85th Legislative Session: Big Wins for Pharmacy and A Few Losses

As of early June, Texas Pharmacy has seen the opening and closing of the 85th Texas Regular Legislative Session. As the dust begins to settle, enthusiast and onlookers are eagerly trying to figure out just what all has been done during the 140 day long legislative session.

Framing the session
Leading in to the 2015 Legislative Session, many Texas political observers predicted that the elections of Texas Governor Gregg Abbott and Lt. Governor Dan Patrick, would lead to one of the more contentious legislative session in many years. While those predictions proved largely false in 2015, we have now learned that those predictions were just a session to soon. Sadly, for many and to the joy of a few, the 2017 Legislative Session has proven to be one of the most divisive sessions that many observers have seen in a very long time, with much of the contention between the Texas Senate and Texas House spilling outside the Capitol building and into the airwaves of talk radio and TV news reports. Unfortunately, much of the divisiveness centered on significant ideological differences between the two chambers, much of which, involved legislation aimed at dealing with bathrooms, tax reforms and school finance.

As a result of the divisiveness between the two chambers, for the first time in over twenty years, we saw a decrease in the total number of bills passed by the 180 members of the Texas Legislature (for those questioning what appears to be an error in my count of the 181 elected members, 150 House members and 31 Senate members, the Speaker of the House traditionally does not file any legislation). The final bill filing tally for the session was 6,631 pieces of legislation, with 1,211 of those passing. This number represents approximately a 5% increase over the bill filings for the 84th Legislature. Out of the 6,600 plus bills filed, 1,211 were able to make it through the whole legislative process. The total number of passed bills represents an 18% passage rate, which denotes an approximate 3 percent decrease from the previous session.

Among the many successes for pharmacy, was that the various Texas pharmacy organizations and advocacy representatives were united and worked cooperatively on many of the issues that sought to advance pharmacy and ward off much of the bad legislation impacting pharmacy. The Pharmacy Advocacy Group (PAG) - which TPA created and led since 2009 – provided a great opportunity for weekly meetings to conduct collaborative and strategic discussions during the session. Participating organizations included:

- Texas Pharmacy Association (TPA);
- Alliance of Independent Pharmacists (AIP);
- Texas Federation of Drug Stores (TFDS) including HEB, Walgreens and United Supermarkets;
- Texas Independent Pharmacy Association (TIPA);
- Texas Pharmacy Business Council (TPBC);
- Texas Society of Hospital Pharmacists (TSHP);
- Texas TrueCare; and
- National Association of Chain Drug Stores.

This session also brought continued challenges to pharmacy as we worked through the legislative process. Pharmacy continues to be challenged by the loss of a practicing pharmacist severing in either
the Texas House or Texas Senate. Sen. Charles Schwertner remains the only member of either chamber to have ever been a pharmacist. As many of you may know, Sen. Schwertner comes from a long line of pharmacists which is what led him into the profession. Sen. Schwertner eventually went on to medical school, and now has his doctorate in medicine.

**Budget**
Before the close of the session the Texas House and Texas Senate found common ground and managed to pass a $216.7 billion state budget for the next two years.

The budget includes:
- .2 percent increase in All Funds and 2.5 percent decrease in state spending following the 2016-2017 supplemental budget.
- Provided for an additional $508 million for Child Protective Services, which included $88 million in funding for almost 600 caseworkers on top of the 829 workers adding in December under the last biennium’s budget, $85.4 million to increase foster care provider rates and $32.5 million to support family members who take in abused children, known as kinship care.
- Provided for $300 million for new construction, significant repairs and an increase in capacity at the state’s mental health hospitals. Additionally, $62.7 million was budgeted to eliminate existing waitlists for community mental health services, and $37.5 million for new jail diversion programs focused around mental health.
- Provided for $350 million to address the TRS-Care shortfall.
- 25 percent restoration of rates for Medicaid therapy services.

Proponents of the budget highlight that the budget keeps state spending flat within population growth plus inflation, all while significantly increase funding for child services and mental health care in the state.

Opponents of the budget highlight that under the budget as it passed, the legislature failed to make meaningful investments in public education, continued to underfund Medicaid and did not address expenses associated with higher education.

**“Bathroom” Bill**
**Senate Bill 6** by Sen. Lois Kolkhorst (R-Brenham) - While the bathroom bill garnered significant attention this legislative session both statewide and nationally, the Texas legislature failed to pass legislation addressing this highly contentious issues. As noted earlier, this legislation almost single handily resulted in much of the division that the legislature faced this session. While this issue represented one of the most critical issues that the legislature had to address this session, as outlined by Lt. Governor Dan Patrick, House Speaker Joe Straus felt that there were significantly more pressing issues facing the state.

This difference of opinion resulted in essentially a stalemate as the Texas House was only willing to pass out a significantly pared down version of the bathroom bill which merely stated that the states Independent School Districts must follow state law when addressing which bathroom individuals would be allowed to use and that they must provide accommodations for all individuals in the public school system. With the two chambers unable to come to an agreement on language, the bathroom bill failed to pass the Regular Legislative session. (As a note, upon the writing of this article, there is the potential for a special session to be called to address this issue and others.)
“Sanctuary Cities” Legislation

Senate Bill 4 by Sen. Charles Perry (R-Lubbock) and House Bill 889 by Rep. Charlie Geren (R-Ft. Worth) prohibits what is often referred to as “sanctuary city” policies, which prohibited local law enforcement and campus police departments from inquiring about a person’s immigration status and complying with detainer requests. These types of policies have garnered significant national attention over the past several years, with both sides of the issue passionately arguing the need or lack thereof for this legislation.

Proponents of the bill argued that the passage of this legislation will enhance public safety by ensuring that local entities work with federal authorities to make sure that dangerous criminals are kept off the streets of Texas. Additionally, the legislation would not allow Texas law enforcement authorities from picking and choosing which laws they would or would not enforce.

Opponents of the legislation argued that the bill will actually interfere with the authority of local law enforcement authorities from setting policies for their communities, which in fact will make the communities less safe. Additionally, the legislation could result in racial profiling of individuals and result in victims of crimes from coming forward out of a fear of deportation.

Following tremendous public testimony in both the Senate and the House hearings and significant debate and discussion on the floor of both chambers, Senate bill 6 was ultimately passed and sent to the Governor and promptly signed into law. Senate bill 6 will become effective on September 1, 2017.

Pharmacy: The Wins, the Loses and the Stopped

Pharmacy Wins:

Medication Synchronization Receives Tremendous Support Throughout the Process

House Bill 1296 by Rep. John Frullo (R-Lubbock) and Senate Bill 697 Sen. Dawn Buckingham (R-Lakeway) establishes a process through which the plan, the enrollee, the prescribing physician or health care provider, and a pharmacist could jointly approve a medication synchronization plan for medication to treat an enrollee’s chronic illness. The bill will require that health benefit plans that provide benefits for prescription drugs to prorate any cost-sharing amount charged for the prescription drug dispensed if the synchronization of dates was in the best interest of the patient and agreed to by the patient. In addition, the legislation prohibits the health benefit plan from prorating the fee paid to the pharmacy for dispensing the synchronization medication.

CSHB 1296 will take effect on September 1, 2017, and will apply only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2018.

TPA was proud to work with the National Association of Chain Drug Stores (NACDS) who served as led on this important piece of legislation. TPA would also like to extend a job well done to NACDS, who did a tremendous job of building a large coalition of supporters ranging from other provider groups to patient advocates.

Pharmacy Benefit Managers Prohibited from Utilizing Patient “Clawbacks”
Senate Bill 1076 by Senator Charles Schwertner (R-Georgetown) and House Bill 2360 by Rep. Greg Bonnen (R-Friendswood) addresses Pharmacy Benefit Managers (PBM) use of the process often called “Clawback”, by prohibiting a health benefit plan issuer from requiring a covered patient to make a copayment for a covered prescription drug at the point of sale in an amount greater than the lesser of:

- The applicable copayment;
- The allowable claim amount for the prescription drug; or the amount the individual would pay for the drug without using a benefit plan or any other source of drug benefits or discount.

This bill is truly about protecting the patients that pharmacists serve from the inappropriate and unethical practices of PBMs.

CSSB 1076 will take effect on September 1, 2017 and would apply only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2018.

TPA was happy to support this important patient protection focused legislation which was carried through the process by the Texas Pharmacy Business Council.

Oversight of Pharmacy Benefit Managers by the Texas Department of Insurance

House Bill 3218 by Rep. Larry Phillips (R-Sherman) and Senate Bill 1413 by Senator Charles Schwertner (R-Georgetown) addresses a ruling by the Texas Department of Insurance (TDI) that HMOs are not allowed to enter into a contract with PBMs due to the Insurance Code's failure to expressly grant this permission. By providing statutory authority for PBMs to contract with HMOs, TDI also established the bases for oversight authority of the PBMs in the state of Texas. The bill also helps to a greater level of transparency to role PBMs play in health care.

This is an important step as we continue to fight to assure that PBMs are oversighted and regulated by our states regulators, so that we can address the many unethical practices of PBMs such as Clawbacks.

TPA was proud to support the passage of this legislation which was shepherded through the process by the Alliance of Independent Pharmacists.

The law will take effect on September 1, 2017.

Signed by the Governor on June 1, 2017.

Enhanced Penalties for the Burglary and Theft of Controlled Substances

House Bill 1178 by Rep. John Kuempel (R-Seguin) and Senate Bill 536 Sen. Juan “Chuy” Hinojosa (D-McAllen) addresses this issue by establishing penalties for a certain burglary or theft offense involving a controlled substance. It amends the Penal Code to establish a penalty of third degree felony for burglary if the premises is a building in which a controlled substance is generally stored, including a pharmacy, clinic, hospital, or nursing facility, and the actor entered or remained concealed in that building with intent to commit a theft of a controlled substance.

Sadly, the practice of pharmacy break-ins have become all too common, particularly with the inclusion of organized crime now engaging in these burglaries and thefts. This bill will hopefully help to deter those criminal activities or remove those offenders from the street.
TPA was pleased to support this important legislation, which was carried through the process by the Texas Pharmacy Business Council.

This law will take effect on September 1, 2017.

Signed by the Governor on June 1, 2017.

**Pharmacy Sunset Legislation**

*House Bill 2561* by Rep. Senfonia Thompson (D-Houston) and *Senate Bill 306* by Sen. Van Taylor (R-Plano) addressed the continuation of the Texas State Board of Pharmacy (TSBP) for an additional twelve years.

Changes related to the continuation of TSBP:
- Removes unnecessary qualifications required of applicants that could unreasonably restrict entry into practice;
- Requires TSBP to create a system of graduated penalties for late renewal of pharmacy technician registration to incentivize timely renewal while reducing overall fees;
- Authorizes TSBP to delegate tasks to the executive director to increase efficiency;
- Requires TSBP to develop continuing education standards for pharmacy technicians to ensure technicians remain educated on changing developments in their field;
- Authorizes TSBP to deny renewal applications from applicants noncompliant with TSBP disciplinary orders, a standard tool to better protect the public;
- Updates a Sunset across-the-board recommendation to ensure TSBP members are adequately trained on their responsibilities, and requiring TSBP to publish signed receipt of training materials on TSBP's website; and
- Applies a Sunset across-the-board recommendation requiring TSBP to develop a policy for negotiated rulemaking and alternative dispute resolution.

**Issues Amended to the Sunset bill:**
- Reinforced Chapter 110, Civil Practices and Remedies Code, which establishes that the state or agency of the state may not enforce a rule on an individual which violates a sincerely held religious belief. (Resulted from an amendment placed on the Sunset bill on the House floor)
- Established that all prescribers and dispensers (other than Veterinarians) check the Prescription Monitoring Program (PMP) when prescribing or dispensing opioids, benzodiazepines,
barbiturates, or carisoprodol beginning on September 1, 2019. Medications that have been prescribed for a patient that has been diagnosed with cancer or that is receiving hospice care will be exempt from the checking of the PMP requirement if the prescriber clearly notes in the prescription record that the patient was diagnosed with cancer or receiving hospice care. Additionally, pharmacies will now be required to send all required information by electronic transfer or other form approved by the TSBP no later than the next business day after the prescription is filled. (This is a change from the existing seventh day transfer requirement.) Prescribers and dispensers will not be penalized for failure to access the PMP before prescribing or dispensing if there was a good faith attempt to access the program but was unable to do so as a result of circumstances outside the control of the prescriber or dispenser. (This amendment was based off of Senate Bill 316 which was heavily negotiated by TPA, other pharmacy organizations and prescriber groups. The negotiated language in Senate Bill 316 was significantly improved from the original plan that the Sunset Commission sought to force on pharmacy. The original direction from the Sunset Commission would have required pharmacists to check the PMP before dispensing all controlled substances beginning on September 1, 2018. After hearing from some of our software providers in the fall of 2016 TPA led much of the effort to extend the implementation date to September 1, 2019, knowing that this will give our software providers enough time to automate the processes, thereby making it fit within the pharmacist’s current workflow. Additionally, pharmacy will have another legislative session to addresses any outstanding issues or concerns.)

- Includes a statutory reinforcement that the pharmacist has the exclusive authority to determine whether or not to dispense a medication.

- Establishes that a pharmacist may receive and then dispense donated medications, if the drug is in its original, unopened, sealed, and tamper-evident unit-dose packaging. Drugs packed in single unit doses may be accepted and dispensed if the outside packaging is opened but the single unit-dose packaging is unopened. Donated prescriptions may not be accepted if the drug is a controlled substance, adulterated or misbranded, not been properly stored or the drug is required to have a risk evaluation or mitigation strategy. Both donors and recipients will be required to fill out a respective form acknowledging that the medication has been donated. Participating pharmacists may Pharmacist that chose to participate will have a limitation of liability protections resulting from bodily injury, death or damages that may result from the donated medication as long as they did not arise from reckless or intentional conduct by a pharmacist. (This amendment was based off of Senate Bill 382)

- Language addressing that the Irma Rangel College of Pharmacy shall be located in Kleberg County.

- Establishes remote technician dispensing. Under this amendment technicians will now have the ability to work at a remote location dispensing medications. Technicians working at a remote location will be under the supervision of a pharmacist working at a separate Class A pharmacy through a telecommunication system. Language included in the amendment:
  - Class A provider pharmacy may not have more than two remote dispensing locations;
  - Requirement that all pharmacy technicians at a remote dispensing site be counted for the purpose of establishing the pharmacist-pharmacy technician ratio of provider pharmacy, which may not exceed three pharmacy technicians for each pharmacist providing supervision;
A pharmacist employed by the providing pharmacist must make at least monthly on-site visits to a remote dispensing site or more frequent if specified by the TSBP;

- Each month the perpetual inventory of controlled substances must be reconciled to the on-hand count by a pharmacist employed by the providing pharmacist;
- Remote dispensing sites will not be allowed to dispense Schedule II medications but will be allowed to dispense Schedule III-V;
- A technician working at a remote dispensing site must:
  - Have worked at least one year at a retail pharmacy during the three years preceding the date the technician would begin working at a remote site;
  - Have completed a TSBP approved training program on the proper use of a telepharmacy system.
- Technicians located at a remote dispensing site will not be allowed to preform extemporaneous sterile or nonsterile compounding;
- The TSBP will have the authority to establish any additional training or practice experience requirements for a pharmacy technician at a remote dispensing site;
- A remote dispensing site may not be located within 22 miles of an existing Class A pharmacy, but may continue to operate if a Class A pharmacy later moves within the 22 miles;
- The TSBP shall require and develop a process for a remote dispensing site to apply for a Class A pharmacy if the average per day prescription fills exceed 125 averaged over a calendar year.

(While this amendment is mentioned under the win category, due to TPA’s support of the continuation of the Texas State Board of Pharmacy, TPA opposed this amendment, as well as, Senate Bill 1633, which we will discuss further under the loss category. With the unfortunate passage of this amendment and Senate Bill 1633, TPA will now work closely with the TSBP to address the qualifications of technicians working at these remote dispensing sites and to assure that these locations provide the highest level of quality care possible and to guarantee the health and safety of the patients that are served by these remote technician dispensing pharmacies.)

**Texas Medicaid Formulary to Remain with the State**

*House Bill 1917* by Rep. Richard Raymond (D-Laredo), keeps the Texas Medicaid Formulary with the state until August 31, 2023. This gives pharmacy six years until we will need to address this issue again.

This bill takes effect immediately. (If signed by the Governor)

**Patient Protection Provisions Established for Plans Using Step Therapy**

*Senate Bill 680* by Sen. Kelly Hancock (R-North Richland Hills) and *House Bill 1464* by Rep. Greg Bonnen (R-Friendswood) establishes that:

- Step therapy protocols are based on widely-accepted clinical guidelines so that medicine – not cost – dictate requirements.
- A clear and expeditious process to protect patients from being required to try or stay on a step therapy medication if it would create a significant barrier to compliance; worsen a comorbid condition; is contraindicated or will decrease the patient’s ability to achieve or maintain reasonable function.
• Patients whose conditions are well-controlled on a prescription, from being required to try a new medication, if step therapy protocols are added to the formulary at contractual renewal.
• Prohibit insurers from requiring patients fail on a prescribed medication more than once, even if patient switches to a different health insurance company.

The bill will not:

• Prevent insurance companies from using step therapy nor limit the number of required steps.
• Require insurers to create new clinical guidelines for step therapy protocols.
• Prevent insurers from requiring prior authorization before covering a prescription.
• Prevent insurers from requiring patients to try a generic version of a drug if it is equivalent to the brand-name prescription.

This bill takes effect September 1, 2017.

Signed by the Governor on May 23, 2017.

*It is important to note that this article is being written prior to the closure of the Governor’s Veto period which will end on June 18th, 2017. The above bills, unless otherwise noted as signed, are still subject to a veto.

Pharmacy Losses:

Enhanced Patient Access to Services Has a Tough Session
House Bill 2444 by Rep. Kevin Roberts (R-Houston) sought to establish authority for pharmacists to furnish a limited list of medications based on results of clinical tests pharmacists already are allowed to conduct by the Clinical Laboratory Improvement Amendments (CLIA) of 1988 and subsequent United States federal regulatory standards. Pharmacists would have utilized the results of a CLIA-waived test to furnish appropriate medications when needed. Pharmacists would have had the authority to also furnish those medications that do not require a diagnosis such as prenatal vitamins. The authority for a pharmacist to furnish the related medication would have require a physician’s order based on a standard of practice agreement obtained by the pharmacist from a physician.

The bill also addressed a requirement that pharmacists receive payment for the services they provide. The bill would have established that pharmacists shall be paid for the services that they provide within their existing statute if other healthcare providers are being paid for the same service. This would have required that insurance companies must pay pharmacists for the services that they provide within their existing scope of practice, if a payor is paying another provider for the same service. There are many services today that pharmacists can and do provide they go unpaid by the payors and instead must be covered if at all by the patient.

Unfortunately, due to the lack of unified public support by all the pharmacy organizations (public support was withdrawn in the middle of session and in despite of the efforts made as a part of the 2016 Pharmacy Summit) and the opposition raised by the Texas Medical Association, health plans and pharmacy benefit managers, we were unable to get the bill set for a public hearing and the bill failed.

Medicaid Reimbursement Transition to NADAC Fails Despite Tremendous Support
House Bill 1133 by Rep. J.D. Sheffield (R-Stephenville), would have reformed Medicaid pharmacy reimbursements by requiring Medicaid PBMs to use NADAC as the basis for reimbursement.

The bill received a unanimous vote out of the influential House Appropriations Committee and received 113 votes out of the 150-member Texas House.

Unfortunately, the health insurance and PBM lobby were successful in fermenting concern that paying pharmacists their actual costs to acquire and dispense Medicaid prescription drugs would somehow increase costs to the state. In a tight budget year, pharmacy was unable to overcome the accusation despite documentation showing that hundreds of millions in taxpayer funds that were intended for pharmacy ended up as profits for the health plans and PBMs.

While we are certainly disappointed that House Bill 1133 did not become law, there are a few bright spots to come from this session. Due to the increased attention to the issues with Medicaid pharmacy reimbursements and the advocacy efforts of pharmacy groups, the final version of the state budget includes a provision directing the Health and Human Services Commission to evaluate other potential delivery models for Medicaid prescription drugs, with specific references to evaluating eliminating the current role played by the PBMs and reimbursing pharmacies based upon NADAC and a professional dispensing fee commensurate with the services provided by pharmacy.

TPA was happy to lend our strong support to the bill and the Texas Independent Pharmacies Association who led the efforts on this legislation. TPA looks forward to continuing to work with them and the other pharmacy organizations on legislation that addresses adequately reimbursing pharmacy for the cost associated with dispensing medications.

Provider Recognition Meets Early Demise

House Bill 2608 by Rep. J.M. Lozano (R-Kingsville) sought to clearly recognize pharmacists as health care providers and able to provide services within the pharmacy section of the Occupation Code. Often during a legislative session it is the perceived simplest of bills that can prove to be the greatest challenge. As many of you are aware, Texas over the years has recognized pharmacists as providers throughout Texas statute, though the recognition is speckled throughout those statutes and is not clear. Sadly, this recognition has not resulted in the insurance companies paying pharmacist as providers. The purpose of the bill was to make it clear once and for all that pharmacists are health care providers, though the bill would have done little to immediately change the insurance reimbursements issue (HB 2444 sought to address this issue).

Regrettably, again this session, following significant opposition behind the scenes the bill failed to receive a hearing in the House Public Health committee. TPA will continue to look at this issue and intends to pursue another legislative strategy to address this issue next session.

It important to note that this bill continues to be just one of the efforts by TPA to achieve these goals. TPA will continue working through the other numerous avenues to assure that pharmacists are paid for the valuable services they provide.

Remote Technician Dispensing Passes as Senate Bill 1633 and on TSBP Sunset Bill

Senate Bill 1633 by Sen. Charles Perry (R-Lubbock) and House Bill 3886 by Rep. Tom Oliverson (R-Houston) as noted previously allows a technician to work at a remote location dispensing medications.
Technicians working at a remote location will be under the supervision of a pharmacist working at a separate Class A pharmacy through a telecommunication system.

While both pieces of legislation are 95 percent the same, Senate Bill 1633 required that a remote dispensing site not be located within 25 miles of an existing Class A and had two amendments added to the bill on the House floor just prior to passage which make it different from the amendment placed on the TSBP Sunset bill. One amendment directly addresses remote technician dispensing, the other used Senate Bill 1633 to revive legislation that had failed in the process, due to not receiving a vote on the House floor prior to a midnight deadline.

The amendment addressing remote technician dispensing established an exemption to the 25 mile limitation. The amendment exempts a county with a population of 13,000 but not more than 14,000 (intended for Lamb County) from the 25 mile limitation. This exemption allows for a remote dispensing site in this county to be within 22 miles of an existing Class A pharmacy. This was done to address a pharmacy wishing to establish a remote technician dispensing site, which would not have been able to, due to the 25 mile limitation.

The other amendment addresses the establishing a definition for direct supervision. The definition means:

“supervision by a pharmacist who directs the activities of a pharmacist-intern, pharmacy technician, or pharmacy technician trainee to a sufficient degree to ensure the activities are performed accurately, safely, and without risk of harm to patients, as specified by board rule.”

Additionally, the amendment strikes “in” a pharmacy licensed by the board and replaces it with “employed by”. The language now reads:

“ The board shall establish rules for the use and the duties of a pharmacy technician and pharmacy technician trainee employed by a pharmacy licensed by the board.”

This bill takes effect September 1, 2017.
With the TSBP adopting rules no later than January 1, 2018.

(This bill was originally filled as House Bill 2389)

(As mentioned previously, TPA opposed Senate Bill 1633, as well as the amendment. TPA is extremely disappointed with the decision made by Cardinal Health to pursue this legislation. While TPA shares their desire to address pharmacy related access issues in the remote areas of Texas, we have significant concerns with technicians, that have not received the education and training that pharmacist have in order to dispense medications, having the ability to dispense medication without a pharmacist on site. While we have some amazing technicians throughout the state playing important roles in pharmacies, it is critical that a pharmacist have the ability to be on site supervising them in order to assure that pharmacies primary goal is upheld, which is to ensure the health and safety of the patients that the pharmacy serves.

Unfortunately, as is sometimes the case, pharmacy was not unified in opposing this legislation and that lack of a unified voice allowed this legislation to pass the Texas legislature. Again, TPA remains committed to working with the TSBP as this issue moves forward.)
**Patient Safety and the Workplace Fails to Be Filed**

Going into the 85th Legislative session two had three areas of legislation that association wanted to focus on. Advancing the profession (House Bill 2444 and House Bill 2608), addressing the PBM issues (Supported House Bill 1133, House Bill 1881 and Senate Bill 1564 sought to address full PBM regulation, House Bill 3218 and Senate bill 1431), and workplace issues facing employee pharmacist. The bill that TPA tried to have filed sought to prohibit pharmacies from requiring their pharmacists to work more than 12 continuous hours in a day filing medications. Additionally the pharmacist would be required to take two 15 min breaks shift.

Unfortunately, due to Texas’ longstanding history of not getting involved in labor related issues as a right to work state, this bill proved extremely challenging. Many of the elected officials that we talked to had difficulty understanding why this is an issue and why the legislature needed to step in to address it. Like many things, this will depend on us educating our elected officials and we will now have the next year and a half to do just that.

**The Stopped:**

**Numerous Physician Dispensing Bills Filed and Stopped this Session**

**Pharmacists Again Stopped Bill Allowing Physicians to Dispense Aesthetic Drugs**

*Senate Bill 1606* by Sen. Brandon Creighton (R-Conroe) and *House Bill 2420* by Rep. Tom Oliverson (R-Houston) would have allowed physicians and optometrists to *prescribe AND dispense* certain aesthetic drugs. As filed, the bill would have allowed for the prescribing and dispensing of eleven aesthetic drugs. The drugs were: bimatoprost; hydroquinone; tretinoin; metronidazole; tazarotene; eflornithine; dapsone; salicylic acid; urea topicals; mequinol; and resorcinol.

Following significant opposition from TPA and the other pharmacy advocates both Senate Bill 1606 and House Bill 2420 never received a hearing.

Throughout the remainder of session TPA remained vigilant for the bill to reemerge and that vigilance paid off when there was an attempt to amend the TSBP Sunset bill. Fortunately thanks to the efforts of TPA, the other pharmacy advocates and pharmacists from across the state, we were successful in preventing the amendment from being amended to the bill in the House. By the end of session no other attempts were made and we were able to hold off physician dispensing for another session.

(This bill warranted the greatest level of focus by pharmacy due to the bill authors and those supporting this legislation.)

**Pharmacists Again Stopped Bill Allowing Physicians to Dispense All Dangerous Drugs**

*House Bill 1482* by Rep. Matt Shaheen (R-Plano) and Senate Bill 1818 (not identical to the House bill) by Sen. Konni Burton (R-Colleyville) would have allowed physicians to dispense all dangerous drugs directly to patients.

*House Bill 3480* by Rep. Matt Shaheen (R-Plano) would have allowed therapeutic optometrist to dispense all dangerous drugs, within their scope-of-practice, directly to patients.
Thankfully, following the significant opposition by TPA and the other pharmacy advocates these bills also failed to receive a hearing.

**Next Steps....**
The Texas State Board of Pharmacy and other state agencies now will begin drafting regulations to implement the various laws that have been passed. TPA will follow the rulemaking process and offer input and feedback on proposed regulations to ensure pharmacy remains protected.

**TPA Thanks All Advocates**
TPA thanks the Texas pharmacists, student pharmacists and technicians who contacted their legislators, visited their offices, educated their staff and voiced opinions on all topics that affected pharmacists, patients and pharmacies.