as practicable after the bill took effect, HHSC's executive commissioner would be required to appoint the new members of the sickle cell task force.

**SUPPORTERS
SAY:**

CSHB 1488 would reduce mortality and morbidity for patients with sickle cell disease by improving education, treatment, and access to care. Sickle cell patients who go to the emergency room are sometimes seen as drug-seeking due to some providers' lack of knowledge of the disease. Improving education for medical providers would enable them to provide better care to patients. HHSC would be required to use data to find opportunities to further improve health outcomes.

CSHB 1488 also would improve access to quality care for sickle cell disease. Most people with sickle cell disease in Texas are enrolled in Medicaid, so ensuring that Medicaid patients have access to services that align with national standards would benefit many patients. Schools also would be able to better serve students with sickle cell disease because of better training for school districts and staff.

**CRITICS
SAY:**

No concerns identified.