

Action Chart for Implementation of Legislation Passed by the 2015 Texas Legislature Session

Bill Number	Provisions of the Bill	Effective Date	Internal Deadline	Action/Status
H.B. 1	<p>H.B. 1 Appropriations Act</p> <p>The base appropriation for TSBP for FY2016-2017 is approximately \$234,000 more than the base appropriation the previous biennium. The majority of this additional appropriation is targeted to give TSBP staff a merit raise.</p> <p>In addition to the base, the agency received a Contingent Revenue rider for implementation of SB 195 that would appropriate \$1,311,007 in FY2016 and \$800,913 in FY2017 and give the agency 7 additional FTEs. This rider also outlines a schedule of payments to TSBP from all of the agencies that license individuals authorized to access information in the prescription monitoring system to fund S.B. 195. (Note: The Comptroller's Office has determined that the provision that allows agencies to transfer funds to TSBP to fund implementation of S.B. 195 does not become effective until 9/1/2016. Therefore, under their interpretation the agency cannot collect fees from the other agencies until 9/1/16).</p>	9/1/2015	9/1/2015	
H.B. 751	<p>(1) H.B. 751 amends Pharmacy Act to allow pharmacists to substitute "biological products" if:</p> <ul style="list-style-type: none"> ▪ The physician authorizes substitution; ▪ The patient doesn't refuse the substitution; and ▪ The "biological product" is designated as "therapeutically equivalent" to another product by FDA. <p>(2) The bill specifies that, not later than the third business day after dispensing the pharmacist must "communicate" to the prescribing practitioner the name of the product provided and the manufacturer or NDC number. The communication must be conveyed by:</p> <ul style="list-style-type: none"> ▪ entering the information into an interoperable electronic medical record system; or ▪ through the use of electronic prescribing technology, PBM system, or a pharmacy record that the pharmacist reasonable concludes is electronically accessible by the prescribing practitioner; or ▪ by faxing, phoning, electronic transmission to the physician. <p>(3) Notification is <u>not</u> required if:</p> <ul style="list-style-type: none"> ▪ there is no interchangeable biological product approved by FDA; or 	9/1/2015 Rules by 12/1/15	12/1/2015	(1) Draft rules to implement H.B. 751 will be presented to the Board for consideration as proposed rules at the August 4, 2015 meeting.

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	<ul style="list-style-type: none"> ▪ a refill prescription is <u>not</u> changed from the product dispensed on the prior dispensing. <p>The notification section of the bill expires on 9/1/2019.</p> <p>(4) Rules must be adopted by 12/1/2015.</p>			
H.B. 1550	<p>H.B. 1550 amends the Pharmacy Act by adding a new Section 562.057 that:</p> <ol style="list-style-type: none"> (1) Allows pharmacists, in an emergency, to administer epinephrine to a patient using an auto-injector device; (2) Requires the pharmacist to report the administration to the patient's primary care physician; (3) Specifies that a pharmacist may not receive remuneration for the administration; and (4) Provides that the pharmacist is not liable for civil damages if the pharmacist acts in good faith and complies with Board rules. 	1/1/2016	1/1/2016	(1) Draft rules to implement H.B. 1550 will be presented to the Board for consideration as proposed rules at the August 4, 2015 meeting.
S.B. 195	<p>S.B. 195 amends the Texas Controlled Substances Act to:</p> <ol style="list-style-type: none"> (1) Allow the Board, on or after 6/20/2015: <ul style="list-style-type: none"> ▪ Allow the Board the authority to adopt rules to implement the PMP and certain other provisions related to prescriptions in the Controlled Substances Act (Sections 481.003(a), 481.075, 481.076(c), 481.0761(a) and (g) ,Sections 481.073 (Communication of Prescriptions by Agent), 481.074 (Prescriptions) and 481.352; ▪ Sign a contract with a vendor to operate the PMP; and ▪ Call a meeting of the Prescription Monitoring Work Group. (2) Effective 9/1/2016: <ul style="list-style-type: none"> ▪ Transfer the PMP from the DPS to TSBP; ▪ Establish a program to fund the Prescription Monitoring Program (PMP) though a surcharge on the license fees of persons authorized to access the PMP and ▪ Eliminate the Controlled Substance Registration program. 	<p>(a) <u>6/20/2015</u> for Sec. 481.003(a), 481.073, 481.074, 481.075, 481.076(c), 481.0761(a) & (g) and 481.352</p> <p>(b) <u>9/1/2016</u> for the transfer of Program and other sections not listed in (a)</p>	3/1/2016	
S.B. 460	<ol style="list-style-type: none"> (1) S.B. 460 amends the Pharmacy Act to: <ul style="list-style-type: none"> ▪ Allow a pharmacy to notify consumers how to file a complaint using an electronic messaging system. ▪ Allow the Board to inspect financial records relating to the operation of a pharmacy only in the course of an investigation of a specific complaint; 	<p>9/1/2015</p> <p>10/1/2015 for an Application for the Change of Location of a Pharmacy</p>	1/1/2016	(1) Draft rules to implement S.B. 460 will be presented to the Board for consideration as proposed rules at the August 4, 2015 meeting.

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	<ul style="list-style-type: none"> ▪ Allow the Board to inspect the records of a pharmacist if the pharmacist practices outside a licensed pharmacy. ▪ Specify that a person cannot own a Class E Pharmacy license if the person has held a RPh license in this or another state that has been restricted, suspended, revoked, or surrendered for any reason; ▪ Specify that a pharmacy license may not be renewed if the license has expired for 91 days or more; ▪ Requires a pharmacy to report to the Board in writing, no later than 30-days before the date of a change of location; ▪ Prohibit waiving, discounting, or reducing, or offering to waive, discount, or reduce a payment copayment or deductible for a compounded drug in the absence of: <ul style="list-style-type: none"> ○ A legitimate, documented patient financial hardship; or ○ Evidence of a good faith effort to collect; and ▪ Eliminate the requirement to post the "Generic Sign." <p>(2) S.B. 460 also amends the Dangerous Drug Act to add a provision currently in the Pharmacy Act that in the event of a natural or manmade disaster allows RPhs to dispense up to a 30-day supply of a dangerous drug on a refill, without authorization of the practitioner, if:</p> <ul style="list-style-type: none"> ▪ Failure to refill the Rx might result in interruption of a therapeutic regimen or create patient suffering; ▪ The nature of the disaster prohibits the RPh from contacting the practitioner; ▪ The Governor has declared a state of disaster; and ▪ The Board, through the Executive Director, has notified pharmacies they may dispense up to a 30-day supply of a dangerous drug. 			
S.B. 807	<p>S.B. 807 specifies that the Board must waive the license application and examination fees for an applicant who is a military service member or military veteran:</p> <p>(1) Whose military service, training, or education substantially meets all of the requirements for the license; or</p> <p>(2) Who holds a current license issued by another jurisdiction that has licensing requirements that are equivalent those in Texas.</p>	9/1/2015	1/1/2016	(1) Draft rules to implement S.B. 807 will be presented to the Board for consideration as proposed rules at the August 4, 2015 meeting.

S.B. 1243	<p>S.B. 1243 establishes a Prescription Drug Donation Pilot Program (Program) in the Department of State Health Services (DSHS). The Program must be established in one or more cities with a population of more than 500,000 but less than one million.</p> <p>(1) A Charitable Drug Donor (pharmacy, nursing home, manufacturer, hospital, etc.) may donate non-controlled Rx drugs to DSHS for use in the Program.</p> <p>(2) The donated drugs may be accepted and provided or administered to patients only by a:</p> <ul style="list-style-type: none"> ▪ Charitable medical clinic; ▪ Physician's office for patients who receive assistance from an indigent health care program; or ▪ Licensed health care professional in a penal institution. <p>(3) DSHS must establish and maintain an electronic database which:</p> <ul style="list-style-type: none"> ▪ Lists the name and quantity of each drug donated to DSHS under the program; and ▪ Allows a charitable medical clinic, physician, or other licensed health care professional to search for and request drugs. <p>(4) The entity providing or administering the drug may charge a nominal handling fee in an amount prescribed by DSHS rule.</p> <p>(5) DSHS must adopt rules for by 12/1/2015.</p>	9/1/2015 Drug Donations after 1/1/2016		
S.B.1307	<p>S.B. 1307 specifies that all occupational licensing agencies must adopt rules to:</p> <p>(1) Give military service members, veterans, or spouses an exemption from paying a penalty for failing to renew;</p> <p>(2) Allow military service members, veterans, or spouses an additional two years to complete any CE requirements or any other requirement related to the renewal of the license.</p> <p>(3) Allow agencies to adopt rules that establish alternate methods for a military service member, veteran, or spouse to demonstrate competency to meet the requirements for obtaining the license;</p> <p>(4) Requires agencies to post a notice on the home page of the agency's website describing the licensing provisions available to military service members, veterans, and spouses.</p>	9/1/2015 Law is applicable to an application filed on or after 1/1/2016	1/1/2016	(1) Draft rules to implement S.B. 1307 will be presented to the Board for consideration as proposed rules at the August 4, 2015 meeting.
S.B. 1462	<p>S.B. 1462 adds a new Subchapter E. Opioid Antagonist to the Dangerous Drug Act that:</p> <p>(1) Allows Drs to prescribe/issue a standing order for an opioid antagonist, without risk of discipline, to a:</p> <ul style="list-style-type: none"> ▪ Person at risk of an opioid-related drug overdose; or ▪ Family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose. 	9/1/2015	6/30/2016	

	<p>(2) Specifies a R.Ph. who dispenses or does not dispense an opioid antagonist under a valid Rx is not subject to criminal/civil liability or disciplinary action for:</p> <ul style="list-style-type: none">▪ Dispensing or failing to dispense the opioid antagonist; or▪ If the R.Ph. dispenses an opioid antagonist, any outcome resulting from the administration of the opioid antagonist.			
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