



Pharmaceutical and Bio-Related Legislative Tracking Chart

Bill #	Author/Sponsor	Companion	Tag	Summary	Status/Date
HB 19	Leibowitz		Relating to the labeling requirements for drugs dispensed by pharmacists	As Finally Passed: Amends Section 562.006 of the Occupations Code. Requires labels on dispensing containers from Class A (community pharmacy) or Class E (nonresident) pharmacies to indicate: name/address/phone # of pharmacy, date dispensed, prescribing practitioner, name of patient/animal and owner, instructions, quantity, if dispensed in container other than manufacturer: expiration date, and any other information required by board rule. Does not apply to a prescription dispensed to a person at time released from prison or for up to 10 day supply of medication. Requires TX State Board of Pharmacy to adopt necessary rules by January 1, 2010. TPB shall require by rule pharmacists to include a statement "do not flush unused medications or pour down a sink or drain" to consumers.	5-26-09 Sent to the Governor
HB 390	Zerwas	SB 39 Zaffirini, HB 2005 by McCall	Relating to health benefit plan coverage for routine patient care costs for enrollees participating in certain clinical trials.	<p>Adds Chapter 1379: Coverage for Routine Patient Care Costs for Enrollees Participating in Certain Clinical Trials to Title 8 of the Insurance Code.</p> <p>Defines: enrollee; life-threatening disease or condition: a disease/condition in which the likelihood of death is probable unless the course of the disease is interrupted; and research institution: institution/person/entity conducting a Phase I, II, III, or IV clinical trial.</p> <p>Outlines applicability. Applicability includes state Medicaid program and managed care plans contracting with state to provide health care services to Medicaid recipients.</p> <p>Outlines exclusions. Gives Commissioner rule-making ability to implement chapter.</p> <p>Defines routine patient care costs as the costs of any medically necessary health care service for which benefits are provided under a health benefit plan regardless of enrollment in a clinical trial. Excludes: 1. cost of investigational drug/device not approved by FDA; 2. cost of service which is not a health care service; 3. cost of a service clearly inconsistent with widely accepted/established standards of care for a particular diagnosis; 4. cost associated with managing a clinical trial; and 5. cost of a health care service specifically excluded from coverage under a health benefit plan.</p>	See SB 39



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				<p>Requires health benefit plans to provide benefits for routine patient care costs in connection with phase I-IV clinical trials if trial is conducted in relation to prevention/detection/treatment of life-threatening disease/condition and is approved by: 1. CDC, 2. NIH, 3. FDA, 4. USDoD, 5. USDVA, or 6. an IRB with an agreement with the Office for Human Research Protections of the USDHHS.</p> <p>Explicitly states that a health benefit plan issuer is not required to reimburse the research institution conducting the trial for costs of routine patient care provided unless research institution and health care professionals agree to accept reimbursement under health benefit plan at rates established under plan as payment in full for routine patient care provided. A health benefit plan issuer is not required to provide benefits for services that are part of the subject of the clinical trial and which are customarily paid for by the research institution.</p> <p>Limitations on coverage: benefits are not required to provided outside of plan's provider network unless out-of-network benefits are otherwise provided; and doesn't require plan issuer to provide benefits for services provided outside the state unless otherwise provided under plan.</p> <p>Allows for benefits to be subject to a deductible/coinsurance/copayment, and prohibits cancellation/nonrenewal of a plan solely because an enrollee participates in a clinical trial.</p>	
HB 427	Hopson	SB 381 by Van de Putte	Relating to the authority of physicians to delegate to certain pharmacists the implementation and modification of a patient's drug therapy.	<p>Amends Section 157.101 of the Occupation Code. States that pharmacists acting under physician supervision that have been delegated by physicians to perform specific drug therapy management may also sign prescription drug orders for dangerous drugs is: 1. they follow drug therapy orders by physician; 2. they practice in a hospital/hospital clinic/academic healthcare institution; 3. they provide name/address/phone number of pharmacist and delegating physician; and 4. provide copy of protocol to TSBP.</p> <p>Amends Chapter 554 of the Occupations Code to require the TSBP to list on its website pharmacists authorized to sign these prescription drug orders.</p>	See SB 381



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				Amends Chapter 554 of the Occupations Code to require the TSBP with TMB to adopt rules for implementation.	
HB 448	Hopson	SB 479 by Carona	Relating to requiring the Department of State Health Services to implement a provider choice system.	As Finally Passed: Amends Chapter 161 of the Health and Safety Code to require DSHS to implement a provider choice system for the Vaccines for Children Program. Allows eligible health care providers to select any licensed vaccine including: 1. are recommended by the Advisory Committee on Immunizations Practices, 2. are made available by the CDC, and 3. for adults, are on the approved list offered by the adult safety-net program. Equivalent vaccines are defined as two or more excluding flu that: 1. protect against the same infection; 2. require same number of doses; 3. similar safety/efficacy profiles; and 4. are recommended by CDC. DSHS is required to provide vaccine only if cost to DSHS is not more than 115% of lowest-priced equivalent. Section does not apply in the even of disasters/public health emergencies/etc. Requires the immunization working group to develop an implementation plan including: 1. education of providers about CDC procedures and distribution systems and 2. education of providers about vaccine options/enrollment/ordering/accountability/reporting. Repeals Section 161.0103 of the Health and Safety Code: Vaccines For Children Program; Equivalent Vaccines September 1, 2010.	9-01-09 Earliest Effective Date
HB 739	Quintanilla		Relating to certain continuing education requirements for insurance agents who sell Medicare-related products.	As Engrossed: Adds Subchapter D: Additional Continuing Education Requirements for Sale of Medicare-Related Products. Defines: Medicare advantage plan, Medicare program, and Medicare-related product. Prohibits agents from selling/solicit/negotiate/receive an application/contract for Medicare-related product or represent an insurer unless agent has completed 8 hours of training related to product. Section applies to an agent who sells/negotiates/procures/collects a premium on a Medicare-related product or represents an insurer/HMO/PPO in relation to a Medicare-related product. Requires agents to annually complete 4 hours of continuing education specifically on Medicare-related product during 2 year licensing period. Subchapter C applies to the continuing education programs used to satisfy this requirement and TDI Commissioner is given rule-making authority to adopt criteria.	5-26-09 Sent to Governor
HB 800	Orr	SB 532 by Dan Patrick, HB 2709 by Coleman	Relating to a physician's delegation of prescriptive authority to physician assistants or advanced practice nurses.	Amends Chapter 157 of the Occupations Code: Authority of a Physician to Delegate Certain Medical Acts. Amends Section 157.0511 to allow physicians to provide advance practice nurses/PAs authority to prescribe Schedule III, IV, or V controlled substances including refills for periods not over 90 days. Requires physician to register with board the name/license # of PA/APN. Amends Section 157.053 to include in "primary practice site" a practice location providing care for established patients for a PA/APN practicing on-site with a physician at least 50% of the time. Amends Section 157.0541 to expand to within 75 miles of physician's	See SB 532



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				residence/primary practice site an "alternate site". Changes adequate physician supervision physician being onsite at least 10% of the hours of operation each month a PA/APN is acting with delegated prescriptive authority and includes in medical review of charts the option to review electronically. Amends Section 157.0542 Allows board to modify/waive if determines services provided by PA/APN are limited and within scope: 1. limitation on # of PA/APN authorized; 2. mileage limitation; or 3. on-site supervision requirements. Adds Section: 157.0543 - Voluntary Charity Care at Nonprofit Clinic to allow physicians to delegate carrying out/signing of prescription drug orders to authorized PA/APN.	
HB 852	Todd Smith	SB 353 by Shapleigh	Relating to nonpayment of hospitals under the state Medicaid program for certain preventable adverse conditions.	As Substituted: Adds Section 32.02805: Nonpayment of Hospitals for Preventable Adverse Conditions to the Human Resources Code. Prohibits DSHS/HHSC from paying additional payments to hospitals for preventable adverse conditions acquired by medical assistance patients during hospitalization. List includes: foreign objects retained after surgery, surgery on wrong body part, surgery on wrong person, intravascular air embolism, blood/blood product incompatibility, stage 3 or 4 pressure ulcer, fall/trauma resulting in fracture/dislocation/intracranial injury/crushing injury, burn/electric shock, catheter-associated UT infection, vascular catheter-associated infection, poor glycemic control, surgical site infections, and deep vein thrombosis/pulmonary embolism following orthotic procedures. Allows HHSC Commissioner to adopt rules for additional events. Nonpayment does not create civil liability and is not subject to discover/admissible in civil actions. Requires compilation of data by HHSC and publishing of statistical information on website.	05-14-09 H Set on the House Calendar <u>*Reporting of Preventable Adverse Events added to SB 203</u>
HB 1138	Shelton		Relating to information required on pharmacy benefit identification cards.	As Finally Passed: Requires health benefit plan issuers providing pharmacy benefits to additionally include on the front of the card: the identification number of the enrollee; the bank ID number for electronic billing; the effective date and expected expiration date of coverage; and copayment and deductible information for generic and brand-name drugs. Also requires logo of entity administering benefits and telephone number for contacting appropriate person to obtain information. Allows issuers to provide information in electronically readable form on back of card.	6-03-09 Sent to Governor
HB 1218	Donna Howard	SB 1768 by Watson	Relating to a pilot project to exchange secure electronic information between the Health and Human Services Commission and local or regional	As Finally Passed: Adds Subchapter V: Health Information Exchange Systems to Chapter 531 of the Government Code. Defines: electronic health record, electronic medical record, health information exchange system, and local or regional health information exchange. Requires Commission to establish a pilot project in one urban area of state to determine feasibility/costs/benefits of exchanging secure electronic health information between the commission and local/regional health information exchanges. Project must include at least two local/regional health info exchanges. Local/regional health info exchanges must have a secure	6-03-09 Sent to Governor



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			<p>health information exchanges.</p>	<p>functioning health info database exchanging information between hospitals/clinics/physicians' offices/other health care providers which are not owned by single entities/included in single operational unit/network. Information must include health information for patients receiving state/federal health services. Requires HHSC to: 1. establish specific written guidelines, and 2. ensure compliance with all state/federal laws/rules related to the transmission of health information. HHSC and the participating exchanges are required at a minimum to exchange patient medication history under pilot project. Section 531.903 (SB 7's section 4) Requires HHSC to develop an electronic health information exchange system to improve quality/safety/efficiency of services under child health plan and Medicaid. Requires: confidentiality of patient info protected, appropriate IT systems that are interoperable, and system and external IT systems are interoperable. Health info exchange system must be developed with Medicaid IT Architecture initiative.</p> <p>Establishes an Electronic Health Information Exchange System Advisory Committee of between 12 and 16 members, including at least one representative of pharmaceutical industry to advise on development and implementation of electronic health info exchange system. Requires collaboration with Texas Health Services Authority.</p> <p>Establishes that stage one is to:</p> <ol style="list-style-type: none"> 1. develop and establish an e-health record for each person under Medicaid; 2. submission of complete encounter data for each month with all paid and processed claims from; and 3. develop and coordinate electronic prescribing tools for use under child health plan and Medicaid. <p>Establishes stage two includes expansion of system by providing e-health record for each child in child health plan, include lab results information in an e-health record, improve data-gathering capabilities for e-health record, use evidence-based technology to create a unique</p>	
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				<p>health profile, and continue to enhance the e-health record created.</p> <p>Establishes in stage three to expand system by developing evidence-based benchmarking tools, and include state agencies and additional providers.</p> <p>Requires HHSC to develop strategies to encourage provider use.</p> <p>Initial reporting required to Senate HHS, House Human Services and House Public Health by January 1, 2011, and subsequent reporting by January 1, 2013.</p> <p>Adds Section 62.060: Health Information Technology Standards to the Health and Safety Code and Section 32.073 to the Human Resources Code to require any health IT used in child health plan program or medical assistance program to conform to national standards.</p> <p>Section 531.912: Quality of Care Health Information Exchange with Certain Nursing Facilities. Requires executive commissioner by rule if feasible to establish a quality of care health information exchange with nursing facilities to improve care and services to medical assistance recipients. Establishes performance measures.</p> <p>Section 531.913: Hospital Health Information Exchange. Requires executive commissioner to adopt rules for identifying potentially preventable readmissions of Medicaid recipients and exchange data with hospitals on present-on-admission indicators.</p> <p>Adds Section 62.060 to the Health and Safety Code and Section 32.073 to the Human Resources Code: Health Information Technology Standards. HHSC must ensure any health IT used conforms to federal law standards. HHSC must begin implementing by the 60th day after the effective date of act. By January 1, 2011, HHSC must: 1. assess benefits to state/patients/health care providers of exchanging secure health information with local/regional exchanges; 2. include an ROI analysis; and 3. report findings to the Senate and House standing committees with jurisdiction. Requires agency to request waivers if necessary.</p>	
HB 1233	Menendez	SB 1198 by Van de Putte	Relating to the court-ordered	As Finally Passed: Amends Sections 574.106 of the Health and Safety Code to the ability of courts to authorize administration of psychoactive medications to patients in inpatient mental	5-31-09 Sent to Governor



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			administration of psychoactive medication to certain criminal defendants.	health facilities if the treatment is in the best interest of the patient and the patient is a danger or the patient has remained confined in a correctional facility for over 72 hours while waiting transfer and presents a danger to self or others. The order authorizes appropriate health treatment for patients waiting for transfer and does not authorize retention in a correctional facility for competency restoration. Amends Section 574.1065 of the Health and Safety Code to apply findings that patients represent a danger resulting from mental disorder/defect in correctional facilities as well. Amends Section 574.107(b) of the Health and Safety Code to eliminate "inpatient" and make the section applicable to patients ordered to receive mental health services regardless of whether they are inpatient or outpatient. Amends Articles 46B.086 of the Code of Criminal Procedure to make it applicable to patients confined in correctional facilities over 72 hours while awaiting transfer to inpatient/residential facilities; is committed to an inpatient mental health facility for competency restoration; is confined in correctional facilities awaiting criminal proceedings; or who has been released on bail to an outpatient treatment program.	
HB 1342	Menendez	SB 863 by Harris	Relating to adoption of certain information technology	As Finally Passed: Adds Chapter 1661: Information Technology to Title 8 of the Insurance Code. Defines health benefit plan and health benefit plan issuer. Requires health benefit plan issuers to use information technology that provides providers and enrollees with real-time information concerning: copay/coinsurance; applicable deductibles; covered benefits and services; and enrollee's estimated total financial responsibility. Requires providers to use IT not later than Sept 1, 2013. Requires providers to refund overpayment by 30 days after determination of overpayment. Exempts physicians/providers with fewer than 5 FTEs from using IT required. TDI Commissioner is required to establish circumstances under which requirements of chapter do not apply. Prohibits contracts between providers and benefit plan issuers from prohibiting collection of estimated amount of enrollee responsibility. Prohibits plan issuers from directly charging and enrollee/provider a fee to cover the costs of complying with chapter. Allows plan issuer to apply to Commissioner for a waiver. Allows commissioner to adopt rules.	5-30-09 Earliest Effective Date
HB 1358	Keffer	SB 895 by Nelson	Relating to the Cancer Prevention and Research Institute	As Substituted: Amends Section 102.001(3) of the Health and Safety Code to change the definition of the "research and prevention programs committee" to mean the CPRIT Scientific Research and Prevention Programs committee appointed by the ED. Adds Section 102.056 to allow the Institute to supplement the ED and senior staff's salaries from gifts, grants, donations, or appropriations. Amends Section 102.103 to make the Oversight Committees' terms staggered six-year terms. Adds Section 102.108 to give Oversight Committee rule making authority to administer chapter. Amends Section 102.151 of the Health and Safety	5-26-09 Sent to Governor



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				<p>Code to require the ED, with simple majority approval from Oversight Committee, to appoint members of the scientific research and prevention programs committee, experts in the field of cancer research/prevention. Allows scientific research and prevention programs committee to receive an honorarium. Changes the heading of Subchapter D to: Committees. Amends Section 102.152 to provide that research and prevention programs committee members serve terms defined by ED. Amends Section 102.153 of the Health and Safety Code to state that members of the university advisory committee or any ad hoc advisory committee appointed serve....</p> <p>Amends Subchapter D of Chapter 102 of the Health and Safety Code to state the Cancer Prevention and Research Institute of Texas University Advisory Committee is composed of: 1. 2 members appointed by Chancellor of UT System to represent: UT Southwestern Medical Center at Dallas, UTMB Galveston, UTHSC Houston, UTHSC San Antonio, UTHSC Tyler, or UT MD Anderson Cancer Center; 2. One member appointed by Chancellor of Texas A&M to represent the A&M HSC or teaching hospital of the A&M HSC College of Medicine; 3. One member appointed by Chancellor of Texas Tech to represent Texas Tech HSC; 4. One member appointed by Chancellor of University of Houston System; 5. One member appointed by the Chancellor of Texas State University System; 6. One member appointed by Chancellor of University of North Texas System; 7. One member appointed by the president of Baylor College of Medicine; 9. Members appointed at ED's discretion by chancellors of other institutions. University advisory committee is to advise regarding role of institutions of higher education in cancer research. Requires Oversight Committee to create an ad hoc committee of experts to address childhood cancers. Allows Oversight Committee to create ad hoc committees as necessary of experts to advise. Requires member of research and prevention programs committee, university advisory committee, or ad hoc committee to disclose in writing to ED, interests in matter/substantial financial interest in entities with direct interests in matter. Requires member to recuse themselves from deliberations/action/committee decisions. Defines a substantial financial interest. Amends Section 102.203 of the Health and Safety Code to prohibit persons receiving money for cancer research to spend more than five% on indirect costs. Prohibits no more than 5% of money to be used for facility purchase/construction/remodel/renovation. Amends Section 102.251 of the Health and Safety Code. Requires oversight committee to issue rules regarding procedure for awarding grants including: 1. research and prevention committee is to review applications and make recommendations to ED regarding award of cancer research grants by prioritized list; and 2. Ed is required to submit to Oversight Committee list of applications prioritized which gives priority to listed items in section. Amends Section 102.252 of the Health and Safety Code to</p>
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				require the Oversight Committee to follow funding recommendations of the ED in the order submitted unless 2/3 vote overrides. Amends Section 102.260 to require as a condition of a grant, that recipients submit to regular inspection reviews by institute staff. ED is required to determine grant review process under section and is allowed to terminate grants not meeting contractual obligations. Requires annual reporting by ED to Oversight Committee on progress/merits of each funded program. Adds Section 102.262: Public Information to Chapter 102 of the Health and Safety Code. Provides that certain information is public and can be disclosed: 1. applicant name and address; 2. amount of funding applied for; 3. type of cancer to be addressed; and 4. other information designated. Repeals Section 102.151(a) of the Health and Safety Code (Scientific Research and Prevention Programs Committee).	
HB 1409	Hopson		Relating to the minimum patient age for administration of an immunization or vaccine by a pharmacist.	As Finally Passed: Amends Section 554.052 of the Occupations Code to allow pharmacists to administer flu vaccines to patients over 7 years old with an established physician-patient relationship.	5-26-09 Sent to Governor
HB 1504	McClendon		Relating to the normal distribution channel of a prescription drug.	As Substituted: Amends Section 431.401 of the Health and Safety Code to include in the definition of "normal distribution channel": an authorized distributor of record to a wholesale distributor licensed under chapter to: another person authorized by law to dispense/administer drug to patient. Amends Section 431.4031 of the Health and Safety Code to exempt a state agency or political subdivision that distributes prescription drugs using federal/state funding to nonprofit health care facilities/local MHMR authorities for distribution to a pharmacy/practitioner/patient.	05-11-09 H Reported from committee as substituted House Public Health *Amended onto SB 1645 which passed
HB 1740	Donna Howard		Relating to the authorization of physicians and therapeutic optometrists to dispense therapeutic contact lenses.	As Finally Passed: Amends Section 551.003 of the Occupations Code to define therapeutic contact lens. Amends Section 551.004 of the Occupations Code to state it does not prevent a physician or therapeutic optometrist from dispensing and charging for therapeutic contact lenses. Section does not authorize a therapeutic optometrist to prescribe, administer, or dispense a drug outside scope of practice.	5-26-09 Sent to Governor



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HB 1759	Thompson	SB 1345 by Watson	Relating to health benefit plan coverage for certain orally administered anticancer medications.	As Substituted: Adds Subchapter E: Coverage for Certain Orally Administered Anticancer Medications to Chapter 1369 of the Insurance Code. Requires health benefit plans providing coverage for chemotherapy treatment to provide coverage for prescribed, orally administered anticancer medication at same basis as covered IV administered/injected cancer medications.	4-27-09 Meeting set for Senate State Affairs <u>*Amended onto SB 1143 as an interim study to be conducted by TDI</u>
HB 1924	Heflin		Relating to the performance of pharmacy services in certain rural hospitals.	As Finally Passed: Adds Section 562.1011 to the Occupations Code: Operation of Class C Pharmacy in Certain Rural Hospitals. Defines a rural hospital and nurse. Allows nurses or practitioners to withdraw drugs/devices in sufficient quantity to fill order from pharmacies if the hospital pharmacist is not on duty or pharmacy is closed. Requires hospital pharmacist to verify and perform drug regimen review by seventh day after withdrawal. In hospitals with floor stock method, allows nurse/practitioner to withdraw drug/device in original manufacturer's container. Hospital pharmacist must verify and perform drug regimen review by seventh day after withdrawal. Rural hospitals can allow pharmacy technician to perform duties above if technician is registered and meets training requirements, pharmacist is accessible at all times to respond to questions, and nurse/practitioner/pharmacist by remote access verifies accuracy of technician actions. If requirements are met, technician can: 1. enter medication order/drug distribution information; 2. prepare/package/label a prescription drug to a medication order if verified by licensed nurse/practitioner; 3. fill medication cart; 4. distribute routine orders for stock supplies to patient care areas; 5. access/restock automated medication supply cabinets; and 6. perform other duties specified by board rule. Pharmacist in charge of institutional pharmacy in rural hospital must develop policies/procedures for when pharmacist is not on-site. On or after September 1, 2011, board can establish by rule a requirement for prospective and retrospective drug use review for each new drug order. Review not required when delay would result in harm to patient. Allows rural hospitals to establish standing orders/protocols. Requires board to adopt rules to implement section. Adds Section 568.008: Technicians in Hospitals with Clinical Pharmacy Program to the Occupations Code. Class C pharmacies with ongoing clinical pharmacy programs can allow technicians to verify accuracy of work performed by another technician on filling floor stock and unit dose distribution	6-03-09 Sent to Governor



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				systems if orders have previously been reviewed and approved by a pharmacist.	
HB 1966	John Davis		Relating to an e-prescribing implementation plan under the Medicaid and child health plan programs.	Requires HHSC to develop an e-prescribing implementation plan under the vendor drug program for Medicaid/child health plan. Plan must: 1. establish e-prescribing standards pharmacists/practitioners/PBMS/health plans that transmit prescriptions and 2. establish time frames for compliance. Initial reporting on implementation by December 1, 2009. Final report by December 1, 2010, on expenditures and cost savings.	5-26-09 Sent to Governor
HB 2005	McCall	SB 39 by Zaffirini, HB 390 by Zerwas	Relating to health benefit plan coverage for routine patient care costs for enrollees participating in certain clinical trials.	Adds Chapter 1379: Coverage for Routine Patient Care Costs for Enrollees Participating in Certain Clinical Trials to Title 8 of the Insurance Code. Defines: enrollee; life-threatening disease or condition: a disease/condition in which the likelihood of death is probable unless the course of the disease is interrupted; and research institution: institution/person/entity conducting a Phase I, II, III, or IV clinical trial. Outlines applicability. Applicability includes state Medicaid program and managed care plans contracting with state to provide health care services to Medicaid recipients. Outlines exclusions. Gives Commissioner rule-making ability to implement chapter. Defines routine patient care costs as the costs of any medically necessary health care service for which benefits are provided under a health benefit plan regardless of enrollment in a clinical trial. Excludes: 1. cost of investigational drug/device not approved by FDA; 2. cost of service which is not a health care service; 3. cost of a service clearly inconsistent with widely accepted/established standards of care for a particular diagnosis; 4. cost associated with managing a clinical trial; and 5. cost of a health care service specifically excluded from coverage under a health benefit plan. Requires health benefit plans to provide benefits for routine patient care costs in connection with phase I-IV clinical trials if trial is conducted in relation to prevention/detection/treatment of life-threatening disease/condition and is approved by: 1. CDC, 2. NIH, 3. FDA, 4. USDOD, 5. USDVA, or 6. an IRB with an agreement with the Office for Human Research Protections of the USDHHS. Explicitly states that a health benefit plan issuer is not required to reimburse the research institution conducting the trial for costs of routine patient care provided unless research institution and health care professionals agree to accept reimbursement under health benefit plan at rates established under plan as payment in full for routine patient care provided. A health benefit plan issuer is not required to provide benefits for services that are part of the	See SB 39



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				<p>subject of the clinical trial and which are customarily paid for by the research institution. Limitations on coverage: benefits are not required to provided outside of plan's provider network unless out-of-network benefits are otherwise provided; and doesn't require plan issuer to provide benefits for services provided outside the state unless otherwise provided under plan.</p> <p>Allows for benefits to be subject to a deductible/coinsurance/copayment, and prohibits cancellation/nonrenewal of a plan solely because an enrollee participates in a clinical trial.</p>	
HB 2030	Zerwas	SB 946 by Deuell	<p>Relating to the Medicaid Drug Utilization Review Program and prescription drug use under the Medicaid program.</p>	<p>As Finally Passed: Adds Section 531.0691: Medicaid Drug Utilization Review Program: Drug Use Reviews and Annual Report to the Government Code. Defines Medicaid Drug Utilization Review Program as the program operated by vendor drug to improve quality of pharmaceutical care under Medicaid. Defines prospective drug use review as that of a patient's drug therapy/prescription drug order/medication order before dispensing/distributing. Defines retrospective drug use review as one of prescription drug claimers data to identify patterns of prescribing. Requires HHSC to provide for an increase in #/type of retrospective drug use reviews performed each year under the Medicaid Drug Utilization Review Program in comparison to #/types of reviews performed in fiscal year 2009. Requires Commission to: 1. allow for repeat of retrospective drug use review addressing ongoing problems and that improved client outcomes/reduced Medicaid spending; 2. consider implementing disease-specific retrospective drug use reviews addressing ongoing therapy problems in TX and reduce Medicaid use expenditures in other states; and 3. regularly examine Medicaid claims data to identify potential therapy problems which could be addressed by repeating retrospective drug use reviews. Requires inclusion in annual reporting : detailed description of Medicaid Drug Utilization Review Program's activities and estimates of anticipated cost savings with use of prospective/retrospective drug use reviews. Cost savings estimates must include those attributable to electronic claims processing and clinical edits through prior authorizations. Annual report must be posted on HHSC website. Prohibits members of Medicaid Drug Utilization Review Board from having contractual relationship/ownership interest/conflict of interest with a pharmaceutical manufacturer/labeler. Requires HHSC to monitor and analyze prescription drug use and expenditure patterns in Medicaid program. Requires identifying therapeutic classes and individual drugs most often prescribed/greatest expense. Information must be posted on HHSC website and updated quarterly. Prescriptions written by authorized providers under Medicaid program are valid for period written or one year (does not apply to controlled substances). Amends Section 531.071 of the Government Code to state drug name is</p>	6-3-09 Sent to Governor



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				confidential. Establishes that information about whether a supplemental rebate was or was not reached is not confidential. Amends Section 531.072 to state the PDL can contain: 1. drug provided by manufacturer/labeler that has not reached a supplemental rebate if it will not have a negative cost impact or 2. a drug by a manufacturer/labeler reaching an agreement to provide program benefits in lieu of supplemental rebates. Requires consideration to include all strengths/dosage forms of drug, and requires HHSC to consider including multiple methods of delivery within each class. Amends Section 531.073 of the Government Code to require HHSC to ensure PAs can be submitted by phone/fax/internet. Requires HHSC to implement an automated process to find out if additional PA is necessary. Amends Section 531.074 to require P&T Committee to meet in public and take public comment, make minutes available to public, and meet in executive session to discuss confidential information. Requires HHSC to require presentation of a summary of efficacy/safety information on drug under consideration for PDL electronically prior to the public meeting. Requires public disclosure immediately after committee finishes deliberating, each drug recommended for or against the PDL and post it on the website. Public disclosure must include general basis for recommendation for each class and whether a supplemental rebate agreement/program benefit was reached. Requires HHSC to publish on website: 1. list of drugs reviewed and decision for/against; whether a supplemental rebate/program benefit agreement was reached/ and rationale for departure from recommendation of P&T Committee.	
HB 2163	Sylvester Turner		Relating to the provision of certain medications to children younger than 11 years of age.	As Finally Passed: Amends Chapter 531 of the Government Code to require HHSC to conduct a study to determine appropriateness/safety of providing antipsychotic/neuroleptic medication through the vendor drug program to children under 16 years old. Study must consider physical/psychological medical diagnosis; if the FDA has approved medication for use by child; whether a child has successfully taken medication previously; access to quality medical care for child; standard of care in medical profession regarding provision of medication; and any other relevant factor. Reporting by November 10, 2010.	6-3-09 Sent to Governor
HB 2293	Gattis	SB 1433 by Watson	Relating to the delivery of prescription drugs for certain state health plans by mail order.	Adds Chapter 1560: Delivery of Prescription Drugs by Mail to Title 8 of the Insurance Code. Requires health benefit plan issuers providing pharmacy benefits to allow enrollees to obtain multi-month supply of drugs from community retail pharmacies. Requires plans to reimburse participating pharmacies using drug reimbursement rates based on current/nationally recognized benchmark index including average wholesale price/maximum allowable cost. Requires plans to use same benchmark index to reimburse all participating pharmacies. Health benefit plan issuers contracting with 3rd party administrators/PBMS are required make entity: 1. annually report electronically actual acquisition costs of all drugs purchased and ID of	05-14-09 H Set on the House Calendar *Portions amended onto SB 704



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				source/type/amount of all rebates/fees/monetary benefits received from drug manufacturers, and 2. by 30th day after entity receives rebate/fees/monetary benefit from a drug manufacturer to reimburse/credit issuer an equal amount. Allows PBM to designate as confidential any information required to disclose above. Confidential information may not be disclosed unless by court order, filing, or to TDI/AG as per an investigation. Requires TDI to investigate complaints and issue written determination. Can impose administrative penalties.	<u>which passed</u>
HB 2381	Kolkhorst	SB 704 by Nelson	Relating to disclosure of the prices charged to state agencies in connection with pharmacy benefit manager services.	Adds Subchapter H: Purchase of Pharmacy Benefit Manager Services to Chapter 2158: State Purchasing of the Government Code. State agencies on request of other state agencies are required to disclose information relating to the amounts charge by PBMs for services and other requested pricing information. Does not require an agency to disclose information it is specifically prohibited from disclosing under contract made before Sept. 1, 2009. Prevents contracts made after Sept. 1, 2009, from containing provisions prohibiting disclosure of information on amounts charged by PBMs for services or for disclosing other pricing information. Information is confidential and may not be disclosed outside of agency.	See SB 704
HB 2709	Coleman	HB 800 by Orr, SB 532 by Dan Patrick	Relating to a physician's delegation of prescriptive authority to physician assistants or advanced practice nurses.	Amends Chapter 157 of the Occupations Code: Authority of a Physician to Delegate Certain Medical Acts. Amends Section 157.0511 to allow physicians to provide advance practice nurses/PAs authority to prescribe Schedule III, IV, or V controlled substances including refills for periods not over 90 days. Requires physician to register with board the name/license # of PA/APN. Amends Section 157.053 to include in "primary practice site" a practice location providing care for established patients for a PA/APN practicing on-site with a physician at least 50% of the time. Amends Section 157.0541 to expand to within 75 miles of physician's residence/primary practice site an "alternate site". Changes adequate physician supervision physician being onsite at least 10% of the hours of operation each month a PA/APN is acting with delegated prescriptive authority and includes in medical review of charts the option to review electronically. Amends Section 157.0542 Allows board to modify/waive if determines services provided by PA/APN are limited and within scope: 1. limitation on # of PA/APN authorized; 2. mileage limitation; or 3. on-site supervision requirements. Adds Section: 157.0543 - Voluntary Charity Care at Nonprofit Clinic to allow physicians to delegate carrying out/signing of prescription drug orders to authorized PA/APN.	See SB 532
HB 2832	Hopson	SB 1645 by Van de Putte	Relating to reimbursement under the Medicaid vendor drug program for pharmacy care	Amends Chapter 32 of the Human Resources Code. Defines pharmacy care management services as those to medical assistance recipients through a specialty pharmacy product. Defines specialty pharmacy product as: IV/infused therapies, biotech drugs, high-cost therapies, and those requiring complex care. Requires DSHS to establish reimbursement rates under Vendor Drug for pharmacies providing pharmacy care management services to medical	See SB 1645



Pharmaceutical and Bio-Related Legislative Tracking Chart

			management services provided in connection with specialty pharmacy products.	assistance recipients. Requires pharmacies to provide verification. DSHS is required to consult with pharmacies to determine rates.	
HB 3067	Hopson	SB 1127 by Van de Putte	Relating to the confidentiality of test results of samples of compounded products.	Amends Section 556.053 of the Occupations Code to require reports/records/formulas/test results of products compounded by pharmacies obtained by the Board are confidential and are not public information. Allows Board to use/disclose statistical information from test results of samples.	See SB 1127
HB 3719	Susan King	SB 1536 by Uresti	Relating to preferred drug lists, including confidentiality, supplemental rebate, prior approval and publication requirements.	As Substituted: Amends Section 531.071 of the Government Code to state drug name is confidential. Establishes that information about whether a supplemental rebate was or was not reached is not confidential. Amends Section 531.072 to state the PDL can contain: 1. drug provided by manufacturer/labeler that has not reached a supplemental rebate if it will not have a negative cost impact or 2. a drug by a manufacturer/labeler reaching an agreement to provide program benefits in lieu of supplemental rebates. Requires consideration to include all strengths/dosage forms of drug, and requires HHSC to consider including multiple methods of delivery within each class. Amends Section 531.073 of the Government Code to require HHSC to ensure PAs can be submitted by phone/fax/internet. Requires HHSC to implement an automated process to find out if additional PA is necessary. Amends Section 531.074 to require P&T Committee to meet in public and take public comment, make minutes available to public, and meet in executive session to discuss confidential information. Requires HHSC to require presentation of a summary of efficacy/safety information on drug under consideration for PDL on the web prior to the public meeting. Requires public disclosure immediately after committee finishes deliberating, each drug recommended for or against the PDL and post it on the website. Public disclosure must include general basis for recommendation for each class and whether a supplemental rebate agreement/program benefit was reached. Requires HHSC to publish on website: 1. list of drugs reviewed and decision for/against; whether a supplemental rebate/program benefit agreement was reached/ and rationale for departure from recommendation of P&T Committee.	05-14-09 H Set on the House Calendar <u>*Senate version amended onto HB 2030 which passed</u>
HB 3753	Donna Howard	SB 1757 by Watson	Relating to a study by the Texas Commission on Environmental	Requires TCEQ to study: 1. methods currently used to safely dispose of pharmaceuticals/medical sharps/potentially dangerous medical waste; 2. alternative methods including in other states; and 3. effects on public health and the environment of various methods. Requires commission to solicit input from: pharmaceutical manufacturers,	See SB 1757



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			Quality of the methods for safely handling and disposing of certain medical waste.	large/small pharmacies, health care providers, hospitals, clinics, USPS, US EPA, etc. Reporting December 1, 2010 including recommendations.	
HB 3755	Donna Howard		Relating to the period for which a prescription written for a Medicaid recipient is valid.	Amends Section 32.024 of the Human Resources Code to require prescriptions written by provider under medical assistance program to be valid for one year or the period for which it is written, whichever is less. Does not apply to a prescription for a controlled substance.	05-14-09 H Set on the House Calendar *Amended onto HB 2030 which passed
HB 4290	Smithee	SB 2200 by Duncan	Relating to retrospective utilization review and utilization review to determine the experimental or investigational nature of a health care service.	As Finally Passed: Amends Section 1305 (Workers' Compensation Health Care Networks) of the Insurance Code to redefine an adverse determination. Adds experimental or investigational nature to the definition of an independent review. Eliminates retrospective review throughout section. Amends Section 4201 (Utilization Review and Independent Review) of the Insurance Code to add experimental or investigational to the definition of adverse determination. Redefines utilization review to include retrospective review and systems for prospective/concurrent/retrospective review determining experimental or investigational nature of services. Requires utilization review agents to provide notice of an adverse determination under retrospective utilization review in writing to provider and patient within 30 days of receipt of claim. Period can be extended by up to 15 days under certain circumstances. Utilization review agents must comply with independent review organization determination regarding experimental/investigational nature of services. Amends the Labor Code (General Provisions under Workers' Compensation) to redefine retrospective review as the utilization review process of medical necessity and reasonableness of care provided to injured employee. Amends Section 408 (Workers' Compensation Benefits) of the Labor Code to eliminate retrospective review. Repealer language.	6-03-09 Sent to the Governor
HB 4334	Hamilton	SB 911 by Williams	Relating to the licensing and regulation of pain management clinics.	Adds Chapter 167: Regulation of Pain Management Clinics to Title 3 of the Occupations Code. Defines a pain management clinic as a publicly/privately owned facility in which majority of patients are issues prescriptions for opioids/benzodiazepines/barbiturates. Lists exemptions. Requires Texas Medical Board to adopt rules for pain management clinics and prescribe fees.	See SB 911



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				Allows Board to make inspections and investigate complaints. Establishes a licensing/renewal procedure for pain management clinics.	
HB 4341	Truitt	SB 2339 by Shapiro	Relating to the regulation of discount health care programs by the Texas Department of Insurance.	<p>As Finally Passed: Adds Chapter 562: Unfair Methods of Competition and Unfair or Deceptive Acts or Practices Regarding Discount Health Care Programs to Title 5 of the Insurance Code. Purpose is to regulate trade practices in business of discount health care programs. Defines: discount health care program, discount health care program operator, health care services (which includes medical equipment and supplies and prescription drugs), knowingly, marketer, member, person, program operator, and provider. Requires actions to be brought in Travis County District court if involving TDI or commissioner. Requires liberal construction of chapter.</p> <p>Establishes it is an unfair method of competition/act/practice to: 1. knowingly misrepresent price range; 2. knowingly misrepresent size/location of network; 3. knowingly misrepresent participation of provider; 4. suggest a discount card is a federally approved Medicare prescription discount card; 5. use the term insurance; or 6. use specified other terms. It is an unfair method of competition/act/practice to make/publish marketing materials containing untrue/deceptive/misleading statements regarding discount health care program. Establishes applicable materials. Establishes unfair method of competition/acts/practices to fail to register or file false statements with application/registration.</p> <p>Prohibits discount health care programs from advertising with statement "approved by TDI". Requires program operators to: 1. provide a toll-free number/website for members; and 2. remove a provider from discount health care program with 30 days of learning provider is no longer participating. Requires program operators to issue at least one membership card: 1. containing statement that is not insurance; and 2. requires specific items for discount prescription drug benefits. Requires operator to issue disclosure materials to each member. Requires operator to refund members who cancel memberships within 30 days. Requires program operators to be bonded, have an agent in TX, and establish a complaint procedure. Allows operators to market directly or contract for marketing and establishes guidelines. Establishes requirements for contracts with providers offering discount health care services. TDI is allowed to examine and investigate discount health care programs. Establishes a hearing procedure. Allows TDI to issue cease and desist orders. Establishes administrative penalties for violations of cease and desist orders. Establishes civil penalties for violating cease and desist</p>	5-26-09 Sent to Governor



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				orders. AG can bring action for injunctive relief.	
				Amends the Insurance Code by adding Title 21: Discount Health Care Programs. Chapter 7001 Defines: discount health care program as business arrangement or contract in which an entity in exchange for fees/dues/charges/consideration offers access to discounts on health care services from health care providers. Defines discount health care program operator. Defines health care services as physician services, surgical services, medical equipment and supplies, along with other services. Defines marketer, member, program operator, and provider. TDI Commissioner adopts rules to implement. Requires registration of discount health care program operators with TDI. Establishes application for registration process. Establishes an initial registration fee of \$1000 with annual renewal of \$500. Repeals Chapter 76 of the Health and Safety Code.	
HB 4402	Martinez Fischer		Relating to insurance coverage of prescription drugs provided under a health benefit plan.	As Finally Passed: Amends Chapter 1369 of the Insurance Code to require TDI to conduct a study to evaluate ways in which PBMs use prescription drug information to manage therapeutic drug interchange programs and other drug substitution recommendations. Study must include information on PBMs: 1. intervening in delivery/transmission of a prescription from practitioner to pharmacist to influence choice of therapy; 2. recommending practitioner change from original to another medication including generic substitution/therapeutic interchange; 3. change a drug/device without consent of prescriber; 4. change patient cost-sharing obligation for cost of prescription drug/device including placement on a higher formulary tier; and 5. removing drug/device from a formulary without proper enrollee notice. Reporting and recommendations to Leg by August 1, 2010.	5-31-09 Sent to Governor
SB 39	Zaffirini	HB 390 Zerwas, HB 2005 by McCall	Relating to health benefit plan coverage for routine patient care costs for enrollees participating in certain clinical trials.	<p>Adds Chapter 1379: Coverage for Routine Patient Care Costs for Enrollees Participating in Certain Clinical Trials to Title 8 of the Insurance Code.</p> <p>Defines: enrollee; life-threatening disease or condition: a disease/condition in which the likelihood of death is probable unless the course of the disease is interrupted; and research institution: institution/person/entity conducting a Phase I, II, III, or IV clinical trial.</p> <p>Outlines applicability. Applicability includes state Medicaid program and managed care plans contracting with state to provide health care services to Medicaid recipients.</p>	6-1-09 Sent to the Governor



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				<p>Outlines exclusions. Gives Commissioner rule-making ability to implement chapter.</p> <p>Defines routine patient care costs as the costs of any medically necessary health care service for which benefits are provided under a health benefit plan regardless of enrollment in a clinical trial. Excludes: 1. cost of investigational drug/device not approved by FDA; 2. cost of service which is not a health care service; 3. cost of a service clearly inconsistent with widely accepted/established standards of care for a particular diagnosis; 4. cost associated with managing a clinical trial; and 5. cost of a health care service specifically excluded from coverage under a health benefit plan.</p> <p>Requires health benefit plans to provide benefits for routine patient care costs in connection with phase I-IV clinical trials if trial is conducted in relation to prevention/detection/treatment of life-threatening disease/condition and is approved by: 1. CDC, 2. NIH, 3. FDA, 4. USDOD, 5. USDVA, or 6. an IRB with an agreement with the Office for Human Research Protections of the USDHHS.</p> <p>Explicitly states that a health benefit plan issuer is not required to reimburse the research institution conducting the trial for costs of routine patient care provided unless research institution and health care professionals agree to accept reimbursement under health benefit plan at rates established under plan as payment in full for routine patient care provided. A health benefit plan issuer is not required to provide benefits for services that are part of the subject of the clinical trial and which are customarily paid for by the research institution.</p> <p>Limitations on coverage: benefits are not required to provided outside of plan's provider network unless out-of-network benefits are otherwise provided; and doesn't require plan issuer to provide benefits for services provided outside the state unless otherwise provided under plan.</p> <p>Allows for benefits to be subject to a deductible/coinsurance/copayment, and prohibits cancellation/nonrenewal of a plan solely because an enrollee participates in a clinical trial.</p>	
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SB 353	Shapleigh	HB 852 by Todd Smith	Relating to nonpayment of hospitals under the state Medicaid program for certain preventable adverse conditions.	Adds Section 32.02805: Nonpayment of Hospitals for Preventable Adverse Conditions to the Human Resources Code. Prohibits DSHS/HHSC from paying hospitals for preventable adverse conditions acquired by patients during hospitalization. List includes: foreign objects retained after surgery, intravascular air embolism, blood/blood product incompatibility, stage 3 or 4 pressure ulcer, fall/trauma resulting in fracture/dislocation/intracranial injury/crushing injury, burn/electric shock, catheter-associated UT infection, vascular catheter-associated infection, poor glycemic control, surgical site infections, and deep vein thrombosis/pulmonary embolism following orthotic procedures. Nonpayment does not create civil liability and is not subject to discover/admissible in civil actions. Requires compilation of data by HHSC.	02-17-09 S Introduced and referred to committee on Senate Health and Human Services <u>*Reporting of Preventable Adverse Events added to SB 203</u>
SB 381	Van de Putte	HB427 by Hopson	Relating to the authority of physicians to delegate to certain pharmacists the implementation and modification of a patient's drug therapy.	As Finally Passed: Amends Section 157.101 of the Occupation Code. States that pharmacists acting under physician supervision that have been delegated by physicians to perform specific drug therapy management may also sign prescription drug orders for dangerous drugs if: 1. they follow drug therapy orders by physician; 2. they practice in a hospital/hospital clinic/academic healthcare institution; 3. the hospital/hospital clinic/academic health care institution has bylaws/medical staff policy permitting delegation; 4. they provide name/address/phone number of pharmacist and delegating physician; and 5. provide copy of protocol to TSBP. Amends Chapter 554 of the Occupations Code to require the TSBP to list on its website pharmacists authorized to sign these prescription drug orders. Amends Chapter 554 of the Occupations Code to require the TSBP with TMB to adopt rules for implementation.	9/1/09 Earliest Effective Date
SB 449	Carona		Relating to the penalty group classification of certain controlled substances.	Amends Chapter 481, Sections 102, 103, and 104 of the Health and Safety Code to make additions and deletions to the Penalty 1, 2, and 3 Classes of controlled substances.	6-1-09 Sent to the Governor
SB 479	Carona	HB 448 by Hopson	Relating to requiring the Department of State Health Services	As Substituted: Amends Chapter 161 of the Health and Safety Code to require DSHS to implement a provider choice system for the Vaccines for Children Program. Allows eligible health care providers to select any licensed vaccine including: 1. are recommended by the	See HB 448



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			to implement a provider choice system.	Advisory Committee on Immunizations Practices, 2. are made available by the CDC, and 3. for adults, are on the approved list offered by the adult safety-net program. If equivalent vaccines are available meeting requirements and the cost exceeds 115% of the lowest-price equivalent, lowest-price vaccine will be distributed. Equivalent vaccine is, excluding flu vaccine: 1. protects against same infection; 2. same dosage; 3. similar safety/efficacy; and 4. recommended for comparable populations. Does not apply during disaster. Requires the immunization working group to develop an implementation plan including: 1. education of providers about CDC procedures and distribution systems and 2. education of providers about options/enrollment/ordering/accountability/reporting. Repeals Section 161.0103 of the Health and Safety Code: Vaccines For Children Program; Equivalent Vaccines.	
SB 532	Dan Patrick	HB 800 by Orr, HB 2709 by Coleman	Relating to a physician's delegation of prescriptive authority to physician assistants or advanced practice nurses.	As Substituted: Amends Chapter 157 of the Occupations Code: Authority of a Physician to Delegate Certain Medical Acts. Amends Section 157.0511 to allow physicians to delegate carrying out/signing of a prescription drug order for controlled substances only if in Schedule III, IV, or V controlled substances including refills for periods not over 90 days. Requires physician to register with board the name/license # of PA/APN. Allows Board to delegate an online delegation registration process. Amends Section 157.053 to include in "primary practice site" a practice location providing care for established patients for a PA/APN practicing on-site with a physician at least 50% of the time. Amends Section 157.0541 to expand to within 75 miles of physician's residence/primary practice site an "alternate site". Changes adequate physician supervision physician being onsite at least 10% of the hours of operation each month a PA/APN is acting with delegated prescriptive authority and is available while on-site to see/diagnose/treat/care for patients and is not prohibited by contract from doing so. Includes in medical review of charts the option to review electronically. Amends Section 157.0542 Allows board to modify/waive if determines services provided by PA/APN are limited and within scope: 1. limitation on # of PA/APN authorized; 2. mileage limitation; or 3. on-site supervision requirements.	6-01-09 Sent to the Governor
SB 646	Van de Putte		Relating to a study regarding the confidentiality of prescription information.	As Finally Passed: Amends Chapter 562 of the Occupations Code to require TBP to conduct a study on the license/transfer/use/sale of prescription information records containing patient-identifiable and practitioner-identifiable information by PBMs/insurers/electronic transmission intermediaries/pharmacies/similar entities for the purpose of advertising/marketing/promoting pharmaceutical products. Reporting and recommendations to Governor, Lt. Governor, Speaker, and Standing Committees with jurisdiction. Report must consist of aggregate information and is prohibited from identifying by name entities providing information to the Board. Trade Secret information is excepted from public disclosure under open records. Failure to provide	6/1/09 Sent to the Governor



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				information to TBP within 90 days, except for pharmacies, after requested is subject to civil penalty up to \$5,000 for each violation. Expires October 1, 2010.	
SB 704	Nelson	HB 2381 by Kolkhorst	Relating to disclosure of the prices charged to state agencies in connection with pharmacy benefit manager services.	As Substituted and Amended on House Floor: Adds Subchapter H: Purchase of Pharmacy Benefit Manager Services to Chapter 2158: State Purchasing of the Government Code. State agencies are prohibited from disclosing information received to persons outside of the agency. Does not require an agency to disclose information it is specifically prohibited from disclosing under contract made before Sept. 1, 2009. Prevents contracts made after Sept. 1, 2009, from containing provisions prohibiting disclosure of information on amounts charged by PBMs for services or for disclosing other pricing information. Information is confidential and may not be disclosed outside of agency. Requires TDI to conduct a study to evaluate the ways in which PBMS use prescription drug information to manage therapeutic drug interchange programs and other substitution recommendations. Establishes criteria board of trustees/system is required to include in selecting a PBM services contract. Requires enrollees to be allowed to fill a multiple-month supply of prescription drugs from their community retail pharmacy in same manner as mail order if reimbursement is the same.	6/03/09 Sent to the Governor *Contains portions of HB 2293/SB 1433
SB 819	Wendy Davis		Relating to the vaccination against bacterial meningitis of certain first-time students at public institutions of higher education.	As Substituted: Amends Chapter 51 of the Education Code to add Section 51.9192: Bacterial Meningitis Vaccination Required for Certain Students. Section applies to first-time students of higher education institutions who reside in/is approved to reside in on-campus dorm/student housing facility. Before registering for any course, a student or parent/guardian must provide a certificate signed by a health practitioner as proof of vaccination against bacterial meningitis. Allows opt-out for 1. physician affidavit that vaccine would be injurious to health of student or 2. vaccination conflicts with reasons of conscience. Requires HECB to adopt rules for administering.	5-22-09 Reported favorably from House Higher Education Committee *Amended onto HB 4189 which passed
SB 863	Harris	HB 1342 by Menendez	Relating to adoption of certain information technology.	Adds Chapter 1661: Information Technology to Title 8 of the Insurance Code. Defines health benefit plan and health benefit plan issuer. Requires health benefit plan issuers to use information technology that provides enrollees with real-time information concerning: applicable deductibles; allowable/usable amount paid for out-of-network care; and enrollee's potential total financial responsibility; and which provides a physician/provider with real-time information on network participation. Prohibits health benefit plan issuers from directly/indirectly charging/collecting a fee to cover costs from an enrollee/physician/health care provider in complying. Allows commissioner to adopt rules.	See HB 1342



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SB 895	Nelson	HB 1358 by Keffer	Relating to the Cancer Prevention and Research Institute.	<p>Amends Section 102.001(3) of the Health and Safety Code to change the definition of the "research and prevention programs committee" to mean the CPRIT Scientific Research and Prevention Programs committee appointed by the ED. Amends Section 102.151 of the Health and Safety Code to require the ED to appoint members of the scientific research and prevention programs committee, experts in the field of cancer research/prevention. Changes the heading of Subchapter D to: Committees. Amends Section 102.153 of the Health and Safety Code to state that members of the university advisory committee or any ad hoc advisory committee appointed serve.... Amends Subchapter D of Chapter 102 of the Health and Safety Code to state the Cancer Prevention and Research Institute of Texas University Advisory Committee is composed of: 1. 2 members appointed by governor representing private/independent higher ed institutions leading in cancer research; 2. 2 members appointed by UT chancellor to represent UT Southwestern/UTMB/UTHSC Houston/UTHSC San Antonio/UTHSC Tyler, or UTMD Anderson Cancer Center; 3. one member appointed by Texas A&M chancellor to represent Texas A&M HSC or teaching hospital for Texas A&M HSC College of Medicine; 4. one member appointed by chancellor of Texas Tech; 5. one member appointed by chancellor of U of H; 6. one member appointed by Texas State; and 7. one member appointed by chancellor of UNT. University advisory committee is to advise regarding role of institutions of higher education in cancer research. Allows Oversight Committee to create ad hoc committees as necessary of experts to advise. Requires member of research and prevention programs committee, university advisory committee, or ad hoc committee to disclose in writing to ED, interests in matter/substantial financial interest in entities with direct interests in matter. Requires member to recuse themselves from deliberations/action/committee decisions. Defines a substantial financial interest. Amends Section 102.203 of the Health and Safety Code to prohibit persons receiving money for cancer research to spend more than five% on indirect costs. Prohibits no more than 5% of money to be used for facility purchase/construction/remodel/renovation. Amends Section 102.251 of the Health and Safety Code. Requires oversight committee to issue rules regarding procedure for awarding grants including: 1. research and prevention committee is to review applications and make recommendations to ED regarding award of cancer research grants by prioritized list; and 2. Ed is required to submit to Oversight Committee list of applications prioritized which gives priority to listed items in section. Amends Section 102.252 of the Health and Safety Code to require the Oversight Committee to follow funding recommendations of the ED in the order submitted unless 2/3 vote overrides. Adds Section 102.262: Public Information to Chapter 102 of the Health and Safety Code. Provides that certain information is public and can be</p>	See HB 1358
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				disclosed: 1. applicant name and address; 2. amount of funding applied for; 3. type of cancer to be addressed; and 4. other information designated. Repeals Section 102.151(a) of the Health and Safety Code (Scientific Research and Prevention Programs Committee).	
SB 904	Williams		Relating to prescriptions issued for certain controlled substances.	Amends Section 481.074 of the Health and Safety Code to allow prescribing practitioners to issue multiple prescriptions authorizing patient to receive up to a 90-day supply of a Schedule II substance if: 1. each prescription is issued by practitioner for medical purpose; 2. practitioner provides written instructions on each prescription to be filled at a later date; 3. practitioner concludes manner of provision does not create undue risk of abuse; and 4. issuance complies with other laws. Requires prescription to note the earliest date can be filled. Amends Section 481.0761 of the Health and Safety Code to require DPS director to establish a procedure for issuance of multiple prescriptions of a Schedule II substance.	6-03-09 Sent to the Governor
SB 911	Williams	HB 4334 by Hamilton	Relating to the licensing and regulation of pain management clinics.	As Substituted and amended: Adds Chapter 167: Regulation of Pain Management Clinics to Title 3 of the Occupations Code. Defines a pain management clinic as a publicly/private owned facility in which majority of patients are issued monthly prescriptions for opioids/benzodiazepines/barbiturates/carisoprodol but not suboxone. Lists exemptions. Requires Texas Medical Board to adopt rules for pain management clinics. Allows Board to make inspections and investigate complaints. Establishes a certification/renewal procedure for pain management clinics. Establishes regulations for clinics including for those affiliated with clinics. Establishes disciplinary action for violations.	6-1-09 Sent to the Governor
SB 946	Deuell	HB 2030 by Zerwas	Relating to the Medicaid Drug Utilization Review Program and prescription drug use under the Medicaid program.	Adds Section 531.0691: Medicaid Drug Utilization Review Program: Drug Use Reviews and Annual Report to the Government Code. Defines Medicaid Drug Utilization Review Program as the program operated by vendor drug to improve quality of pharmaceutical care under Medicaid. Defines prospective drug use review as that of a patient's drug therapy/prescription drug order/medication order before dispensing/distributing. Defines retrospective drug use review as one of prescription drug claims data to identify patterns of prescribing. Requires HHSC to provide for an increase in #/type of retrospective drug use reviews performed each year under the Medicaid Drug Utilization Review Program in comparison to #/types of reviews performed in fiscal year 2009. Requires Commission to: 1. allow for repeat of retrospective drug use review addressing ongoing problems and that improved client outcomes/reduced Medicaid spending; 2. consider implementing disease-specific retrospective drug use reviews addressing ongoing therapy problems in TX and reduce Medicaid use expenditures in other states; and 3. regularly examine Medicaid claims data to identify potential therapy problems which could be addressed by repeating retrospective drug use reviews. Requires inclusion in annual reporting : detailed description of Medicaid Drug Utilization Review Program's	See HB 2030



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				activities and estimates of anticipated cost savings with use of prospective/retrospective drug use reviews. Cost savings estimates must include those attributable to electronic claims processing and clinical edits through prior authorizations. Annual report must be posted on HHSC website. Prohibits members of Medicaid Drug Utilization Review Board from having contractual relationship/ownership interest/conflict of interest with a pharmaceutical manufacturer/labeler. Requires HHSC to monitor and analyze prescription drug use and expenditure patterns in Medicaid program. Requires identifying therapeutic classes and individual drugs most often prescribed/greatest expense. Requires analysis to include number of claims, total cost of claims, and average cost paid per claim after prescription drug rebates. Information must be posted on HHSC website and updated quarterly.	
SB 1198	Van de Putte	HB 1233 by Menendez	Relating to the court-ordered administration of psychoactive medication to certain criminal defendants.	Amends Sections 574.106 and 574.107 of the Health and Safety Code to extend the ability of courts to authorize administration of psychoactive medications to patients in outpatient mental health services as well. Amends Articles 46B.086 of the Code of Criminal Procedure to make it applicable to patients confined in correctional facilities while awaiting transfer to inpatient/residential facilities or who has been released on bail to an outpatient treatment program.	See HB 1233
SB 1328	Nelson		Relating to a study on the feasibility of providing vaccines to first responders deployed to a disaster area.	Requires DSHS to conduct a feasibility study on providing vaccines to first responders who are deployed to disaster areas and their immediate family members. List of vaccines includes: Hep B, tetanus, and CDC recommended vaccines/biologicals. DSHS must assess vaccination status of first responders/their families; assess workplace immunization policies/insurance coverage; make recommendations on educating; assess current ability of DSHS with local health departments to provide vaccines to uninsured first responders; identify/recommend funding sources; and evaluate potential use and cost of providing other biologicals. Requires statewide wellness coordinator to assist DSHS in obtaining data. Reporting requirement.	5-29-09 Sent to the Governor
SB 1345	Watson	HB 1759 by Thompson	Relating to health benefit plan coverage for certain orally administered anticancer medications.	Adds Subchapter E: Coverage for Certain Orally Administered Anticancer Medications to Chapter 1369 of the Insurance Code. Requires health benefit plans providing coverage for chemotherapy treatment to provide coverage for prescribed, orally administered anticancer medication at same basis as covered IV administered/injected cancer medications.	04-15-09 S Committee action pending Senate State Affairs <u>*Amended onto SB 1143 as an interim</u>



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					<u>study to be conducted by TDI</u>
SB 1433	Watson	HB 2293 by Gattis	Relating to the delivery of prescription drugs for certain state health plans by mail order.	Adds Chapter 1560: Delivery of Prescription Drugs by Mail to Title 8 of the Insurance Code. Requires health benefit plan issuers providing pharmacy benefits to allow enrollees to obtain multi-month supply of drugs from community retail pharmacies. Requires plans to reimburse participating pharmacies using drug reimbursement rates based on current/nationally recognized benchmark index including average wholesale price/maximum allowable cost. Requires plans to use same benchmark index to reimburse all participating pharmacies. Health benefit plan issuers contracting with 3rd party administrators/PBMS are required make entity: 1. annually report electronically actual acquisition costs of all drugs purchased and ID of source/type/amount of all rebates/fees/monetary benefits received from drug manufacturers, and 2. by 30th day after entity receives rebate/fees/monetary benefit from a drug manufacturer to reimburse/credit issuer an equal amount. Allows PBM to designate as confidential any information required to disclose above. Confidential information may not be disclosed unless by court order, filing, or to TDI/AG as per an investigation. Requires TDI to investigate complaints and issue written determination. Can impose administrative penalties.	03-17-09 S Introduced and referred to committee on Senate State Affairs <u>*Portions amended onto SB 704</u>
SB 1536	Uresti	HB 3719 by Susan King	Relating to preferred drug lists, including confidentiality, supplemental rebate, prior authorization, and publication requirements.	As Substituted: Amends Section 531.071 of the Government Code to state drug name is confidential. Establishes that information about whether a supplemental rebate was or was not reached is not confidential. Amends Section 531.072 to state the PDL can contain: 1. drug provided by manufacturer/labeler that has not reached a supplemental rebate if it will not have a negative cost impact or 2. a drug by a manufacturer/labeler reaching an agreement to provide program benefits in lieu of supplemental rebates. Requires consideration to include all strengths/dosage forms of drug, and requires HHSC to consider including multiple methods of delivery within each class. Amends Section 531.073 of the Government Code to require HHSC to ensure PAs can be submitted by phone/fax/internet. Requires HHSC to implement an automated process to find out if additional PA is necessary. Amends Section 531.074 to require P&T Committee to meet in public and take public comment, make minutes available to public, and meet in executive session to discuss confidential information. Requires HHSC to require presentation of a summary of efficacy/safety information on drug under consideration for PDL on the web prior to the public meeting. Requires public disclosure immediately after committee finishes deliberating, each drug recommended for or against the PDL and post it on the website. Public disclosure must include general basis for recommendation for each class and whether a supplemental rebate agreement/program benefit was reached. Requires HHSC to	05-05-09 S Reported from committee as substituted Senate Health and Human Services <u>*Amended on to HB 2030 which passed</u>



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				publish on website: 1. list of drugs reviewed and decision for/against; whether a supplemental rebate/program benefit agreement was reached/ and rationale for departure from recommendation of P&T Committee.	
SB 1645	Van de Putte	HB 2832 by Hopson	Relating to reimbursement under the Medicaid vendor drug program for pharmacy care management services provided in connection with specialty pharmacy products.	As Finally Passed: Defines pharmacy care management services as those to patients receiving treatment/therapy through a specialty pharmacy drug/therapy including: caregiver/provider contact and education and counseling related to drug indications; patient compliance services; and tracking services. Requires HHSC to study the feasibility of establishing separate reimbursement rates under the Medicaid vendor drug program for pharmacies providing pharmacy care management services to patients administered specialty pharmacy drugs. HHSC is required to consult with CMMS and seek info from specialty pharmacy providers. Amends Section 431.401 of the Health and Safety Code to redefine "normal distribution channel" to include from the manufacturer to the co-licensed product partner/third-party logistics provider/manufacturer's exclusive distributor to an authorized distributor of record to a wholesale distributor to another person authorized by law to administer drug to a patient. Exempts from wholesale distributor provisions: state agencies/political subdivisions distributing prescription drugs to nonprofit health care facilities/local MHMR authorities using federal funds. Allows HHSC commissioner to exempt by rule specific purchases of prescription drugs if would result in a substantial cost to the state.	6-03-09 Sent to the Governor
SB 1757	Watson	HB 3753 by Donna Howard	Relating to a study by the Texas Commission on Environmental Quality of the methods for safely handling and disposing of certain medical waste.	As Substituted: Requires TCEQ to study and make recommendations regarding methods used by consumers, health care providers for disposing of unused pharmaceuticals. TCEQ must consider: 1. methods currently used; 2. alternative methods including in other states; and 3. effects on public health and the environment of various methods. Requires commission to solicit input from: HHSC, DPS, pharmaceutical manufacturers, pharmacies, health care providers, hospitals, clinics, LTC facilities, medical waste processing and handling, solid waste management service providers, local governments, ranchers and farmers, end users of meds, water utilities and other water suppliers USPS, US EPA, etc. Reporting December 1, 2010 including recommendations. Report must include recommendations regarding methods to be used and an analysis of feasibility of implementing methods statewide.	6-03-09 Sent to the Governor
SB 1768	Watson	HB 1218 by Donna Howard	Relating to a pilot project to exchange secure electronic information between the Health and Human Services Commission	Adds Section 531.02416: Electronic Health Information Exchange Pilot Project to the Government Code. Requires HHSC to establish a pilot project in at least one urban area to determine feasibility/costs/benefits of exchanging secure electronic health info between HHSC and local/regional health exchanges. Project must include at least two local/regional health info exchanges. Local/regional health info exchanges must have a secure functioning health info database exchanging information between hospitals/clinics/physicians' offices/other health	See HB 1218



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			and local or regional health information exchanges.	care providers which are not owned by single entities/included in single operational unit/network. Information must include health information for patients receiving state/federal health services. Requires HHSC to: 1. establish specific written guidelines, and 2. ensure compliance with all state/federal laws/rules related to the transmission of health information. HHSC and the participating exchanges are required at a minimum to exchange patient medication history under pilot project. HHSC must begin implementing by the 60th day after the effective date of act. By December 1, 2010, HHSC must: 1. assess benefits to state/patients/health care providers of exchanging secure health information with local/regional exchanges; 2. include an ROI analysis; and 3. report findings to the Senate and House standing committees with jurisdiction. Requires agency to request waivers if necessary.	
SB 2200	Duncan	HB 4290 by Smithee	Relating to retrospective utilization review and utilization review to determine the experimental or investigational nature of a health care service.	Amends Section 1305 (Workers' Compensation Health Care Networks) of the Insurance Code to redefine an adverse determination. Adds experimental or investigational nature to the definition of an independent review. Eliminates retrospective review throughout section. Amends Section 4201 (Utilization Review and Independent Review) of the Insurance Code to add experimental or investigational to the definition of adverse determination. Redefines utilization review to include retrospective review and systems for prospective/concurrent/retrospective review determining experimental or investigational nature of services. Requires utilization review agents to comply with independent review organization determination regarding experimental/investigational nature of services. Amends the Labor Code (General Provisions under Workers' Compensation) to redefine retrospective review as the utilization review process of medical necessity and reasonableness of care provided to injured employee. Amends Section 408 (Workers' Compensation Benefits) of the Labor Code to eliminate retrospective review. Repealer language.	See HB 4290
SB 2339	Shapiro	HB 4341 by Truitt	Relating to the regulation of discount health care programs by the Texas Department of Insurance.	As Substituted: Adds Chapter 562: Unfair Methods of Competition and Unfair or Deceptive Acts or Practices Regarding Discount Health Care Programs to Title 5 of the Insurance Code. Purpose is to regulate trade practices in business of discount health care programs. Defines: discount health care program, discount health care program operator, health care services (which includes medical equipment and supplies and prescription drugs), knowingly, marketer, member, person, program operator, and provider. Requires actions to be brought in Travis County District court if involving TDI or commissioner. Requires liberal construction of chapter. Establishes it is an unfair method of competition/act/practice to: 1. knowingly misrepresent price range; 2. knowingly misrepresent size/location of network; 3. knowingly misrepresent participation of provider; 4. suggest a discount card is a federally approved Medicare prescription discount card; 5. use the term insurance; or 6. use specified other terms.	See HB 4341



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				<p>It is an unfair method of competition/act/practice to make/publish marketing materials containing untrue/deceptive/misleading statements regarding discount health care program. Establishes applicable materials. Establishes unfair method of competition/acts/practices to fail to register or file false statements with application/registration. Prohibits discount health care programs from advertising with statement "approved by TDI". Requires program operators to: 1. provide a toll-free number/website for members; and 2. remove a provider from discount health care program with 30 days of learning provider is no longer participating. Requires program operators to issue at least one membership card: 1. containing statement that is not insurance; and 2. requires specific items for discount prescription drug benefits. Requires operator to issue disclosure materials to each member. Requires operator to refund members who cancel memberships within 30 days. Requires program operators to be bonded, have an agent in TX, and establish a complaint procedure. Allows operators to market directly or contract for marketing and establishes guidelines. Establishes requirements for contracts with providers offering discount health care services. TDI is allowed to examine and investigate discount health care programs. Establishes a hearing procedure. Allows TDI to issue cease and desist orders. Establishes administrative penalties for violations of cease and desist orders. Establishes civil penalties for violating cease and desist orders. AG can bring action for injunctive relief. Amends the Insurance Code by adding Title 21: Discount Health Care Programs. Chapter 7001 Defines: discount health care program as business arrangement or contract in which an entity in exchange for fees/dues/charges/consideration offers access to discounts on health care services from health care providers. Defines discount health care program operator. Defines health care services as physician services, surgical services, medical equipment and supplies, along with other services. Defines marketer, member, program operator, and provider. TDI Commissioner adopts rules to implement. Requires registration of discount health care program operators with TDI. Establishes application for registration process. Establishes an initial registration fee of \$1000 with annual renewal of \$500. Repeals Chapter 76 of the Health and Safety Code.</p>	
SB 2423	Deuell	HB 2581 by Gonzalez Tourelles	Relating to the definitions of a discount health care program and a discount health care program operator.	<p>As Finally Passed: Caption is changed to: relating to transfer or sale of patient information or prescription drug history by discount health care programs. Amends Section 76.001 of the Health and Safety Code to include in the definition of a "discount health care program", businesses contracting with an entity that in exchange for consideration (including patient information or patient prescription drug history provided by members) if the entity engages in transfer/sale of patient information/drug history or drug manufacturer rebates. Includes above language in the definition of a "discount health care program operator" as well. Amends</p>	6-3-09 Sent to the Governor



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				Section 76.053 of the Health and Safety Code to state that if a program operator transfers/sells member's patient information/prescription drug history, the operator is required to disclose to each prospective member practice of transfer/selling. Requires a marketer to use disclosure materials complying with section. Adds Chapter 7002: Supplemental Provisions Relating to Discount Health Care Operators to Title 21 of the Insurance Code. States that consideration provided to discount health care program/operator includes patient information or patient prescription drug history if the entity engages in transfer/sale of information, patient prescription drug history or drug manufacturer rebates. Requires discount health care program operators to disclose practices regarding sale/transfer of patient information/prescription drug history to members. Violations are enforced in the same manner as violations of Chapter 562 or 7001. Sections 1 and 2 making changes in Health and Safety Code will take effect only if HB 4341 or SB 2339 are not enacted. Section 3 only takes effect if HB 4341 and SB 2339 become law. HB 4341 did pass.	
HB 44	Corte		Relating to disclosing information to persons obtaining emergency contraception	Adds Chapter 172: Emergency Contraception to the Health and Safety Code. Defines "emergency contraception". States that before dispensing, pharmacists have a duty to inform (both orally in written) recipients that the emergency contraception may prevent the fertilization of an egg or the implantation of a fertilized egg in the uterus. Requires signage, proof of identification/age, and recipient signature. Requires record keeping.	2/12/09 Referred to House Public Health
HB 96	Fred Brown		Relating to compounded prescription drugs dispensed by a pharmacist.	Adds Section 562.156: Compounded Prescription Drugs to the Occupations Code. Allows practitioners to check a box labeled "compounded prescription drug authorized" on a written prescription drug order to authorize dispensation of a compounded prescription drug meeting the requirements of 21 U.S.C. Section 533a of federal law. Allows a pharmacist with a history of receiving compounded prescription drug orders for a patient the pharmacist has an established relationship with to dispense limited quantities of a compounded prescription drug before receipt of a practitioner's prescription drug order. Prohibits the amount charged for a compounded prescription drug from exceeding the amount charged for the prescription brand drug it is substituted for.	2/12/09 Referred to House Public Health



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HB 97	Fred Brown		Relating to the membership and operation of the State Board of Pharmacy	Amends Sections 552.004, 552.013, and 553.005 to prohibit persons who are involved in state/federal government entities regulating drugs/medical devices from serving on the State Board of Pharmacy. Amends Section 555.0015 to prohibit disclosure of license holder information to state/federal government without a subpoena/warrant/court order. Adds Section 556.057 requiring the TSBP to develop/implement an inspection schedule of license holders.	02-27-09 H Meeting cancelled for 03/03/09 House Public Health
HB 344	Leibowitz		Relating to reimbursement under the state Medicaid program for health care services associated with certain adverse events.	<p>Adds Section 32.0312: Reimbursement Prohibited for Services Associated with Preventable Adverse Events to Chapter 32 (Medical Assistance Program) of the Human Resources Code. Defines "serious disability" and "serious injury".</p> <p>Prohibits DSHS from providing reimbursement under medical assistance program to a health care provider for a health care services provided in association with a preventable adverse event, including services provided as a result of or to correct consequences of a preventable adverse event.</p> <p>Defines a preventable adverse event for medical assistance recipients as: surgery on the wrong body part, surgery on the wrong person, wrong surgical procedure performed, unintended retention of a foreign object in a person after surgery/procedure, death during/immediately after surgery if person is normal/healthy, death/disability caused by the use of a contaminated drug/device/biologic if contamination is the result of a generally detectable contaminant in drugs/devices/biologics regardless of source of contamination, death/disability caused by the use/function of a device other than for what it is intended, death/disability caused by intravascular air embolism, infant discharged to wrong person, death/disability associated with disappearance over four hours, suicide/attempted resulting in disability while receiving care in a health care facility, death/disability caused by medication error including administration of wrong drug/dose/patient/time/rate/preparation, death/disability caused by hemolytic reaction, death/disability caused by labor/delivery in a low-risk pregnancy, death/disability from hypoglycemia, death/disability from failure to treat hyperbilirubinemia in a neonate, stage 3/4 pressure ulcers acquired after admission, death/disability from spinal manipulative therapy, death/disability caused by electric shock, oxygen line mistakes, burns, falls, restraint use, care by persons impersonating a physician/nurse/etc, abduction from health care facility, sexual assault while in a health care facility, physical assault while in a health care facility, and AI</p>	02-26-09 H Re-referred to Committee on House Public Health



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				with wrong donor sperm/egg. Refusal to reimburse does not itself create civil liability and is not subject to discovery/admissible in civil actions against the provider.	
HB 506	Donna Howard	SB 424 by Van de Putte	Relating to the establishment and implementation of a school-based influenza vaccination pilot program.	Requires DSHS and TEA to jointly implement for the 09-10 school year a school-based influenza vaccination pilot program using both killed and live attenuated vaccines in: 1. a school district with a student population of 50,000 or more at least 85% economically disadvantaged in a home-rule municipality of more than 1.1 million; 2. a school district with a student population less than 5% economically disadvantaged in a municipality between 600,000 and 1 million; and 3. two school districts selected by the Texas Immunization Stakeholder Working Group including 1 at least 90% economically disadvantaged in a county of 50,000 or less and 1 at least 90% economically disadvantaged located in a county on the border. Requires the Working Group to establish a subcommittee of: TPS, TAFP, each school district participating in pilot program, state Medicaid medical director, and each local health department in the area of participation. Requires data collection and reporting to Lege of: costs/benefits of implementation, barriers to implementation, fiscal impact of implementing a statewide school-based influenza vaccination program, and an analysis of program's impact on private practice physicians who administer influenza vaccination in state.	02-18-09 H Introduced and referred to committee on House Public Health
HB 696	Orr		Relating to a physician's authority to delegate prescribing acts to advanced practice nurses or physician assistants.	Amends Chapter 157 of the Occupations Code: Authority of a Physician to Delegate Certain Medical Acts. Amends Section 157.0511 to allow physicians to provide advance practice nurses/PAs authority to prescribe/order a dangerous/controlled substance including authority to sign order. Amends Section 157.052 to allow physicians to enter into prescriptive authority agreements with advance practice nurses/PAs which: 1. identify both parties area of practice/specialty; 2. describes limitations on authority to prescribe; 3. establish a quality evaluation/improvement plan; and 4. specify process to ensure collaboration between entities. Prohibits physicians from entering into more than 8 prescriptive authority agreements with 8 APN/PAs unless deemed safe based on skills/expertise and population type/improvement of	04-14-09 H Committee action pending House Public Health



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				<p>access to care. Requires coordination with Texas Board of Nursing. Amends Section 157.055: Orders and Prescriptive Authority Agreements to not require agreements to state the specific drugs/medical devices/types of drugs that may or may not be prescribed. Prescriptive authority agreements are considered protocols. Physicians not held liable for APN/PA solely because signed a prescriptive authority agreement. Repealer language.</p>	
HB 850	Eissler		<p>Relating to repeal on a periodic basis of the provisions of Titles 1 and 2 of the Education Code to provide for legislative review of the primary state statutes governing public education.</p>	<p>Contains repealer language.</p> <p>Effective Sept. 1, 2011: Chapters 1 (General Provisions), 4 (Public Education Mission, Objectives, and Goals), 5 (Definitions), 7 (State Organization), 8 (Regional Education Service Centers), 11 (School Districts), 13 (Creation, Consolidation, and Abolition of a District) and 30 (State and Regional Programs and Services) of the Education Code.</p> <p>Effective Sept. 1, 2013: Chapters 34 (Transportation), 41 (Equalized Wealth Level), 42 (Foundation School Program), 43 (Permanent School Fund), 44 (Fiscal Management), 45 (School District Funds), and 46 (Assistance with Instructional Facilities and Payment of Existing Debt) of the Education Code.</p> <p>Effective Sept. 1, 2015: Chapters 12 (Charters), 21 (Educators), and 22 (School District Employees and Volunteers) of the Education Code.</p> <p>Effective Sept. 1, 2017: Chapters 18 (Job Corps Diploma Programs), 19 (Schools in the Texas Department of Criminal Justice), 25 (Admission, Transfer, and Attendance), 26 (Parental Rights and Responsibilities), 28 (Courses of Study; Advancement), 29 (Educational Programs), 30A (State Virtual School Network), 31 (Textbooks), 32 (Computers and Computer-Related Equipment), 33 (Service Programs and Extracurricular Activities), 37 (Discipline: Law and Order), and 38 (Health and Safety) of the Education Code.</p> <p>Effective Sept. 1, 2019: Chapter 39 (Public School System Accountability) of the Education</p>	<p>03-10-09 H Committee action pending House Public Education</p>



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				Code. NOTE: Chapter 38 contains the immunization requirements for public school children. Chapter 25 contains provisions requiring parents to provide proof of immunizations. Purpose is to allow legislature to review each provision and determine what should remain and what should be repealed.	
HB 851	Eissler		Relating to Legislative Budget Board review of and reports to certain state officials concerning the primary state statutes governing public education.	Requires LBB Review of Title 1 and Title 2 of the Education Code on a 10 year cycle and submit a written report to the Governor, Lt Governor, Speaker, and Chair of each standing committee with recommendations on each provision to be eliminated or amended as well as a brief explanation of the recommendation. Chapters 1, 4, 5, 7, 8, 11, 13, and 30 to be reviewed by December 1, 2010. Chapters 34, 41, 42, 43, 44, 45, and 46 to be reviewed by December 1, 2012. Chapters 12, 21, and 22 to be reviewed by December 1, 2014. Chapters 18, 19, 25, 26, 28, 29, 30A, 31, 32, 33, 37, and 38 to be reviewed by December 1, 2016. Chapter 39 to be reviewed by December 1, 2018. NOTE: Chapter 38 contains the immunization requirements for public school children. Chapter 25 contains provisions requiring parents to provide proof of immunizations.	03-10-09 H Committee action pending House Public Education
HB 991	Alvarado		Relating to disclosure by a pharmacy of a list of prescription drug retail prices.	Adds Subchapter F: Drug Retail Price Disclosure to Chapter 562 of the Occupations Code. Requires TBP to annually compile list of 150 most frequently dispensed prescription drugs with usual doses and provide in print and electronically to pharmacies. Requires pharmacies to compile retail price lists with: names of prescription drugs on TBP list; retail price for each drug at listed dosage; date of most recent update/ and availability and price of generically equivalent drug. Requires updating list quarterly by pharmacies. Pharmacies must post notice of list and provide to consumers upon request.	02-23-09 H Introduced and referred to committee on House Public Health
HB 1107	Christian		Relating to licensing of advanced practice registered nurses and the authority of those nurses to prescribe and order prescription	Adds Subchapter N: Advanced Practice Registered Nurses to Chapter 301 of the Occupations Code. Defines scope of practice for advanced practice registered nursing: 1. knowledge/skills in basic nursing education, 2. licensure as a registered nurse, 3. completion of graduate-level accredited APRN program, 4. certification by national certifying body, and 5. nursing care provided in an area with at least one targeted population group.	04-14-09 H Committee action pending House Public Health



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			drugs.	<p>APRN practice is an expanded scope of nursing practice as approved by board with targeted population.</p> <p>Scope of practice includes: assessment, diagnosing, prescribing, and ordering.</p> <p>APRN may serve as primary provider of record.</p> <p>Subchapter does not limit/modify scope of practice.</p> <p>Requires licensure to practice APR nursing.</p> <p>Licensed APRNs may: 1. diagnose, prescribe, and institute therapy/referrals, and 2. plan/initiate a therapeutic regimen including ordering/prescribing medical devices and equipment/diagnostic and supporting services.</p> <p>Allows Board to grant prescribing/ordering authority.</p> <p>Adds Section 301.0021 to the Occupations Code to provide a definition of an advanced practice registered nurse.</p> <p>Alters the heading of subchapter B: Delegation to Advanced Practice Nurses and Physician Assistants of Chapter 157 of the Occupations Code to delete Advanced Practice Nurses and makes conforming amendments to Section 157 of the Occupations Code removing APNs.</p> <p>Conforming language to Sections 301, 551, and 563 of the Occupations Code; Sections 481 and 483 of the Health and Safety Code; and Sections 843 and 1301 of the Insurance Code to include Advanced Practice Registered Nurses and their prescribing authority.</p> <p>Repeals: Sections 157.051(1) , 157.052(a)(3), 157.058, and 157.059 of the Occupations Code.</p>	
HB 1192	Hancock		Relating to a pilot project in certain school districts exempting those districts from state requirements, restrictions, and prohibitions.	<p>Adds Section 11.004: Deregulation Pilot Program to Chapter 11 of the Education Code.</p> <p>Requires TEA Commissioner to establish a pilot program to exempt participating school districts from any requirement/restriction/prohibition imposed by the Education Code/SBOE/Commissioner except for: 1. federal requirements and requirements for special/bilingual education; 2. requirements/restrictions/prohibitions necessary to meet federal entitlement eligibility standards; 3. requirements/restrictions/prohibitions on public school accountability; or 4. prohibitions on criminal conduct. NOTE: This would exempt these school districts from immunization requirements. Pilot is to be comprised of applicants chosen from following: 1. 2 districts with small student enrollment, 2. 2 districts with mid-size student enrollments, and 3. 2 districts with large student enrollment.</p>	02-26-09 H Introduced and referred to committee on House Public Education
HB 1577	Isett		Relating to the pricing of certain health care	<p>Adds Chapter 254: Patient Access to Pricing Information to the Health and Safety Code.</p> <p>Defines facility as one subject to licensing where a health care practitioner practices. Includes</p>	03-02-09 H Introduced



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			goods and services and to the compensation of certain health insurance agents.	abortion and end stage renal disease facilities but excludes facilities subject to Chapter 324: ambulatory surgical centers, birthing centers, and hospitals. Each facility is required to compile a list of prices charged for each product/service. Must provide copy of list to any requesting patient. Requires facility to provide to patients upon request an itemized billing statement. Requires facilities to refund overpayment by 30 days. Amends Chapter 550 of the Insurance Code to prohibit insurers/affiliates from paying insurance agents compensation for transactions violating disclosure requirements. Amends Chapter 552 of the Insurance Code to state subchapter is not applicable to a patient for which a provider accepts service from Medicaid/Medicare/other federal, state, or local government-sponsored program. Adds Subchapter B: Discounts to Chapter 552 of the Insurance Code to define a health care provider as a licensed individual to practice medicine/pharmacy/chiropractic/nursing/physical/therapy/etc. Subchapter only applies to facilities subject to Chapter 254 (above) or 324 and a health care provider. Allows facilities/health care providers to give discounts to individuals if it is applied to portion of the bill that is the patient's responsibility after facility receives payment from third party payor. Adds Subchapter C: Availability of Pricing Information to require each health care practitioner to compile a list of prices charged for each product/service and provide copy to requesting patients. Requires posting notice of availability of price listing and requires itemized billing.	and referred to committee on House Public Health
HB 1696	Isett		Relating to the regulation of pharmacy benefit managers and to payment of claims to pharmacies and pharmacists.	As Substituted: Adds Chapter 4154: Pharmacy Benefit Managers to Title 13 of the Insurance Code. Defines: covered entity, covered individual, pharmacy benefit management, and pharmacy benefit manager. Subchapter B: Regulation of Pharmacy Benefit Managers Applies to each PBM providing claims processing and/or prescription drug/device services to covered individuals who are residents of TX. Requires PBMs to have a certificate as a third-party administrator. Requires PBMs to notify covered entities of conflicts of interest. PBMS are prohibited from contacting covered entities outside of contract provisions without permission. Allows PBM to substitute lower priced generic and therapeutically equivalent drugs for higher priced prescribed drug or request a therapeutic interchange only as provided. PBM must disclose following information and obtain approval from prescriber before requesting therapeutic interchange: 1. Difference in copayments to covered individuals; 2. Whether drug originally prescribed has a generic equivalent and drug proposed for substitution does not; and 3. Any known clinically significant differences between prescribed drug and proposed substitute including side effects. If the net cost to individual of substituted drug exceeds prescribed drug, substitution can only be made for medical reasons. Prohibits PBMs from substituting equivalent drugs if prescription order prohibits. PBM must notify covered	05-14-09 H Set on the House Calendar



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				<p>individual if therapeutic interchange is approved. PBMs prohibited from requiring pharmacy network providers to comply with recordkeeping more stringent than required by state or federal law. Requires notice by PBM to pharmacy network providers of termination of covered entity's contracts. Requires PBM to adjust payment to network provider by 3 days after price increase notice from manufacturer/supplier. Amends Section 843.002 of the Insurance Code to define: extrapolation as math process/technique used by HMOs or PBMs in the audit of pharmacy/pharmacist to estimate results for larger group of claims not reviewed. Amends Section 843.339 of the Insurance Code to require PBMs administering claims for HMOs as well as HMOs to pay claims by electronic funds by 14th day. Requires them to pay claims not electronically submitted by 21st day. Amends Section 843.340 of the Insurance Code to prohibit HMOs/PBMs from using extrapolation to complete pharmacist/pharmacy audits. Requires reasonable notice of on-site audits in writing at least 15 days prior. Amends Section 843.344 of the Insurance Code (Applicability of Subchapter to Entities Contracting with Health Maintenance Organization) to include pharmacy benefit managers. Amends Chapter 843 of the Insurance Code to establish a claim payment/complaint procedure through TDI for pharmacists/pharmacies. Requires SOAH to conduct hearings by request of TDI on contested cases. Amends Section 1301.001 of the Insurance Code to include pharmacy and pharmacists in the definition of health care provider and to define: extrapolation as math process/technique used by insurers or PBMs in the audit of pharmacy/pharmacist to estimate results for larger group of claims not reviewed. Amends Section 1301.104 of the Insurance Code to require PBMs administering claims for preferred provider insurers to pay claims by electronic funds by 14th day. Requires them to pay claims not electronically submitted by 21st day. Amends Section 1301.105 of the Insurance Code to prohibit insurers/PBMs from using extrapolation to complete pharmacist/pharmacy audits. Requires reasonable notice of on-site audits in writing at least 15 days prior. Amends Section 1301.109 of the Insurance Code (Applicability of Subchapter to Entities Contracting with Insurer) to include pharmacy benefit managers.</p>	
HB 1700	Laubenberg		Relating to the use of funds awarded by the Cancer Prevention and Research Institute of Texas.	Amends Section 102.203 of the Health and Safety Code to add a statement that money awarded under by the Cancer Prevention and Research Institute of Texas is prohibited from being used for embryonic or fetal stem cell research. Doesn't prevent money from being awarded for adult stem cell research or umbilical cord stem cells.	03-03-09 H Introduced and referred to committee on House Public Health
HB 1828	Donna Howard	SB 1251 by Zaffirini	Relating to information submitted	Amends Section 161.0001 of the Health and Safety Code to define individual's legally authorized representative. Amends Section 161.007 of the Health and Safety Code to eliminate	03-04-09 H Introduced



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			to, maintained in, and released from the immunization registry.	the provision requiring the repository be of childhood communicable diseases, opens it up to adult as well. Requires HHSC Commissioner to inform individual/representative that registry information may be released in event of disaster/emergency; require written consent of individual/representative before information can be disclosed except in emergencies; and allow DSHS to retain information until a person's death. Requires HHSC Commissioner to develop procedures for gaining consent of individuals over 18. Prohibits disclosure of information until consent is verified except during disasters/emergencies. Allows providers administering immunizations to those over 18 to submit information. Amends Section 161.00705 of the Health and Safety Code to allow DSHS to include on the registry immunization records provided to those in this state or in another state. Allows acceptance of immunization information from a health authority in another state for inclusion on the registry. Allows disclosure of immunization registry information to health authorities/local health authorities of other states. Amends Section 161.008 to allow DSHS to release immunization data additionally to entities necessary to verify immunization required for admittance into professional school/health care certification/US armed forces enlistment.	and referred to committee on House Public Health
HB 1994	McCall	SB 889 by Nelson	Relating to a dedication under the franchise tax for physicians who administer vaccines.	As Substituted: Amends Section 171.1011 of the Tax Code to define vaccine and to allow taxable entities to exclude from their total revenue the actual cost paid for vaccines administered by a physician or person directed by a physician.	05-14-09 H Set on the House Calendar
HB 2028	Zerwas	SB 2346 by Hinojosa, SB 2427 by Deuell	Relating to delegation by a physician of certain cosmetic and dermatological medical treatments.	AS Substituted: Amends Chapter 157 of the Occupations Code to allow physicians to delegate to qualified/trained PAs, APNs, or other properly trained individuals: administration of botulinum toxin injections; dermal fillers; or cosmetic/aesthetic medical treatments. Administration must be compliant with laws relating to practice of medicine and state/federal laws on administration of medical treatment.	05-14-09 H Set on the House Calendar
HB 2183	Zerwas		Relating to the regulation of independent freestanding emergency medical care facilities and urgent care clinics.	Adds Chapter 254: Independent Freestanding Emergency Medical Care and Urgent Care Facilities to the Health and Safety Code. Requires licensing to operate. Lists exceptions for licensure. Requires HHSC to adopt rules for implementation and rules to address specific standards at each facility including: provision of lab and radiological services, distribution/administration of drugs and controlled substances, and contents/release of medical records. Establishes a complaint process as well as a process for denial/suspension/revocation of license. Creates civil and criminal penalties and allows DSHS to collect administrative	03-31-09 H Committee action pending House Public Health



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				fees/penalties. Requires insurance companies to cover medically necessary services provided by licensed independent freestanding emergency care facilities.	
HB 2220	Farrar		Relating to the authority of the executive commissioner of the Health and Human Services Commission to require immunization against human papillomavirus for a person's admission to elementary or secondary school.	Amends Section 38.001 of the Education Code to allow the HHSC executive commissioner by rule for DSHS to modify/delete immunization requirements for admission to school. Repealer language.	03-09-09 H Introduced and referred to committee on House Public Health
HB 2250	Hunter	SB 1106 by Van de Putte	Relating to payment of claims to pharmacies and pharmacists.	Amends Section 843.002 of the Insurance Code to define "extrapolation" as math process used by HMO/PBM in auditing a pharmacy/pharmacist which estimates audit results for a larger batch of unreviewed claims. Amends Section 843.339 of the Insurance Code to add a PBM administering pharmacy claims for an HMO as well as an HMO must pay claims through electronic funds by 14th day. HMO/PBM adjudicating claims not electronically submitted are required to pay claim by 21st day. Amends Section 843.340 of the Insurance Code to prohibit HMOs/PBMs from using extrapolation to complete audits of pharmacy/pharmacist. Requires written notice 15 days prior to on-site audit. Amends Section 843.344 of the Insurance Code to apply subchapter to PBMs as well. Amends Subchapter J of the Insurance code to establish a process to resolve disputes regarding pharmacy claims. Allows providers to submit complaints, TDI to investigate, and Commissioner to enter a written order which is final unless a hearing is requested. Allows for hearings by SOAH. Amends Section 1301.001 of the Insurance Code to define extrapolation. Amends 1301.104 of the Insurance Code to add that a PBM administering pharmacy claims for an preferred provider insurer as well as an insurer must pay claims through electronic funds by 14th day. Insurer/PBM adjudicating claims not electronically submitted are required to pay claim by 21st day. Amends Section 1301.105 of	05-14-09 H Set on the House Calendar



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				the Insurance Code to prohibit insurers/PBMs from using extrapolation to complete audits of pharmacy/pharmacist. Requires written notice 15 days prior to on-site audit. Amends Section 1301.109 of the Insurance Code to apply subchapter to PBMs as well. Amends Subchapter C-1, Chapter 1301 of the Insurance code to establish a process to resolve disputes regarding pharmacy claims. Allows providers to submit complaints, TDI to investigate, and Commissioner to enter a written order which is final unless a hearing is requested. Allows for hearings by SOAH.	
HB 2700	McClendon		Relating to the establishment of an electronic system for monitoring controlled substances and for submitting prescription drug orders.	Amends Title 3 of the Occupations Code by adding Chapter 570: Electronic System for Monitoring Controlled Substances and for Submitting Prescription Drug Orders. Gives TBP rule-making authority to administer. Prohibits requiring practitioners/pharmacists to pay fee dedicated to operating system. Requires TBP to establish an electronic system to track controlled substance prescriptions, monitor dispensed controlled substances, allow practitioners to generate/transmit prescriptions to pharmacy for dispensing, allow practitioner real-time internet access to data for prescribing, and alert board/law enforcement agency of inappropriate activity. Requires pharmacy/ist to report for each dispensed controlled substance: patient identifier, name of drug, date dispensed, quantity dispensed, practitioner, name/address of pharmacy/ist, and any other required info. Exempts reporting for drugs administered directly to patients and drugs dispensed by practitioner at a licensed health care facility. Disclosure of information allowed to: TBP representative, peace officer, Medicaid program, grand jury, practitioner/pharmacist upon request, TMB, TBN, or a judge.	03-17-09 H Introduced and referred to committee on House Public Health
HB 2723	Yvonne Davis		Relating to pharmacy networks for health benefit plans for certain governmental employees.	Amends Chapters 1551, 1575, 1579, and 1601 of the Insurance Code to allow prescription drugs to be provided by a limited number of pharmacy providers contracting through a pharmacy network in order to achieve cost savings and economies of scale.	03-17-09 H Introduced and referred to committee on House Insurance
HB 3099	Leibowitz		Relating to the reporting of preventable adverse events and the establishment of a patient safety program in hospitals and ambulatory surgical	Amends Chapter 241 of the Health and Safety Code to add Subchapter H: Patient Safety Program. Defines serious disability. Requires department to develop a patient safety program for hospitals, grouping them by size for reporting requirements. Requires annual report for hospitals in counties with population greater than 350,000. Requires hospitals to report # of certain occurrences when renewing license. Requires hospitals by 45th day after a preventable adverse event occurs, to conduct a root cause analysis and develop a strategic plan to reduce reoccurrence. All information is confidential. Requires Department to compile an annual summary of reported preventable adverse events and make available to public. Requires	03-18-09 H Introduced and referred to committee on House Public Health



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			centers; providing an administrative penalty.	hospital to submit a report of best practices/safety measures. Requires DSHS to evaluate patient safety program and make recommendations to Legislature. Adds Subchapter B: Patient Safety Program to Chapter 243 of the Health and Safety Code. Requires Department to create a patient safety program for ambulatory surgical centers. Requires annual reporting for ambulatory surgical centers in counties with population greater than 350,000. Requires ambulatory surgical centers to report # of certain occurrences when renewing license. Requires ambulatory surgical centers by 45th day after a preventable adverse event occurs, to conduct a root cause analysis and develop a strategic plan to reduce recurrence. All information is confidential. Requires Department to compile an annual summary of reported preventable adverse events and make available to public. Requires ambulatory surgical centers to submit a report of best practices/safety measures. Requires DSHS to evaluate patient safety program and make recommendations to Legislature.	
HB 3100	Leibowitz		Relating to billing for certain adverse events that occur during the provision of health care services.	Adds Chapter 183: Prohibited Billing Practices to Title 2 of the Health and Safety Code. Lists preventable adverse events as: 1. unintended retention of a foreign object after surgery; 2. death/disability caused by air embolism; 3. death/disability cause by hemolytic reaction; 4. stage 3/4 pressure ulcers; 5. death/disability caused by electric shock; 6. death/disability caused by burn; 7. death/disability caused by fall; 8. death/disability related to poor glycemic control; 9. death/disability caused by UTI; 10. death/disability caused by vascular catheter infection; 11. death/disability from surgical site infection; and 12. death/disability from pulmonary embolism/deep vein thrombosis. Prohibits providers from presenting bill/invoice which includes costs for a preventable adverse event. Violations subject to disciplinary action.	03-18-09 H Introduced and referred to committee on House Public Health
HB 3101	Leibowitz		Relating to the deceptive trade practice of charging for certain preventable adverse health care events.	Amends Section 17.46 of the Business & Commerce Code to list as a false, misleading, or deceptive act/practice: act of health care provider resulting in a preventable adverse event. Lists preventable adverse health care events: 1. surgery on wrong body part; 2. surgery on wrong patient; 3. wrong surgical procedure on patient; 4. unintended retention of foreign object; 5. death during/immediately after surgery if patient is classified as normal; 6. death/disability from use of contaminated drug, device, or biologic if the contamination results from generally detectable contaminant; 7. infant discharged to wrong person; 8. death/disability related to patient's disappearance from facility for more than 4 hours; 9. abduction of patient; 10. sexual assault of patient; and 11. death/injury from physical assault of patient.	03-18-09 H Introduced and referred to committee on House Judiciary and Civil Jurisprudence
HB 3107	Parker	SB 269 by Harris	Relating to use of electronically readable information on a driver's license or	Adds Section 486.0141: Use of Certain Electronically Readable Information to Chapter 486 of the Health and Safety Code. Allows access to driver's license to comply with over the counter sale of ephedrine, pseudoephedrine, and norpseudoephedrine. Prohibits sales of information accessed under section. Makes violation a class A misdemeanor.	03-18-09 H Introduced and referred to committee



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			personal ID certificate in connection with the over-the-counter sale of ephedrine, pseudophedrine, or norpseudophedrine.		on House Public Health
HB 3127	Sylvester Turner		Relating to the provision of certain psychoactive and psychotropic medications to children in substitute care or in the juvenile justice system.	Amends Chapter 54 of the Family Code to prohibit requiring as a condition of probation, that a child take psychoactive/psychotropic medications. Amends Chapter 531 of the Government Code to define psychoactive and psychotropic medications. Requires HHSC to develop a list of psychoactive and psychotropic medications approved by the FDA for use in children. Requires specifying for each medication the youngest age group approved for. Amends Chapter 32 of the Human Resources Code to prohibit DSHS from providing assistance through vendor drug for psychoactive/psychotropic meds to children younger than 11 who is in substitute care if it is not approved for child's age. amends Chapter 80 of the Human Resources Code to prohibit administration of psychoactive/psychotropic medications to children committed to TYC unless it is approved or an emergency situation is present.	03-18-09 H Introduced and referred to committee on House Corrections
HB 3141	Gonzalez Toureilles		Relating to medical assistance reimbursement for prescriptions issued by certain health care providers.	Amends Section 32.024 of the Human Resources Code to require DSHS to provide medical assistance reimbursement to pharmacy/provider, whose provider number is pending, for prescription drugs provided to medical assistance recipients.	03-24-09 H Not heard in committee House Public Health
HB 3156	Cook		Relating to a drug donation program.	Adds Chapter 442 to the Health and Safety Code creating a drug donation program. Requires DSHS to maintain the program where a person can donate to a pharmacy or health care facility an eligible drug. Allows individuals 18 or older, pharmacies, health care facilities, or manufacturer/distributor to donate. Requires TBP and TMB to adopt rules on eligible drugs. Allows pharmacy/facility receiving drug to distribute it to a pharmacy/facility for use only if: 1. drug is in original, unopened, sealed unit dose packaging with lot number/expiration date; 2. an expiration date not later than 120 days after donation date; 3. unadulterated and correctly branded; 4. accompanied by signed donor form; and 5. inspected by pharmacist. Allows pharmacy/facility to charge individual receiving donated drug. Prohibits reselling of dispensed drugs. Eligible recipients include: uninsured/underinsured/medical assistance program recipient/Medicare patient; or a TX resident diagnosed with cancer. Requires establishment of eligible recipient registry and participating pharmacies. Provides a limitation on liability for	04-22-09 H Committee action pending House Public Health



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				pharmacy/facility/physician/pharmacist. Does not limit liability of drug seller/manufacture.	
HB 3233	John Davis	SB 1535 by Hinojosa	Relating to nonpayment of hospitals under the state Medicaid program for certain preventable adverse events and to the reporting of occurrences of those events at certain health care facilities.	Adds Section 32.02805: Nonpayment of Hospitals for Preventable Adverse Events to the Human Resources Code. Defines: infant, serious disability, and serious injury. Requires HHSC to prevent payment to hospitals for preventable adverse events. Defines preventable adverse events as among others, death or disability caused by the use of a contaminated drug/device/biologic if contamination is result of a generally detectable contaminant; death/disability caused by a device during recipient's care used for unintended function; and death/disability caused by medication error. Allows adoption of rules to define additional preventable adverse events. Nonpayment does not create civil liability. Prevents charging client for denied payment. Amends Chapter 98 of the Health and Safety Code to include preventable adverse events in reporting and on advisory panel. Reporting requirement. Information is to be compiled and made publicly available.	04-21-09 H Committee action pending House Public Health
HB 3235	John Davis		Relating to the exchange of secure electronic health information between the Health and Human Services Commission and local or regional health information exchanges.	Amends Chapter 531 of the Government Code o Require HHSC to establish procedures for exchanging E-health info between HHSC and regional/local health exchanges. Must establish written guidelines and ensure compliance, and must at least address patient medication history. HHSC is required to develop a health passport for each person receiving medical assistance through a managed care plan. Required information may include among others: immunization record and information on all prescribed medicines. Requires maintenance of confidentiality. Requires HHSC to make health passport information available in print and electronic formats when a person loses eligibility for Medicaid.	03-18-09 H Introduced and referred to committee on House Public Health
HB 3270	Donna Howard		Relating to the electronic transmission and certification of prescriptions under the medical assistance program.	Requires HHSC to conduct a study of state/federal laws relating to the electronic transmission of prescriptions in the medical assistance program. Reporting requirement including analysis of current laws and description of any necessary changes in law required to facilitate electronic transmission.	05-14-09 H Set on the House Calendar
HB 3300	Kolkhorst	SB 287 by Nelson	Relating to the use of electronic prescribing data transmission systems under the state Medicaid program.	Amends Section 531.02411 of the Government Code to require HHSC to develop/implement a plan to encourage increased use by Medicaid providers of medical technology for electronic prescribing. Establishes goal of September 1, 2014 to demonstrate a specific % increase in use of e-prescribing by Medicaid providers. Requires reporting on plan by January 1, 2010 and implementation/results reporting by January 1, 2011 and 2013. Subsection expires September 1, 2014.	03-24-09 H Rereferred to Committee on House Public Health



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HB 3328	Charlie Howard		Relating to immunization requirements for children.	Allows HHSC Commissioner to recommend immunizations that may be added to a required list of immunizations. Allows disasters to require immunizations other than listed if legislature is not in session. Amends Section 38.001 of the Education Code to require immunization against: hep B, diphtheria, tetanus, pertussis, influenza, haemophilus influenzae type b, pneumococcal disease, poliomyelitis, rubeola, mumps, rubella, varicella, hep A, and meningococcal disease. Requires students to be additionally immunized against: pertussis, varicella, hep B, and hep A for students in high-incidence areas. Allows students not receiving immunizations for approved reasons to be excluded from school in times of public health disaster. Amends Section 51.933 of the Education Code to prohibit HHSC from requiring immunizations against additional diseases at institutions of higher education. Amends Section 42.043 of the Human Resources Code to require immunization of children in child-care facilities to additionally receive: pertussis, haemophilus influenzae type b, hepatitis B, and vericella.	03-18-09 H Introduced and referred to committee on House Public Health
HB 3459	Isett		Relating to pricing for health care services and supplies and reimbursement for those services or supplies under certain health benefit plans.	Requires health care providers to compile a list of price charged for each service/supply provided and give to patients who request it. Requires posting of notice in general waiting area of availability of price list. Establishes overpayment and refund procedures. Establishes an offense.	04-28-09 H Committee action pending House Insurance
HB 3465	Keffer		Relating to persons considered practitioners for purposes of prescribing certain drugs and devices.	Defines those licensed by the State Board of Acupuncture Examiners, Board of Chiropractic Examiners, Board of Examiners of Professional Counselors, and Board of Examiners of Psychologists as practitioners, and allows them to prescribe and administer dangerous drugs.	05-06-09 H Committee action pending House Public Health
HB 3662	Sylvester Turner		Relating to the review of certain drugs prescribed to a child in the conservatorship of the Department of	Amends Chapter 266 of the Family Code to define psychotropic drug. Requires DFPS to refer cases of children in conservatorship who are prescribed three or more psychotropic drugs to HHSC for review. Physician reviewing is required to determine if treatment is consistent with standards of care.	03-19-09 H Introduced and referred to committee on House



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			Family and Protective Services.		Human Services
HB 3665	Kolkhorst	SB 288 by Nelson	Relating to the review of a Medicaid recipient's electronic medication history by a Medicaid provider.	Amends Chapter 531 of the Government Code by adding Section 531.0961. Requires physician/provider participating in Medicaid program to review recipient's prescription/nonprescription medication history on health passport or any other e-health record maintained under program before providing a health care service/procedure. Allows Commissioner to adopt rules for compliance.	03-19-09 H Introduced and referred to committee on House Public Health
HB 3690	Jim Jackson		Relating to the imposition of the sales and use tax.	Amends Chapter 151 of the Tax Code to define elective cosmetic procedure as any medical procedure directed at improving appearance and not meaningfully promote proper function of body or prevent/treat an illness or disease. Includes: cosmetic surgery, cosmetic injections, cosmetic soft tissue fillers, among others. Does not include reconstructive surgery. Amends Section 151.0101 of the Tax Code to make elective cosmetic procedures subject to limited sales and use tax.	03-19-09 H Introduced and referred to committee on House Ways and Means
HB 3707	Coleman		Relating to county-regulated disease control programs to reduce the risk of certain communicable diseases for certain counties.	Amends Chapter 81 of the Health and Safety Code. Allows local health authorities to establish disease control programs in counties over 730,000 people. Provides for anonymous exchange of used needles/syringes for new ones, offers education on transmission of diseases, and assists participants in obtaining services. Can charge participants. Reporting requirement. Allows licensed wholesale drug or device distributors to distribute to authorized disease control programs. Establishes a defense to prosecution for manufacturers and those volunteers for program in possession of needles/syringes.	04/16/2009 H Considered by s/c in work session
HB 3749	Coleman		Relating to itemized statements provided by certain health care facilities.	As Substituted and amended on House Floor: Requires DSHS to collect information on itemized billing statements of health care facilities including information on unit prices charged to facilities by manufacturers for: 1. Medical hardware 2. Devices or implants 3. Prescription specialty drugs or drug protocols 4. MRI, Computed tomography, and positron emission tomography equipment, and 5. Health care services Prohibits health care facilities from including language in their contracts which prohibits disclosure of: 1. Information on unit prices charged to facilities by manufacturers/suppliers/providers of devices, implants, prescription specialty drugs, drug	05-20-09 S Received in the Senate - Referred to Senate Committee on Administration



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				<p>protocols, or medical hardware, or 2. Other pricing information related to the contract. Interim committee is composed of 3 Senators appointed by Lt. Gov. and 3 Representatives appointed by Speaker. Study must include: 1. Manner in which billing statement accurately reflects actual unit prices charged to facility (and if discounts/rebates/adjustments are taken into account) 2. Effects of facility billing practices on patient access to health care and on 3rd party payors, including effects of pricing/discounting on the uninsured/underinsured/insurers/governmental payors/3rd party payors 3. Economic consequences of health care facility billing practices on consumers/3rd party payors 4. Resolution of patient complaints on facility-billed charges and billing practices 5. Effects of billing practices related to increases in the amount of the billed unit prices compared to actual unit prices. Report due by December 1, 2010.</p>	
HB 3926	Orr		Relating to the regulation of controlled substances.	As Substituted: Amends Section 32.024 of the Human Resources Code to require DSHS to provide reimbursement to licensed pharmacists who administer immunizations to medical assistance recipients. Reimbursement is to be the same as to physicians participating in medical assistance program.	05-14-09 H Set on the House Calendar
HB 3962	McReynolds		Relating to the regulation of controlled substances.	Amends Chapter 481 of the Health and Safety Code to allow TSBP to adopt rules on issuance of prescriptions and information submitted in connection with prescriptions. Allows department and TSBP to adopt a MOU on responsibilities of each agency in regulating controlled substances. Transfers authority over controlled substance prescriptions from DPS to TSBP throughout chapter in regulatory and administrative capacity. Eliminates need of an official prescription form and deletes requirement that practitioner include department registration number. Repealer language. Creates an advisory committee to TSBP to develop recommendations on electronic controlled substance monitoring system, data to support substance monitoring system, procedures for real-time, point-of-service access for authorized practitioners, and procedures when sharing information with licensing authorities or with DPS.	03-23-09 H Introduced and referred to committee on House Public Health
HB 4156	Rose		Relating to the medical assistance program.	Amends Section 32.024 of the Human Resources Code to reduce the income eligibility cap for nursing home care to not less than \$1,102. Sets the income cap for pregnant women and infants at 135%. Increases personal needs allowance to \$70 a month. Prohibits DSHS in vendor drug program from limiting to less than four the # of prescriptions each month if one is prescribed for 30 days and cannot be refilled. Requires DSHS to provide medical assistance for off-label use of a prescription if off-label use appears in one or more drug reference	03-24-09 H Introduced and referred to committee on House Human



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				compendia. Requires children to be screened for eligibility for both child health plan and medical assistance program at the same time.	Services
HB 4194	Rose		Relating to the child health plan program and the medical assistance program.	Allows HHSC Commissioner to adopt rules to expand the child health plan program. Raises eligibility cap for nursing home care to \$1102, and WIC eligibility to 135% FPL. Increases personal needs allowance to \$70 per month. Prohibits Vendor Drug rules from limiting prescriptions to less than 4 per month. Allows for off-label use of prescription medications to be covered under medical assistance program. Requires dual screening for child health plan program and Medicaid.	03-24-09 H Introduced and referred to committee on House Human Services
HB 4393	Farias		Relating to the creation of a pilot program to provide electronic prescribing tools to rural physicians.	Amends Chapter 531 of the Government Code to require HHSC to develop a pilot program providing electronic prescribing tools at no cost to rural physicians. Requires providing up to 50 rural physicians in up to 5 counties with: 1. software connecting physicians to medication database, tracking patient histories, providing drug interaction data, and notifying in real-time formulary status; 2. high-speed Internet connection; 3. electronic equipment if necessary; and 4. training. Report on implementation and assessment of benefits and recommendations.	05-11-09 H Reported favorably from committee on House Public Health
HB 4407	Taylor		Relating to maintaining a supply of anaphylaxis medicine on public school campuses served by school nurses.	Amends Chapter 38 of the Education Code to require school districts to maintain supplies of anaphylaxis medicine on each campus with a part-time or full-time basis.	05-25-09 S Placed on the Senate Intent Calendar
HB 4477	Smithee		Relating to assessments, coverage, deposits, and reinsurance of the Texas Life, Accident, Health, and Hospital Service Insurance Guaranty Association.	Prohibits total amount of assessments on insurers from exceeding 2% of average annual premiums. Amends Section 463.203 of the Insurance Code (Policies and Contracts Excluded from coverage under the Texas Life, Accident, Health, and Hospital Service Insurance Guaranty Association) to exclude policies/contracts providing hospital/medical/prescription drug under Medicare Part C & D. Amends Section 463.204 to make changes to items not included in contractual obligations, increasing to \$250,000 in the present value in annuity contracts. Allows Association to succeed rights of a ceding member to affected reinsurers. Establishes procedures for assuming contracts of reinsurance. Association is responsible for unpaid premiums and is entitled to any amounts payable by the reinsurer.	03-25-09 H Introduced and referred to committee on House Insurance



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HB 4517	Homer		Relating to transmission of records regarding over-the-counter sales of ephedrine, pseudoephedrine, and norpseudoephedrine.	As substituted: Amends Section 486.015 of the Health and Safety Code to require DPS to conduct a study on implementing an electronic records system allowing businesses to transmit to DPS, records of over-the-counter sales of ephedrine/pseudoephedrine/norpseudoephedrine. Study must examine: 1. feasibility; 2. existing state infrastructure/resources; 3. ability of DPS and business establishments to participate; 4. use of information; 5. standards/data formats to be used to ensure security; and 5. solutions to deter illicit manufacturing/use of methamphetamine. Requires interagency council to solicit input from designated entities. Reporting and recommendation requirement by December 1, 2010.	05-14-09 H Set on the House Calendar
HB 4584	Pitts	SB 2353 by Ogden	Relating to improving efficiency in state government and reducing state government spending.	Amends Chapters 1551: Texas Employees Group Benefits Act, 1575: Texas Public School Employees Group Benefits Program, 1579: Texas School Employees Uniform Group Health Coverage, 1601: Uniform Insurance Benefits for UT System and A&M System of the Insurance Code to establish a pill splitting program. Defines eligible pill and pill splitting. Requires board to design and establish a voluntary pill splitting program. Program must include a copayment reduction incentive and require participating individuals obtain a prescription for an eligible prescription pill authorizing splitting from a prescribing physician and personally split the pill. Board is to establish a list of eligible pills. Annual reporting to LBB and Governor on design, medications, participation, and cost savings resulting. Requires HHSC and DSHS to streamline 1915(c) waiver program service delivery. Repeals pilot program on 1915(c) waivers. Repealer language of Insurance Code.	03-31-09 H Meeting cancelled for 04/01/09 House Appropriations
HB 4589	Pitts		Relating to a state purchasing preference for certain pharmaceutical manufacturers.	Amends Chapter 2155 of the Government Code to allow state agencies purchasing pharmaceuticals to give preference to manufacturers voluntarily participating in the vendor drug program for DSHS' Children with Special Health Care Needs Services Program or DSHS' Kidney Health Care Program.	03-31-09 H Meeting cancelled for 04/01/09 House Appropriations
HB 4596	Kolkhorst		Relating to certain contracts between pharmacy benefit managers and the Employees Retirement System of Texas, the Teacher Retirement System of	Amends Chapter 1551, 1575, and 1601 of the Insurance Code. Requires meeting criteria in awarding PBM contracts. Contracts must state if therapeutic interchange is allowed. Requires PBM to document interchanges. Requires PBM to disclose in writing financial/medical reason for addition/removal/change of prescription drug on formulary. Contracts must specify specialty drugs and state associated costs/discounts/fees. Must disclose conflicts of interest. Contract must describe cost saving initiatives including methodology of computing rebate. Must state a maximum allowable cost price list. Contract must identify and label specific information which is proprietary. Must state whether PBM has a revenue-sharing agreement on	05-14-09 H Set on the House Calendar



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			Texas, the Texas A&M University System, or The University of Texas System.	sale of data. Allows audits of PBM to verify costs.	
SB 8	Nelson		Relating to the administration, powers, and duties of the Texas Health Services Authority.	<p>As Substituted: Amends Section 182 of the Health and Safety Code dealing with the Texas Health Services Authority.</p> <p>Adds to the responsibilities of the Texas Health Services Authority the responsibility to make recommendations to improve the quality of health care funded by both public and private payors and to increase accountability and transparency.</p> <p>Defines:</p> <ol style="list-style-type: none"> 1. clinical integration as a network of practitioners implementing an active and ongoing program to evaluate/modify practice patterns to control costs and ensure quality. 2. global payments are compensation paid to a practitioner/facility for providing/arranging a defined set of covered services to participating persons. Compensation is based on predetermined payment. 3. health care facility is a hospital/emergency clinic/outpatient clinic/birthing center/ambulatory surgical center. <p>Additionally defines health care practitioner, and payor.</p> <p>Corporation is additionally established to research/develop/support/promote strategies (including those based on nationally recognized organizations) to improve quality of health care and increase accountability/transparency through voluntary implementation of: evidence-based best practice standards, performance measures, improved payment methodologies, and streamlined administrative processes.</p> <p>Corporation is administratively tied to HHSC and CSSB 8 lists responsibilities of HHSC with regards to the Texas Health Services Corporation.</p> <p>Expands corporation's governing board to 15 including: 5 appointed by Governor, 5 appointed by Governor from a list provided by Speaker, and 5 appointed by Lt. Governor. Includes ex officio/non-voting members: DSHS Commissioner, HHSC Commissioner, TDI Commissioner, ERS ED, TRS ED, and HHSC state Medicaid director. Requires board to meet at least once a quarter and establishes that meetings are open to the public and the board must provide notice. Board is required to hire a medical advisor, physician licensed to practice in</p>	05-25-09 H Set on the House Calendar



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				<p>Texas.</p> <p>Requires the Board to establish an advisory committee on technology and an advisory committee on evidence-based best practices and quality of care. Allows the board to establish additional advisory committees as necessary. Requires appointees to the advisory committees to be individuals with significant experience and at least one member with practical experience, and who represent both public and private sectors and affected groups.</p> <p>Eliminates from general powers a duties the requirement that the corporation identify standards for streamlining health care administrative functions.</p> <p>Requires corporation to research/develop/support/promote:</p> <ol style="list-style-type: none"> 1. evidence-based best practice standards for practitioners/facilities, 2. strategies to encourage adherence to evidence-based best practices, 3. performance measures to evaluate quality of care, 4. standards for reporting results of performance measures and comparing, 5. recommendations for disseminating results to public, 6. standards for technology to collect information, 7. strategies for using existing resources, 8. strategies to facilitate exchange of health care info and interoperability and standardization, 9. recommendations to encourage clinical integration, 10. alternative payment methodologies for payors, 11. standards for streamlining health care administrative functions across payors, and 12. recommendations for streamlining health care administrative functions such as lab results, diagnostic imaging and prescription histories/patient identification/enrollee status/status of plan contracted practitioners. <p>Requires board to examine existing standards/guidelines/strategies/methodologies created by nationally recognized organizations and those used in federal Medicare program.</p> <p>Adds Section 182.1015: Studies on Payment Methodologies. Requires corporation to conduct or contract for a study to develop payment incentives and increase access to primary care.</p> <p>Must evaluate proposals that:</p> <ol style="list-style-type: none"> 1. reward primary care practitioners for retention, 2. encourage spending appropriate time with each patient, 3. reward for monitoring patients/follow-up care, 4. provide incentives for 24-hour availability to reduces unnecessary ER visits, and 5. improve access to primary care. 	
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Pharmaceutical and Bio-Related Legislative Tracking Chart

				<p>Corporation must conduct or contract for a study on risk-adjusted episodes of care and must:</p> <ol style="list-style-type: none"> 1. evaluate payment methodologies and 2. identify high-cost, frequently performed procedures. <p>Both above studies must:</p> <ol style="list-style-type: none"> 1. examine: <ol style="list-style-type: none"> a. payment methodologies of nationally recognized organizations; b. payment methodologies promoting evidence-based best practices; and c. payment methodologies used by federal Medicare system, and 2. include recommendations on achieving maximum practitioner, facility, and payor participation. <p>Reporting requirement to Legislature on summary of results of studies conducted and recommendations.</p> <p>Repeals Section 182.102 of the Health and Safety Code: Prohibited Acts of the Texas Health Services Authority.</p>	
SB 146	Ellis		<p>Relating to disclosure by a pharmacy of a list of prescription drug retail prices.</p>	<p>Adds Subchapter F: Drug Retail Price Disclosure to Chapter 562 of the Occupations Code. Defines "retail price" as the actual price paid to a pharmacy by a retail purchaser for a drug at the listed dosage, including cost of the medication and the dispensing fee and may not be more than the pharmacy's usual/customary/posted/advertised charge.</p> <p>Requires SBP to annually compile list of the 150 most frequently dispensed prescription drugs in Texas, including dosage and post both in print and electronically to license holders for use to produce the drug retail price list required by chapter.</p> <p>Requires pharmacies to compile a prescription drug retail price list containing: 1. name of prescription drugs on list provided by Board, 2. pharmacy's actual retail price for each drug at listed dosage, 3. date of most recent update to list, and 4. if a generic is available, the price of the generic. Requires update weekly.</p> <p>Requires pharmacies to provide list to consumers on request. Requires notice to be posted for consumers. Exempts Class E pharmacies.</p>	<p>2/10/09 Referred to Senate Health and Human Services</p>



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SB 151	Ellis		<p>Relating to the disclosure of certain expenditures by prescription drug manufacturers.</p>	<p>Adds Chapter 173: Prescription Drug Marketing to Title 2 of the Health and Safety Code.</p> <p>Defines: "clinical trial"; "pharmaceutical manufacturing company" as a person that produces/prepares/compounds/converts/processes prescription drugs directly or indirectly or packages/repackages/labels/relabels/distributes prescription drugs, does not include a wholesale drug distributor or pharmacist; and "pharmaceutical representative" as a person who is employed by or under contract to represent a pharmaceutical manufacturing company and who engages in detailing/promotional activity/other marketing to physician/hospital/nursing home/pharmacist/health benefit plan administrator/etc, does not include a wholesale prescription drug distributor or distributor's representative.</p> <p>HHSC Commissioner in consultation with State Board of Pharmacy adopts rules for implementation.</p> <p>Requires annual reporting to DSHS and State Board of Pharmacy by pharmaceutical manufacturing companies doing business in Texas disclosing: 1. value/nature/purpose of any gift/fee/payment/subsidy/other economic benefit received in connection with detailing/promotional/marketing activities of the company directly or through representatives/by a physician/hospital/nursing home/pharmacy/health benefit plan administrator/other person authorized to prescribe/dispense; and 2. the name and address of each gift recipient. Annual report submitted on form in manner prescribed by Board of Pharmacy. Form must allow a company to identify trade secret information.</p> <p>Manufacturing company must annually provide name and address of individual responsible for compliance.</p> <p>Trade secret information is confidential and exempt from disclosure under Chapter 552. Information relating to: 1. free samples intended for patient distribution, 2. payment of reasonable compensation/reimbursement of expenses connected with bona fide clinical trials, 3. gift/payment/fee/subsidy/economic benefit less than \$25, and 4. scholarship/support for medical student/resident/fellow to attend significant educational/scientific/policy-making conference of a specialty medical/professional association are considered confidential and</p>	<p>2/10/09 Referred to Senate Health and Human Services</p>
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Pharmaceutical and Bio-Related Legislative Tracking Chart

				<p>exempt from disclosure. All other information is public.</p> <p>Requires DSHS to make an annual report available to public. Allows AG to bring action for injunctive relief and impose a civil penalty up to \$10,000 for failure to file a report. Each failure to report is a separate violation.</p> <p>Submission of annual report by pharmaceutical manufacturing company required beginning June 30, 2010.</p>	
SB 269	Harris	HB 3107 by Parker	Relating to the use of electronically readable information on a driver's license in connection with the over-the-counter sale of ephedrine, pseudoephedrine or norpseudoephedrine.	Adds Section 486.0141: Use of Certain Electronically Readable Information to Chapter 486 of the Health and Safety Code. Allows access to driver's license to comply with over the counter sale of ephedrine, pseudoephedrine, and norpseudoephedrine. Prohibits sales of information accessed under section. Makes violation a class A misdemeanor.	05-23-09 H Reported favorably from committee on House Public Health
SB 287	Nelson	HB 3300 by Kolkhorst	Relating to the use of electronic prescribing data transmission systems under the state Medicaid program.	Amends Section 531.02411 of the Government Code to require HHSC to develop/implement a plan to encourage increased use by Medicaid providers of medical technology for electronic prescribing. Establishes goal of September 1, 2014 to demonstrate a specific % increase in use of e-prescribing by Medicaid providers. Requires reporting on plan by January 1, 2010 and implementation/results reporting by January 1, 2011 and 2013. Subsection expires September 1, 2014.	05-22-09 H Reported favorably from committee on House Public Health
SB 288	Nelson	HB 3665 by Kolkhorst	Relating to the review of a Medicaid recipient's electronic medication history by a Medicaid provider.	As Substituted: Amends Chapter 531 of the Government Code by adding Section 531.0961. Requires physician/provider participating in Medicaid program to review recipient's prescription/nonprescription medication history on health passport or any other e-health record maintained under program before providing an acute care service/procedure. Allows Commissioner to adopt rules for compliance.	05-22-09 H Reported from committee as substituted House Public Health



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SB 296	West		Relating to the disclosure of certain payments or other transfers of value by manufacturers of prescription drugs, medical devices, and medical supplies; providing a penalty.	<p>Adds Chapter 174: Reporting Requirements for Manufacturers of Prescription Drugs, Medical Devices, and Medical Supplies to Title 2 of the Health and Safety Code. Chapter applies to manufacturers whose annual gross revenue exceeds \$1 million and that produces, prepares, compounds, converts, or processes a prescription drug, medical device, or medical supply for which payment is available through the medical assistance program under Chapter 32 of the Human Resources Code, or under Title XVIII, XIX, or XXI of the Social Security Act. Gives the AG rulemaking authority to implement.</p> <p>Requires quarterly reporting for manufacturers doing business in Texas disclosing any payment/transfer of value directly/indirectly or through an agent/subsidiary/third party to: a physician, entity which employs/gives tenure to/or is owned by a physician, or an organization involved in health care financing/organization/delivery in which a physician is a voluntary paying member or receives professional certification through.</p> <p>Requires the following information to be provided for each payment/transfer of value: 1. Name of physician, entity associated/employed by, organization involved in, address of the physician's/entity's office, facility with which physician is affiliated, value of the payment, date on which payment/value was provided, description of payment/value, and purpose of payment/value.</p> <p>Exempts from quarterly reporting: 1. Free samples of prescription drugs for distribution to patients, 2. Transfer of anything of value to a physician who is a patient and not acting in professional capacity, 3. A gift/payment/fee/subsidy/economic benefit less than \$25, and 4. Compensation paid to a physician directly employed by and works solely for a manufacturer.</p> <p>Requires annual summary report to AG of: 1. Summary of each submission above made by manufacturer in previous fiscal year, and 2. Includes aggregate amount of all transfers of value less than \$25 for the previous fiscal year.</p> <p>Allows the AG to assess a fee for filing sufficient to cover cost of administering chapter. AG required to report to legislature annually.</p> <p>Imposes a civil penalty for failure to report payment/transfer of value of between \$500 and \$2,500 for each violation not to exceed \$50,000 in one fiscal year. Failure to file quarterly or annual summary is a civil penalty between \$5,000 and \$25,000 not to exceed \$250,000 in one fiscal year. Each failure to report or failure to file constitutes a separate violation. AG may sue to collect.</p> <p>1st quarterly report is to be submitted December 30, 2009. 1st annual report due by October 15, 2010.</p>	04-30-09 S Committee action pending Senate Health and Human Services See SB 553
SB	Van de Putte	HB 506 by	Relating to the	As Substituted: Requires DSHS and TEA to conduct a joint study of school-based flu	5/22/09



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424		Donna Howard	establishment and implementation of a school-based influenza vaccination pilot program.	vaccination programs. Texas Immunization Stakeholder Working Group is required to establish a subcommittee of: TPS, TAFP, TMA, TASA, TASB, TSNO, and an entity with knowledge of best practices for effective use of state/local public health resources based on other states. Requires Subcommittee to make recommendations to TEA and DSHS. Requires TEA and DSHS to identify school districts which have conducted a program after September of 2006; collect data related to program including: 1. how vaccine was purchased, 2. comparison of how insured/uninsured students were managed, 3. costs associated with administering, 4. number of students vaccinated, refused, were not vaccinated and were enrolled, 5. number of faculty/staff vaccinated, 6. student absentee rates during years program was administered, 7. # of schools closed due to flu illness and # of days closed, 8. nature and degree of involvement by public health department, community resources, or private health care providers, and 9. if vaccinations were reported to DSHS immunization registry; identify best practices; and identify barriers. Requires report by DSHS and TEA evaluating the feasibility of implementing an annual statewide school-based influenza vaccination program including cost analysis, barriers, fiscal impact projection, analysis on private practice physicians and health care providers, and role of public health departments and community resources. Expires September 1, 2011.	Reported from House Public Health as Substituted
SB 466	Zaffirini		Relating to excluding a child from the immunization registry.	Amends Sections 161.007 (a), (b), (b-1), (c), (d), (f), and (k) of the Health and Safety Code to change rulemaking authority to the HHSC Commissioner from the department with regards to the immunization registry. Permits parents to have patients excluded from the registry and deletes written consent requirements and the process by which it is verified. Immunization registry must contain info on immunization history obtained of each person younger than 18, those immunized to prepare for disaster/emergency, and first responders. Prohibits department from retaining individually identifiable information about any person with a request to be excluded. Requires HHSC to sent notice on instructions to remove immunization records from registry and how to report violations. Repealer language.	02-17-09 S Introduced and referred to committee on Senate Health and Human Services
SB 553	Lucio		Relating to the disclosure of certain economic benefits provided by manufacturers or repackagers of prescription drugs.	As Substituted: Defines: bona fide clinical trial, distributor, gift, health professional, manufacturer, marketer, medical device, prescription drug, repackage, repackager, and retailer Subchapter applies only to manufacturer/repackager/retailer exceeding \$30 million in gross revenue and that manufactures/markets/sells/distributes/produces/prepares/compounds/conve a medical device, medical supply, or prescription drug available under the medical assistance program. Annual reporting by March 31 of each year to DSHS of any gift/payment/fee/subsidy/economic benefit to a physician/physician's office/hospital/nursing home/pharmacist/health benefit plan administrator or other health professional in connection	05-18-09 S Placed on the Senate Intent Calendar



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				<p>with detailing/promotional/marketing activities directly or indirectly. Report must include for each gift/fee/payment/subsidy/benefit: 1. Name and address of recipient 2. Value 3. Date of payment/transfer 4. Categorized description of the form of each benefit including: a. Cash/equivalent b. In-kind item/service c. Ownership interest/ROI d. Any other category deemed appropriate by Commissioner 5. Categorized description of the nature of each benefit including: a. Consulting fee b. Compensation for service other than consulting c. Honoraria d. Gift e. Entertainment f. Food g. Travel h. Education i. Research j. Charitable contribution k. Royalty/license l. Current/prospective ownership investment interest m. Compensation for serving as faculty/speaker for CME program n. Grant o. Any other category deemed appropriate by Commissioner 6. If payment if related to marketing/education/research specific to a particular drug/device/supply, then the name of the product 7. Any other category of information regarding the payment/transfer the Commissioner determines appropriate. DSHS is to make all reports available on the website by March 31 of each year. Reporting requirements do not apply in areas of disaster declared by Governor during the 30-day period after the order/proclamation is issued. Exemptions from disclosure: 1. Gift/fee/payment/subsidy/economic benefit with fair market value less than \$50 2. Free samples of prescription drugs intended for distribution to patients 3. Any prescription drug rebate/discount 4. Payment of reasonable compensation/reimbursement of expenses in connection with a bona fide clinical trial 5. Scholarship/support for a medical student/resident/fellow to attend bona fide educational/scientific/policy-making conference of established professional association 6. Grant/support for development/production/presentation of bona fide educational/scientific/policy-making program of established professional association 7. Educational materials directly benefitting patients 8. In-kind items for charity care 9. Transfer/payment of benefit to treat a health condition of a health professional where individual is a patient 10. Dividend/profit distribution from/ownership interest in mutual fund/publicly traded security 11. Loan of a device for a short-term trial period not over 90 days 12. Items/services provided under contractual warranty including replacement of a device Allows HHSC Commissioner to assess an administrative penalty for failure to report. AG can bring action for injunctive relief and impose a civil penalty of up to \$10,000 for failure to file. Each failure to file is a separate violation. Information submitted is considered public record. If federal law providing for the disclosure of gifts to health professionals by manufacturers/repackagers/retailers and HHSC Commissioner determines law is substantial to</p>	
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Pharmaceutical and Bio-Related Legislative Tracking Chart

				<p>meet purposes of this bill, DSHS is required to suspend application of state reporting requirements. Requires HHSC to adopt rules/procedures for implementation by March 31, 2011. DSHS must develop reporting form by March 31, 2011.</p> <p>Manufacturers/repackagers/retailers of prescription drugs/medical devices/medical supplies are not required to report until after March 31, 2012. Act is effective January 1, 2011.</p>	
SB 680	Hegar		<p>Relating to a physician's authority to delegate prescribing acts to advanced practice nurses or physician assistants.</p>	<p>Amends Chapter 157 of the Occupations Code, changing the heading of Subchapter B: Prescriptive Authority Agreements with Advanced Practice Nurses and Physicians Assistants. Defines "prescription drug order". Amends Section 157.0511: Physician Authority to allow physicians to provide APNs/PAs authority to prescribe/order a dangerous drug/controlled substance including authority to sign prescription drug/medication orders. Eliminates remaining language of section. States that subchapter does not modify authority granted by law for APN/PA to administer/provide a medication under Chapter 481 of the Health and Safety Code. Replaces Section 157.052 with Prescriptive Authority Agreement. Allows a physician to enter into a prescriptive authority agreement with APN/PA. Agreement must: 1. identify physician and APN/PA areas of practice/specialties; 2. describe limitations on authority to prescribe/order dangerous/controlled substances/medical devices; 3. describe prescriptive authority quality evaluation/improvement plan; and 4. specify process to ensure collaboration. Allows practice areas of physician and APN/PA to differ if agreement demonstrates an appropriate link. Degree of collaboration required may vary based on experience/skill. Prohibits physicians from entering into prescriptive authority agreements with more than 8 APNs/PAs, unless deemed safe based on skill and patients served or extent to which medically underserved population is improved. Limitation on prescriptive authority agreements does not apply to agreements at hospitals licensed under Chapter 241 of the Health and Safety Code or owned/operated by state. Requires Board to cooperate with TBN in adopting rules. Section is to be liberally construed. Amends Section 157.055: Orders and Prescriptive Authority Agreements to replace "protocol" with "prescriptive authority agreement" and does not require agreements to state the specific drugs, medical devices, or types of categories of drugs that may/may not be prescribed. Agreements are considered protocols. Amends Section 157.056 to additionally include on prescription under subchapter, the name/address/phone/identification number of APN/PA signing order. Exempts physicians from liability of APNs/PAs signing prescriptive authority agreements unless has reason to believe competency is lacking. Repealer language.</p>	03-17-09 S Committee action pending Senate Health and Human Services
SB 750	Zaffirini		<p>Relating to the administration of</p>	<p>Amends Section 592.038 of the Health and Safety Code to allow clients the right to refuse psychoactive medication. Amends Section 592.054 of the Health and Safety Code to require</p>	5/23/09 Set on the House



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			psychoactive medications to persons receiving services in a residential care facility.	consent for administration of psychoactive medications. Adds Subchapter E: Administration of Psychoactive Medications to Chapter 592 of the Health and Safety Code. Defines: capacity, medication-related emergency, and psychoactive medication. Prohibits the administration of psychoactive medications to clients receiving voluntary/involuntary residential care unless: 1. client is having a medication-related emergency; 2. client's representative authorized by law consents; or 3. it is court-ordered. Consent is valid only if given voluntarily; the treating physician provides information to a representative who consents; client/representative are informed in writing consent can be revoked; and consent is in client's record. Requires refusal to receive medication to be noted in clinical record. Establishes procedures for physicians issuing orders to administer medication without client's consent. Establishes procedure/circumstances for administering psychoactive medications to clients committed to residential care facilities. Establishes court procedures for physicians to authorize psychoactive medication. Establishes the rights of a client.	Calendar
SB 775	Lucio		Relating to the licensing and regulation of clinical laboratory science professionals.	Adds Chapter 703: Clinical Laboratory Science Professionals to Title 3 of the Occupations Code. Purpose of chapter is to ensure better protection of public health by requiring minimum qualifications for clinical lab science professionals and ensure that lab tests are performed competently. Chapter does not apply to individuals licensed to engage in health care services within scope of practice; individuals engaged in lab practices in employ of federal government; individuals in lab science engaged exclusively in research if not used in health maintenance/diagnosis/treatment of disease; students/trainees enrolled in lab science education programs; individuals performing waived/provider-performed microscopy tests; and individuals performing non-waived point-of-care testing. Clinical Laboratory Science Advisory Board established is subject to sunset September 1, 2021. HHSC Commissioner has rule-making authority for qualifications for licensure, renewal of licenses, standards of professional conduct, authorization of certification exams, and criteria for continuing education. Allows establishment of fees to cover costs of administration. DSHS is authorized to examine criminal convictions/guilty pleas/deferred adjudication of applicants for licensure. Requires DSHS to maintain a registry of licensed individuals. Requires DSHS to compile information of consumer interest. Creates the Clinical Laboratory Science Advisory Board of 7 members appointed by Governor: 4 who are licensed clinical lab science professionals (1 who is not a physician lab director and 1 who is a clinical lab scientist); 1 physician; 1 physician who is not a lab director/pathologist; and 1 public member. Members serve 3 year staggered terms. Contains restrictions on appointees. Advisory Board is to meet 2 times annually. Duties are to provide advice and recommendations to DSHS and HHSC on technical matters relevant to	04-28-09 S Committee action pending Senate Health and Human Services



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				chapter. Requires licensure to perform clinical laboratory tests. Defines application process and requirements for license. Establishes categories for licensure: categorical clinical laboratory scientist license, clinical laboratory technician, clinical laboratory specialist in molecular biology, clinical laboratory specialist in cytogenetics, clinical laboratory specialist in histocompatibility, temporary license, and provisional license. Establishes a civil penalty.	
SB 888	Nelson		Relating to establishing a pill splitting program to reduce health plan costs for certain public employees.	As substituted: Adds sections to Chapter 1551: Texas Employees Group Benefits Act, Chapter 1575: Texas Public School Employees Group Benefits Program, Chapter 1579: Texas School Employees Uniform Group Health Coverage, and Chapter 1601: Uniform Insurance Benefits Act for Employees of the UT System and A&M System: Establishment of Pill Splitting Program to the Insurance Code. Definitions: eligible prescription pill - prescription medication in pill form appropriate for splitting and is listed on formulary; pill splitting - dividing an eligible prescription pill to obtain prescribed dose. Requires Board/System to design/establish a voluntary pill splitting program. Program must include copayment reduction incentive for covered individuals; and require participating individuals to: 1. obtain prescription for eligible prescription pill authorizing pill splitting from prescribing physician, and 2. personally split the pill. Board must establish a list of eligible pills, update list, and make available to all covered persons. Annual reporting to LBB and Governor of design, included meds, program participation, and resulting cost savings.	5/21/09 Reported from House State Affairs as substituted
SB 889	Nelson	HB 1994 by McCall	Relating to a deduction under the franchise tax for physicians who administer vaccines.	Amends Section 171.1011 of the Tax Code to allow taxable entities to exclude from their total revenue: 1. actual cost paid for vaccines dispensed; and 2. any fee received for the vaccine dispensed.	03-09-09 S Introduced and referred to committee on Senate Finance
SB 900	Deuell		Relating to the collection and use of certain information by health benefit plan issuers.	Adds Chapter 849: Data Mining and Pattern Recognition by Health Benefit Plan Issuers to Title 6 of the Insurance Code. Defines health benefit plan issuer. Allows TDI commissioner to require health benefit plan issuers to report to TDI: 1. technologies used by issuer to identify relationships among variables used to predict differences in expected losses of covered persons; and 2. manner in which issuer intends to use relationships in: underwriting/creating/defining risk classifications; setting rates/premiums; detecting fraud; identifying subrogation; improving marketing; or performing other activities. Commissioner may require issuers to report on selected segments of the market and limit reporting to specific relationships derived from technologies. Underwriting guidelines and related information are confidential, other information is commercial not subject to open records. imposes	03-09-09 S Introduced and referred to committee on Senate State Affairs



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				administrative penalties for violations. Requires reporting to legislature.	
SB 912	Williams		Relating to the diversion of a controlled substance by certain persons who have access to the substance by virtue of the person's profession or employment.	As Engrossed: Adds Section 481.1285: Offense: Diversion of Controlled Substance by Registrants, Dispensers, and Certain Other Persons to the Health and Safety Code. A person commits a state jail felony if they convert to their own use a controlled substance they have access to because of their job. It is a third degree felony if a person diverts to unlawful use of another person a controlled substance the person has access to because of their job. If offenses under this section also are offenses under other law, the actor may be prosecuted under both laws.	5/23/09 Set on the House Calendar
SB 1077	Carona		Relating to certain persons and activities regulated by the Department of Public Safety.	Allows DPS access to criminal records maintained by the FBI for: applicants/holders of licenses to manufacture, distribute, analyze, or conduct research with a controlled substance; applicants/holders of chemical precursor transfer permits; applicants/holders of chemical laboratory apparatus transfer permits; and others. As Substituted: Amends Section 29.902 of the Education Code to require school districts to consider offering drivers ed during school year. If district offers course, allows district to conduct the course and charge a fee or contract with a driver education school. Amends Section 1001.101 of the Education Code to require drivers ed courses to require students to complete 7 hours behind the wheel instruction, 7 hours of observation instruction, and 20 hours of behind the wheel instruction. Amends Chapter 1001 of the Education Code to prohibit the Commissioner from issuing/renewing a driver's ed license to someone with 6 or more points assigned. Amends Chapter 521 of the Transportation Code to require DPS to collect data on collisions of students taught by public schools/Driver's ed schools/others.	05-15-09 H Voted favorably from committee as substituted House Public Education
SB 1106	Van de Putte	HB 2250 by Hunter	Relating to payment of claims to pharmacies and pharmacists.	Amends Section 843.002 of the Insurance Code to define "extrapolation" as math process used by HMO/PBM in auditing a pharmacy/pharmacist which estimates audit results for a larger batch of unreviewed claims. Amends Section 843.339 of the Insurance Code to add a PBM administering pharmacy claims for an HMO as well as an HMO must pay claims through electronic funds by 14th day. HMO/PBM adjudicating claims not electronically submitted are required to pay claim by 21st day. Amends Section 843.340 of the Insurance Code to prohibit HMOs/PBMs from using extrapolation to complete audits of pharmacy/pharmacist. Requires written notice 15 days prior to on-site audit. Amends Section 843.344 of the Insurance Code to apply subchapter to PBMs as well. Amends Subchapter J of the Insurance code to establish a process to resolve disputes regarding pharmacy claims. Allows providers to submit	5/23/09 Set on the House Calendar



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				complaints, TDI to investigate, and Commissioner to enter a written order which is final unless a hearing is requested. Allows for hearings by SOAH. Amends Section 1301.001 of the Insurance Code to define extrapolation. Amends 1301.104 of the Insurance Code to add that a PBM administering pharmacy claims for an preferred provider insurer as well as an insurer must pay claims through electronic funds by 14th day. Insurer/PBM adjudicating claims not electronically submitted are required to pay claim by 21st day. Amends Section 1301.105 of the Insurance Code to prohibit insurers/PBMs from using extrapolation to complete audits of pharmacy/pharmacist. Requires written notice 15 days prior to on-site audit. Amends Section 1301.109 of the Insurance Code to apply subchapter to PBMs as well. Amends Subchapter C-1, Chapter 1301 of the Insurance code to establish a process to resolve disputes regarding pharmacy claims. Allows providers to submit complaints, TDI to investigate, and Commissioner to enter a written order which is final unless a hearing is requested. Allows for hearings by SOAH.	
SB 1127	Van de Putte	HB 3067 by Hopson	Relating to the confidentiality of test results of samples of compounded products.	As Substituted and Amended: Amends Section 556.053 of the Occupations Code to require reports/records/formulas/test results of products compounded by pharmacies obtained by the Board are confidential and are not public information. Allows Board to use/disclose statistical information from test results of samples in: 1. disciplinary hearings before Board, 2. to pharmacist licensing/disciplinary authority of another jurisdiction, or 3. under a court order. Board must require a pharmacy to recall a compounded product and can release results if: 1. tests indicate patient safety issue and 2. release of results is necessary to protect public.	5/22/09 Recommended for Local and Consent Calendar
SB 1251	Zaffirini	HB 1828 by Donna Howard	Relating to information submitted to, maintained in, and released from the immunization registry.	Amends Section 161.0001 of the Health and Safety Code to define individual's legally authorized representative. Amends Section 161.007 of the Health and Safety Code to eliminate the provision requiring the repository be of childhood communicable diseases, opens it up to adult as well. Requires HHSC Commissioner to inform individual/representative that registry information may be released in event of disaster/emergency; require written consent of individual/representative before information can be disclosed except in emergencies; and allow DSHS to retain information until a person's death. Requires HHSC Commissioner to develop procedures for gaining consent of individuals over 18. Prohibits disclosure of information until consent is verified except during disasters/emergencies. Allows providers administering immunizations to those over 18 to submit information. Amends Section 161.00705 of the Health and Safety Code to allow DSHS to include on the registry immunization records provided to those in this state or in another state. Allows acceptance of immunization information from a health authority in another state for inclusion on the registry. Allows disclosure of immunization registry information to health authorities/local health authorities of	03-17-09 S Introduced and referred to committee on Senate Health and Human Services



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				other states. Amends Section 161.008 to allow DSHS to release immunization data additionally to entities necessary to verify immunization required for admittance into professional school/health care certification/US armed forces enlistment.	
SB 1281	Williams		Relating to fraudulent obtaining of a controlled substance from a practitioner.	Amends the Health and Safety Code to make it an offense for a person to obtain or attempt to obtain a controlled substance not medically necessary through misrepresentation, fraud, concealment of fact, etc. 2nd degree felony for Schedule I or II drugs, 3rd degree felony for Schedule III or IV drugs, and Class A misdemeanor for Schedule V.	5/20/09 Reported favorably from House Criminal Jurisprudence
SB 1416	Hegar		Relating to certain contracts between pharmacy benefit managers and Employees Retirement System of Texas, the Teacher Retirement System of Texas, The Texas A&M University System or the University of Texas System.	Amends Chapters 1551, 1575, and 1601 the Insurance Code to add: Pharmacy Benefit Manager Contracts. Board/Trustee/System is not required to select lowest bid, but contract which meets criteria. Contract must state if PBM can engage in therapeutic interchange substituting a preferred drug. Must maintain documentation of each therapeutic interchange. Requires contract to require PBM manager to disclose financial/medical reasons for adding/removing/changing drugs on formulary within 30 days time. Must identify specialty drugs on formulary with costs, discounts, other fees. Requires contract to disclose conflicts of interest, cost savings initiatives used by PBMs to compute rebate amounts Board receives. Must include maximum allowable cost price list used by PBM. Must identify and label info contained considered proprietary belonging to PBM. Requires contract to disclose if PBM has an agreement on sale of data. Contract is required to allow independent audits of PBMs to verify costs/discounts.	03-17-09 S Introduced and referred to committee on Senate State Affairs
HB 1520	Shapleigh		Relating to the protection and care of individuals with mental retardation residing in certain residential care facilities.	Amends the Health and Safety Code to allow clients of residential care facilities to refuse psychoactive medications. Prohibits administration of psychoactive medication to residential care clients who refuse unless certain circumstances are met. Allows treating physician to file an application in probate court to authorize administration. Establishes a list of client's rights. Establishes guidelines/prohibitions for the use of restraints in state schools.	5/21/09 Reported favorably from House Human Services
SB 1524	Shapleigh		Relating to a report regarding research funds received by public institutions of higher education or	Adds Section 61.0692 to the Education Code. HECB must require each higher education institution to report the amount of money received by institution/faculty/staff from pharmaceutical companies in the two preceding years in connection with research or related activities conducted at a research facility. Requires HECB to adopt rules to administer section.	4/22/09 Pending in Senate Higher Education



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			employees of those institutions from pharmaceutical companies.		
SB 1535	Hinojosa	HB 3233 by John Davis	Relating to nonpayment of hospitals under the state Medicaid program for certain preventable adverse events and to the reporting of occurrences of those events at certain health care facilities.	Adds Section 32.02805: Nonpayment of Hospitals for Preventable Adverse Events to the Human Resources Code. Defines: infant, serious disability, and serious injury. Requires HHSC to prevent payment to hospitals for preventable adverse events. Defines preventable adverse events as among others, death or disability caused by the use of a contaminated drug/device/biologic if contamination is result of a generally detectable contaminant; death/disability caused by a device during recipient's care used for unintended function; and death/disability caused by medication error. Allows adoption of rules to define additional preventable adverse events. Nonpayment does not create civil liability. Prevents charging client for denied payment. Amends Chapter 98 of the Health and Safety Code to include preventable adverse events in reporting and on advisory panel. Reporting requirement. Information is to be compiled and made publicly available.	03-17-09 S Introduced and referred to committee on Senate Health and Human Services
SB 1565	Van de Putte		Relating to the administration of immunizations and vaccinations by therapeutic optometrists.	Amends Chapter 351 of the Occupations Code to allow therapeutic optometrists to administer immunizations or vaccines to those over 14. Optometry Board must establish education standards and reporting requirements.	03-17-09 S Introduced and referred to committee on Senate Health and Human Services
SB 1603	Shapleigh		Relating to requiring financial disclosure concerning reports prepared by public institutions of higher education for other entities.	Amends Chapter 51 of the Education Code to require higher ed institutions that receive money to conduct research, analysis, survey, or other work to report work and include: statement of receipt of payment, identity of payor, and amount of payment.	5/21/09 referred to House Committee on Higher Education
SB 1706	West		Relating to the establishment of a program to provide prescribers with	Legislative intent: health care professionals have balanced/unbiased evidence-based information to ensure high-quality prescribing decisions. Adds Subchapter Q: Evidence-Based Prescriber Education Service to the Government Code. Defines: 1. prescribed product which includes drugs, devices, and biologic products. 2. state health care program - Medicaid, SPAP,	04-30-09 S Committee action pending



Pharmaceutical and Bio-Related Legislative Tracking Chart

			evidence-based information about pharmaceuticals.	or state employees/retirees/corrections program. Requires HHSC with TX higher education institution to develop an evidence-based prescription education service designed to provide health care professionals with information/education from a noncommercial source on comparative efficacy, safety, and cost-effectiveness of prescribed products. Focus of service is to assist prescribers with making appropriate pharmaceutical recommendations. Education service is required to conduct in-person outreach/education: 1. available to all prescribers participating in state-funded health care programs; 2. available at their place of work; 3. facilitated by trained clinician-educators; and 4. conducted one-on-one. Educational materials must be balanced, clinically relevant, and comprehensive review. Allows use of materials developed by med schools, academic medical centers, pharmacy schools, medical societies, or research institutes. HHSC rulemaking authority for: establishing minimum clinical/educational qualifications for prescriber educators; required training for educators; code of conduct for educators; and conflict of interest guidelines. Imposes annual fee on each wholesale distributor licensed under Subchapter N that employs/directs/utilizes one or more marketing representatives. Failure to pay fee results in violation similar to that if they failed to apply for license. Requires annual report.	Senate Health and Human Services
SB 2247	Zaffirini		Relating to the use of pro re nata psychoactive medications in certain residential health care facilities.	Adds Section 576.0245: Administration of Psychoactive Medications to the Health and Safety Code. Requires HHSC to adopt rules governing pro re nata psychoactive medications in facilities. Rules prohibit authorizing issuance of prescription drug order for a pro re nata psychoactive medication administered by injection unless under court order/emergency. Rules must require practitioner to document use in psychiatric emergency. Requires nurses to attend training to administer in an emergency. Requires employees to attend training on consent and refusal of consent to treatment.	04-28-09 S Committee action pending Senate Health and Human Services
SB 2346	Hinojosa	HB 2028 by Zerwas, SB 2427 by Deuell	Relating to delegation by a physician of certain cosmetic and dermatological medical treatments.	Amends Chapter 157 of the Occupations Code to allow physicians to delegate to qualified/trained PAs: administration of botulinum toxin injections; dermal fillers; cosmetic/aesthetic medical treatments; or use of later/pulsed light that is a prescription device. Establishes above are considered practice of medicine and may be performed only by physician or PA under order/protocol.	03-31-09 S Introduced and referred to committee on Senate Health and Human Services
SB 2353	Ogden	HB 4584 by Pitts	Relating to improving efficiency in state government and	Amends Chapters 1551: Texas Employees Group Benefits Act, 1575: Texas Public School Employees Group Benefits Program, 1579: Texas School Employees Uniform Group Health Coverage, 1601: Uniform Insurance Benefits for UT System and A&M System of the	03-31-09 S Introduced and referred



Pharmaceutical and Bio-Related Legislative Tracking Chart

			reducing state government spending.	Insurance Code to establish a pill splitting program. Defines eligible pill and pill splitting. Requires board to design and establish a voluntary pill splitting program. Program must include a copayment reduction incentive and require participating individuals obtain a prescription for an eligible prescription pill authorizing splitting from a prescribing physician and personally split the pill. Board is to establish a list of eligible pills. Annual reporting to LBB and Governor on design, medications, participation, and cost savings resulting. Requires HHSC and DSHS to streamline 1915(c) waiver program service delivery. Repeals pilot program on 1915(c) waivers. Repealer language of Insurance Code.	to committee on Senate Finance
SB 2422	Deuell		Relating to the dispensing of drugs by physicians.	Amends Section 158.001 of the Occupations Code to allow physicians to dispense dangerous drugs and controlled substances to patients and charge for the drugs. Eliminates language prohibiting physicians from operating retail pharmacy.	05-05-09 S Committee action pending Senate Health and Human Services
SB 2427	Deuell	HB 2028 by Zerwas, SB 2346 by Hinojosa	Relating to delegation by a physician of certain cosmetic and dermatological medical treatments.	Amends Chapter 157 of the Occupations Code to allow physicians to delegate to qualified/trained PAs: administration of botulinum toxin injections; dermal fillers; cosmetic/aesthetic medical treatments; or use of laser/pulsed light that is a prescription device. Establishes above are considered practice of medicine and may be performed only by physician or PA under order/protocol.	03-31-09 S Introduced and referred to committee on Senate Health and Human Services