



Physicians Caring for Texans

**House County Affairs Committee
Support House Bill 3233 by Rep. Joe Moody
Disease Control Pilot Program
April 13, 2021**

House Bill 3233 by Rep. Joe Moody allows Bexar, Dallas, El Paso, Harris, Nueces, Travis, and Webb counties, or a hospital district in those counties, to authorize an organization to operate a disease control program. These programs would consist of syringe access, overdose prevention and training, rapid HIV and hepatitis C testing and treatment referral, education about bloodborne disease transmission, and referrals to substance use treatment programs.

The bill was originally filed in 2015 by Rep. Ruth Jones McClendon as House Bill 65. Rep. John Zerwas, MD, was a coauthor. The bill passed the House, but it did not reach the Senate in time to be heard by a Senate committee.

Programs similar to those allowed under HB 3233 have been embraced nationwide by both Republican-led and Democrat-led state houses. Since 2014, the number of state legislatures that have authorized these programs has doubled. As of 2019, only 11 other states still did not allow such programs.

The Trump administration supported syringe services programs (SSPs), as does the Biden administration. According to the Centers for Disease Control and Prevention in 2019, SSPs are associated with an estimated 50% reduction in HIV and acute hepatitis C virus incidence. Additionally, SSP participants are five times more likely to enter drug treatment and three times more likely to stop using drugs than those who don't use the programs.¹

The main impediment to these programs in Texas is that syringes are categorized as illegal drug paraphernalia. The bill would decriminalize the syringes and other health supplies when used as part of a pilot program authorized by the bill.

Attorney General Ken Paxton is receiving large settlements against pharmaceutical giants that helped trigger the opioid epidemic. The Texas Legislature has done much in recent years to try to curb opioid use, which it recognizes as a public health epidemic.

And yet during the COVID-19 pandemic, opioid overdoses have skyrocketed as have emergency department visits associated with opioid use. According to the Texas Hospital Association, even before the pandemic the opioid crisis cost Texas \$20 billion annually.² The incidence of HIV and hepatitis C has also been on the rise. Texas, in short, is not doing enough. Syringe exchange programs have been shown to reduce overdose hospital admissions and play a critical role in preventing HIV and hepatitis C transmission, reducing health care costs statewide.

Allowing certain Texas counties, or hospital districts within those counties, to use syringe exchange programs, along with recovery counseling and referral to substance use disorder treatment, is a tangible and meaningful way to help combat both substance use disorder and the attendant public health costs of bloodborne diseases transmitted through illegal drug use.

¹ US Department of Health and Human Services, Centers for Disease Control and Prevention. Syringe Service Program (SSP) Fact Sheet, 2019. www.cdc.gov/ssp/docs/SSP-FactSheet.pdf.

² Texas Hospital Association. Texas Hospitals and the Opioid Epidemic, 2018. <https://www.tha.org/opioids>.