

TEXAS HOUSE OF REPRESENTATIVES



J.D. Sheffield District 59

July 29, 2014

Ms. Gay Dodson
Executive Director
Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-600
Austin, Texas 78701-8701

Dear Ms. Dodson;

I write today to express my significant concern with a possible new class of pharmacy license to be discussed by the Texas State Board of Pharmacy ("Board") during its meeting on August 5, 2014. The creation of a new pharmacy license to allow for physician dispensing of medications is a departure from our existing license classifications; pharmacists have a long-standing role in this state as the dispenser of medications. Accordingly, any decision to allow physician dispensing *is a policy matter that is best left to the Texas Legislature.*

Last session, I and a number of my colleagues showed our disapproval of any changes to this policy by voting against Senate Bill 227. Governor Perry's concerns mirrored ours at the legislature after the 83rd session, in June of 2013, Governor Perry cited concerns with the circumventing of existing safeguards for the dispensing of certain prescription cosmetic drugs by allowing physicians and optometrists to sell these medications directly. Governor Perry who ultimately decided against this policy change by vetoing Senate Bill 227 also made it clear that it is the role of pharmacists--who are trained specifically in drug interactions--to dispense these medications.

Senate Bill 227 would have circumvented existing safeguards for the dispensing of certain prescription cosmetic drugs by allowing physicians and optometrists to sell these medications directly. It is the role of pharmacists--who are trained specifically in drug interactions, side effects, and allergies--to dispense the medications. Additionally, the State Board of Pharmacy has the authority to inspect pharmacies to ensure drugs are stored securely and at safe temperatures.

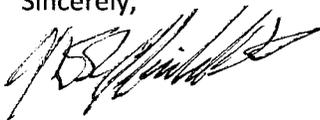


I share concerns from within the health care community that though these drugs are used for aesthetic purposes, they are still prescription-strength drugs with potentially dangerous side effects and interactions, and therefore should remain subject to existing safety protocols and oversight.

According to Section 560.053, Health and Safety Code, the Board may only establish a new classification of pharmacy license if three conditions are met: (1) the practice setting will provide pharmaceutical care services to the public; (2) the existing classifications of pharmacy licenses are not appropriate for that practice setting; and (3) *establishment of a new classification of pharmacy license is necessary to protect the public health, safety, and welfare*. The creation of a new classification is *not necessary* to protect the public health, safety, and welfare; the existing classification system already offers this protection. Pharmacists are specifically trained in drug interactions and potential side effects and therefore serve a necessary oversight function as the dispenser of medications. This oversight function of pharmacists is absent from the proposal before you and thus has the potential to jeopardize the public health, safety, and welfare of Texans.

I strongly encourage the Board to not move forward with the creation of this new classification of pharmacy license. If you have any questions please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'J.D. Sheffield', written in a cursive style.

J.D. Sheffield, D.O.



TLBC

Texas Legislative Black Caucus
1108 Lavaca St, Suite 110-PMB 171, Austin, TX 78701-2172

July 29, 2014

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Ms. Gay Dodson
Executive Director
Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-600
Austin, TX 78701-8701

RE: New Class of Pharmacy Located in a Physician's Office with Limited Dispensing

Dear Ms. Dodson:

On behalf of the Texas Legislative Black Caucus, I write to you in order to encourage the Texas State Board of Pharmacy to move forward with the proposal to develop a new class of pharmacy that would be established within a physician's office which would allow physicians in consultation with a pharmacist, to dispense a very limited number of topical products directly to patients from their offices.

I am truly concerned that Texas remains one of only 5 states in the United States that does not allow a physician dispensing model for aesthetic pharmaceuticals. In particular, my concern stems from the very real practical occurrence that literally thousands of African Americans in Texas continue to suffer from dyschromias (including vitiligo among others) to the detriment of their ability to live a fulfilled life; leaving those affected suffering from a continuous cycle of depression and emotional problems ultimately impacting their interpersonal relationships and socioeconomic outcomes.

While skin pigmentation conditions affect people with all skin types, they are particularly prevalent and noticeable among African Americans. Dyschromias are one of the top 5 dermatologic diagnoses of African American patients in this country. Should the Board of Pharmacy act favorably to allow this new class of pharmacy, one of the topical ingredients that would be included in this proposal is hydroquinone which is considered by dermatologists to be the gold standard for treating dyschromia conditions, such as hyperpigmentation and melisma. Evidence supports that countless studies and over 50 years of clinical data demonstrate that hydroquinone is the most effective treatment for skin pigmentation disorders, with far-reaching impacts on patients with darker skin tones, such as African Americans. Oftentimes, hydroquinone is the *only* treatment option for African Americans suffering from skin pigmentation issues, with laser and microdermabrasion procedures not necessarily serving as viable options due to potential for scarring.

It is my belief that it is critically important that Texas patients suffering from these significant and often disfiguring skin conditions have access to a full range of treatment options that are available to patients in other states. This sensible proposal, if approved by the Board, would ensure that Texas dermatologists have access to all treatments so that they can select the best option to treat each patient. A prescribed dispensing and regimented application of hydroquinone under the direction of a physician in Texas will unquestionably reduce the prevalence of desperate patients turning to illegal black-market alternatives either manufactured abroad or found on the internet in use in various minority communities that more often than not contain dangerous levels of mercury and other harmful chemicals which further compound negative health outcomes of those afflicted.

In all truthfulness, presentation in the spheres of economic activity and social interactions matter significantly on a daily basis. At present, those with dyschromia, especially people of color, are at a distinct disadvantage in the realms of socioeconomic activity here in Texas due to their disorder. The ability for physicians to prescribe and dispense aesthetic pharmaceuticals, by the granting of a new class of pharmacy license, in order to treat these conditions to ensure the highest degree of efficacy would be a sensible step by the Board thus enabling an added sense of normalcy, life achievement, and well-being for those affected.

Sincerely,

Sylvester Turner
Chair, Texas Legislative Black Caucus

Members:

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