

EPPA Executive Summaries of Pharmacy-Related Bills (86th Legislative Season – 2019)

HB 2174/SB 1233 Mandatory e-Prescribing of Controlled Substances

HB 2174 and SB 1233 propose to eliminate the use of the official prescription forms for all controlled substances and transitions to mandatory e-prescribing. The bill does provide special circumstances where prescriptions for controlled substances may be written and allows practitioners to apply for a waiver from mandatory e-prescribing that would be effective for one year.

Relevance for pharmacists:

This bill helps streamline and uniform the controlled substance filling process but would require any outpatient pharmacy that wishes to dispense CIIs to be equipped with appropriate encrypted e-prescribing software. Pharmacists would be able to fill and dispense written prescriptions without verifying its exemption. Also, pharmacists would be required to complete 2 hours of CE related to approved procedures of prescribing and monitoring of controlled substances which may count towards the ethics education CE requirement.

Would take effect: 01/01/2020

Status: In Committee (Public Health)

HB 1827/HB 4285/SB 835 Test and Treat

HB 1827 and SB 835 establish a pharmacist's ability to dispense prescription medications via written physician protocol or standing order subsequent to appropriate waived rapid strep or flu test without an established physician-patient relationship. Requirements include notifying the patient's PCP within 14 days of the test results and medication dispensed. Before being able to supply these medications, pharmacists must complete a TSBP and TMA board-approved training. HB 4285 adds several other medications in addition to acute flu and strep medications (i.e. self-administered birth control, prenatal vitamins, tobacco cessation medications, travel meds, and vitamin D supplements).

Relevance for pharmacists:

We would now be able to provide appropriate acute prescription medications, birth control, tobacco cessation medications, travel meds, and vitamin D supplements based on a standing order, similar to how we administer immunizations.

Would take effect: 01/01/2020

Status: In Committee (Public Health subcommittee)

HB 577/SB 420 No PMP Check for Refills

Removes the requirement to check PMP when filling refills of controlled substances. Requirement to check before dispensing all new controls will remain in place.

Would go into effect: 09/01/2019

Status: In Committee (Public Health)

HB 2231/SB 2262 PBM Reform

Removes PBM's ability to retroactively reduce or deny claims unless true fraud or harm was proven. Prevents PBMs from reimbursing pharmacies less than acquisition cost and outlines sanctions and penalties for doing so. Also establishes requirements for increased transparency in pricing and rebates by PBMs.

Relevance for Pharmacists:

PBMs would now be legally required to pay pharmacies at least the acquisition cost of medications and prevent retroactive denial of claims, both of which help prevent senseless profit loss for pharmacies.

Would go into effect: 01/01/2020

Status: In Committee (Public Health)

HB 3401 Medicaid Pharmacy Reform

Removes PBM involvement from Medicaid programs. Health and Human Services Commission would become sole benefit manager for Medicaid, the Child Health Plan Program, and Kidney Health Care Program. Provisions also include the requirement for reimbursement rates to be at or above acquisition cost.

Relevance for Pharmacists:

See HB 2231/SB2262

Would go into effect: 01/01/2020

Status: In Committee (Public Health) - Withdrawn from schedule