BIG WINS FOR PHARMACY
AND
A FEW SMALL LOSSES

The 84th Session of the Texas Legislature

Legislative Update
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As of early June, Texas Pharmacy has seen the opening and closing of the 84th Texas Regular Legislative Session. As the dust begins to settle, enthusiasts and onlookers are eagerly trying to determine just what was accomplished during the 140 day long legislative session.

FRAMING THE SESSION

The 2015 Legislative Session was highlighted by significant leadership changes resulting from Texas Governor Rick Perry’s decision not to seek re-election for a fourth full-term in office. This single factor paved the way for the election of Governor Gregg Abbott (right) and Lt. Governor Dan Patrick, who replaced Lt. Governor David Dewhurst. It also made Speaker of the House, Joe Straus, now serving his fourth term, the most senior of the state’s top leaders.

Many Texas political observers predicted that these changes would lead to one of the more contentious legislative session in years. The predictions proved false, as the Texas Senate and the Texas House came to agreement on a number of the top issues facing the state.

Among the many successes for pharmacy was that the various Texas pharmacy organizations and advocacy representatives were united and worked cooperatively to advance pharmacy legislation and ward-off bad legislation impacting pharmacy. The Pharmacy Advocacy Group (PAG) - which TPA created and led since 2009 – was one of the key reasons for this cooperation. The PAG held weekly meetings to conduct collaborative and strategic discussions during the session. Participating organizations included:

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

Through these meetings, pharmacy advocates were able to share knowledge, direct resources, build relationships with legislators and advance legislation that benefited all practicing pharmacists and their patients.

This legislative session also brought new challenges to pharmacy – the loss of one of pharmacy’s greatest advocates in the Texas Legislature with the retirement of Senator Leticia Van De Putte (D-San Antonio). With her departure, Senator Charles Schwertner (R-Georgetown) became the only member in either chamber to have direct pharmacy experience. Senator Schwertner comes from a long family line of pharmacists. After becoming a pharmacist, he attended medical school and is a practicing orthopedic surgeon in Georgetown, Texas.

Another key challenge related to the change in the chairs of the two key health committees. Senator Schwertner was appointed to lead the Senate on Health & Human Services Committee and Representative Myra Crownover (R-Lake Dallas) took over the House Public Health Committee.
ISSUES

This session, just as in past sessions, there was an increase in the number of bills filed by the 180 members of the Texas Legislature (for those questioning what appears to be an error since there are 150 House members and 31 Senate members, the Speaker of the House traditionally does not file legislation). The final filing tally during the regular session was 6,276 bills. This represents approximately a 7% increase over the bill filings for the 83rd Legislature. Out of the 6,000 plus bills filed, only 1,322 made it through the entire legislative process or just under a 20% rate.

Budget

Before the close of the session, the Texas House and Texas Senate found common ground and managed to pass a $209 billion state budget for the next two years – the largest in the history of Texas!

The budget includes:

- 3.0 percent increase in All Funds and 4.9 percent increase in state spending.
- A $10,000 increase to the school homestead exemption for homeowners and a 25 percent reduction in the state’s franchise tax for businesses - all totaling a $3.8 billion tax break for the citizens of Texas.
- $800 million dollars to the Department of Public Safety to increase border security on the Texas/Mexico border. Some also called for an increased presence on the Texas/New Mexico border to keep Californians out; however, the Legislature did not provide funding for that purpose this session.
- An increase of $573 million, for hospital payments, including rural, trauma-designated and safety-net hospitals.
- $373 million in Medicaid cost containment savings. TPA is working hopes some of the funds will go towards the Medication Therapy Management imitative which TPA has led.
- A 3 percent formula funding increase for colleges and medical schools.
- $3.5 million each of the two years to the University of Texas at El Paso to expand their current pharmacy program – which now has ties with the University of Texas at Austin College of Pharmacy - into a formal college of pharmacy in West Texas.

What the budget does not include for pharmacy:

- Despite tremendous efforts there was no increase in either reimbursement rates for physicians or pharmacists accepting Medicaid patients. This remains a constant challenge for pharmacies who are often paid below cost for prescriptions filled for their Medicaid patients. This challenge is heightened by those pharmacies whose Medicaid market share is upwards of 75 percent, some even having nearly 100 percent Medicaid.

Proponents of the budget highlight that the budget is significantly under the state’s estimates of population growth and inflation which ranges from 6.2 percent to 8.6 percent. In addition, the budget is under both Article 8 Constitution spending limit and the state’s pay-as-you-go limit.

Opponents of the budget highlight that public schools remained 31 percent under-funded from the dollars prior to the 2011 budget shortfall and ultimate reduction in state spending. They also highlight that Higher Education funding is still less than the high-water mark of about a decade ago and that the TEXAS Grant recipients are receiving smaller grants than previously offered.
Open Carry
For many Texans, this was and continues to be a highly debatable topic. Should Texans licensed to carry a concealed handgun be allowed to carry their firearm openly? This debate often comes to a surprise for folks not from Texas who more often than not have their romantic images of Texans riding their horses across our vast open lands with a firearm strapped to their hips.

Going into the session, this issue was pushed to the forefront by groups like Open Carry Texas and Moms Demand Action for Gun Sense in America. With both sides feverishly pushing their agenda throughout 2014, unsurprisingly, it became top priority for many on the campaign trails, including now Lt. Governor Dan Patrick. After significant debate and discussion throughout the session that included a significant amendment fight in the waning days of session, House Bill 910 passed both chambers and has since been signed in to law by Gov. Abbott. (right)

Beginning in January of 2016, Texas no longer will have a concealed handgun license (CHL), but instead, those licenses will convert to a license to carry a firearm in the state of Texas, regardless of the firearm being carried openly or concealed.

For pharmacists and pharmacies, it’s important to note that with the passage of the right for licensed individuals to carry a firearm openly, the legislature also extended the right of businesses to authorize or prohibit individuals to carry within their premises. When the state’s concealed carry law passed in the 90’s, it established a 30.06 sign which when posted limited a CHL holder from entering the premises while carrying their concealed firearm. Now, business will have the ability to post a 30.07 sign that will prohibit an individual from openly carrying their firearm within the premises. Under the new law, business will have the choice to post either one, both, or neither. For those businesses wishing to allow concealed carrying of a firearm but not open carry, they will only need to post the 30.07, for those wishing to prohibit both, the 30.06 and 30.07 signs will need to be properly posted.

Campus Carry
Much like the open carry debate, Texans have long discussed the pros and cons of allowing a licensed individual to carry a concealed handgun on the premises of a public university. While the discussion is far from completely settled, the Texas legislature did pass Senate Bill 11 and has subsequently been signed in to law by Gov. Abbott.

For faculty and students in public colleges of pharmacy, under SB 11, individuals who are 21 and licensed to carry will be authorized to do so on the premises of a public university. Private universities will have the ability to opt out of the policy.

Included in the bill, was a provision providing university presidents in consultation with students, faculty and staff, the ability to establish rules on where a handgun may be carried and how they may be stored. All rules must be approved by the school’s governing boards within approximately the next 14 months, before they become effective.

It is clear to many observers that the open carry and campus carry bills will be a sizable culture shift in Texas as more Texans are confronted with handguns being openly carried in public and gain the knowledge that licensed individuals may be carrying a concealed handgun while they are on our college campuses across the state.
Pharmacy: The Wins, the Stopped and the Losses

PHARMACY WINS – BILLS THAT PASSED

Pharmacists Authorized to Administer Epinephrine Auto-injectors
House Bill 1550 by Rep. John Zerwas (R-Richmond) requires the Texas State Board of Pharmacy to adopt rules that authorize a pharmacist to administer an epinephrine auto-injector to a patient in an emergency situation. The bill also establishes liability protections unless the act of administering is willfully or wantonly negligent. The bill also allows a pharmacist to seek reimbursement for the cost of the product, but does not allow the pharmacist to be compensated for performing the act. Under current law, a pharmacist is only authorized to administer an epinephrine auto-injector to a patient in conjunction with a reaction to a vaccination or immunization under protocol with a physician. The law will take effect January 1, 2016, following development of rules by the TSBP. TPA is proud to have filed and worked on this legislation. It will save lives by removing legal hurdles that legally prevented a pharmacist from acting when seconds can truly matter. Special thanks go to TPA President Charlotte Weller for sharing her personal story with members of the legislature regarding a pharmacist who acted without regard to the law and saved her six year old son’s life when he was in anaphylactic shock after inadvertently being exposed to peanuts. Thanks also to TPA Past President Carole Hardin-Oliver for bring this issue forward for inclusion in the Association’s legislative package.

Transaction Fee Prohibition Law Strengthened
Senate Bill 94 by Sen. Juan “Chuy” Hinojosa (D-McAllen) prohibits certain fees charged for the adjudication of pharmacy benefit claims. Rep. Bobby Guerra (D-Mission) was the author of the House companion bill. Gov. Abbott showed early support for pharmacy when he signed the bill into law on May 15, 2015, seventeen days prior to the end of session. Under the new law, pharmacy benefit managers are prohibited from charging fees for network management services, inclusions in a network, services related to the adjudication of a claim, services for processing a claim, services related to transmitting a claim, or for developing a claims processing and adjudication network. In addition the Texas Department of Insurance will now have increased enforcement ability over those that violate this clear prohibition of charging pharmacies a fee.

This was an extremely important bill for the business side of pharmacy. Some analysis have shown that this new law will save pharmacy as a whole millions of dollars and in the neighborhood of $15,000-$20,000 dollars a year to individual pharmacies. TPA was proud to work with the Texas Pharmacy Business Council which led the effort on this vital piece of legislation. The law takes effect on September 1, 2015.

Discount Cards Prohibited Without Direct Pharmacist Consent
House Bill 3028 John Frullo (R-Lubbock) addresses the regulation of certain conduct by discount health care program operators or concerning discount health care programs which relates to either prescription drugs or prescription drug benefits. The legislation prohibits the acceptance of a discount card program as a condition for participation in a network. In addition, the bill prohibits a pharmacy benefit manager from requiring that a pharmacist or pharmacy accept or process a claim under a discount health care program unless the pharmacist agrees to in writing. Another important component of the bill is the prohibition for a discount card operator to pay a health care provider or an employee of the provider to encourage the use of the discount cards.

This legislation will help to make the use of discount cards open and transparent, and allow pharmacists to openly choose or not choose to participate in one of the many available programs. TPA was pleased to work with the Texas Federation of Chain Drug Stores that led the charge on this legislation and the other pharmacy organizations. This law takes effect on September 1, 2015.
Pharmacy Clean-up Legislation

Senate Bill 460 by Sen. Charles Schwertner (R-Georgetown) (right) addresses a number of issues identified by the Texas State Board of Pharmacy needing to be cleaned-up or clarified.

Changes:

- Amends the Health and Safety Code to authorize a pharmacist, in the event of a natural or manmade disaster, to dispense not more than a 30-day supply of a dangerous drug without the authorization of the prescribing practitioner if failure to refill the prescription might result in an interruption of a therapeutic regimen or create patient suffering, the natural or manmade disaster prohibits the pharmacist from being able to contact the practitioner, the governor has declared a state of disaster, and the Texas State Board of Pharmacy, through the executive director, has notified pharmacies in Texas that pharmacists may dispense up to a 30-day supply of a dangerous drug. The bill exempts the prescribing practitioner from liability for an act or omission by a pharmacist in dispensing a dangerous drug in the event of a natural or manmade disaster.

- Amends the Occupations Code to authorize the Texas State Board of Pharmacy to provide the required notice of the board's contact information for the purpose of directing complaints to the board on an electronic messaging system in a font specified by board rule prominently displayed in the place of business of each person regulated by the board. The bill authorizes the board or a board representative to enter and inspect a facility relative to financial records relating to the facility's operation but restricts the board's inspection of those records to an inspection in the course of the investigation of a specific complaint and to the records related to the specific complaint. The bill subjects such an inspection to statutory provisions relating to board investigations and the confidentiality of information or material compiled in connection with a board investigation. The bill removes the prohibition against the extension of a board investigation of a facility to financial data, sales data other than shipment data, or pricing data, with certain exceptions, and makes such data obtained by the board during an inspection of a facility confidential and not subject to disclosure under state public information law.

- Requires a pharmacist to provide to the board, on request, records of the pharmacist's practice that occurs outside of a pharmacy and requires the pharmacist to provide the records at a time specified by board rule. The bill increases from two to four the maximum number of times an applicant for a license to practice pharmacy may retake the licensing examination subsequent to failure on the applicant's first attempt and increases from three to five the number of failed examination attempts that triggers the requirement that the applicant provide documentation showing completion of additional college course work in the examination subject area the applicant failed in order to be allowed to retake the examination. The bill revises the required contents of a completed pharmacy license application by requiring proof that no owner of the pharmacy for which the application is made has held a pharmacist license in Texas or another state, if applicable, that has been restricted, suspended, revoked, or surrendered for any reason and by specifying the type of license to which certain required contents must be in reference.

- Repeals requirements that a pharmacist display a specified sign regarding the availability of a less expensive generically equivalent drug and that a pharmacist publicly display the pharmacist's license to practice pharmacy and license renewal certificate in the pharmacist's primary place of practice.
• Reduces from one year to 91 days the minimum amount of time that a pharmacy's license can be expired before the pharmacy is prohibited from renewing the license and repeals a provision authorizing a pharmacy whose license has been expired for more than 90 days but less than one year to renew the expired license by paying a renewal fee to the board. The bill makes statutory provisions relating to the required practitioner-patient relationship applicable to all prescriptions, regardless of the type of consultation on which the prescription is issued or the type of substance that is prescribed.

• Changes the deadline for a pharmacy to report in writing to the board a change of location of the pharmacy from not later than the 10th day after the date of the change of location to not later than the 30th day before the date of the change of location and makes this deadline change applicable only to a pharmacy that changes location on or after October 1, 2015. The bill authorizes the board to discipline an applicant for or the holder of a pharmacy license if the board finds that the applicant or license holder has waived, discounted, or reduced, or offered to waive, discount, or reduce, a patient copayment or deductible for a compounded drug in the absence of a legitimate, documented financial hardship of the patient or evidence of a good faith effort to collect the copayment or deductible from the patient.

• Changes the date on which the board must remove all records of a remedial plan imposed to resolve the investigation of a complaint from the board's records if a license holder complies with and successfully completes the terms of the remedial plan from the fifth anniversary of the date the board issued the terms of the remedial plan to the end of the state fiscal year in which the fifth anniversary of the date the board issued the terms of the remedial plan occurs. The bill removes a disciplinary action taken by the board regarding a remedial plan from the disciplinary actions taken by the board that are governed by the Administrative Procedure Act and the rules of practice and procedure before the board and specifies that this change is a clarification of existing law and does not imply that existing law may be construed as inconsistent with the law as amended by the bill.

• Repeals certain sections of the Occupations Code including Section 561.003(d); Section 562.009(a-1); and Section 562.051.

Maximum Allowable Cost Transparency Extended to Commercial Plans
Senate Bill 332 by Sen. Charles Schwertner (R-Georgetown), with the House companion carried by Rep. Todd Hunter (R- Corpus Christi), provides additional safeguards for pharmacists that are facing issues with MAC paid by commercial plans. SB 332 builds upon SB1106 passed in the 83rd Texas Legislative session which addressed transparency and consistency in how maximum allowable costs are determined and charged under Medicaid. It now has been expanded to include the private health plans. This new legislation does not include Texas Worker’s Compensation or any self-funded planned defined under ERISA. The legislation includes a requirement that a PBM disclose to pharmacies within the network, the sources of the pricing data it uses to determine MAC prices, when they contract or renew a contract with the PBM. The bill also includes a requirement that the PBM update MAC prices on a weekly basis and remain consistent with drug price changes & availability in its service area. A key provision of the bill included a requirement that each PBM establish an appeals procedure so that a pharmacy in the network could challenge a MAC price within 10 days of filing a claim. Once a pharmacy files an appeal the PBM must respond in 10 days by either (1) allowing the reversal and rebilling of the appealed claim and (2) adjusting the drug’s MAC price for the pharmacy and all similarly situated pharmacies; or (3) providing a reason why the challenge is denied along with the source where the specified drug is available in Texas.

This legislation is yet another critical step to assist pharmacists across the state who are continually confronted with convoluted and misleading MAC prices by private insurers. TPA was please to work with TPBC, the lead organization, as well as the other pharmacy organizations.
TSBP Set to Take Over Prescription Drug Monitoring Program

Senate Bill 195 by Sen. Charles Schwertner (R-Georgetown) provides for the official transfer of the Prescription Drug Monitoring Program from the Department of Public Safety to the Texas State Board of Pharmacy. The bill requires DPS, not later than September 1, 2016, to transfer to the board all appropriate records received by DPS under certain provisions of the Texas Controlled Substances Act regulating prescriptions for controlled substances and the official prescription program, regardless of whether the records were received before, on, or after the effective date of the bill. The bill requires the Board to adopt any rules required by the Texas Controlled Substances Act, as amended by the bill, not later than March 1, 2016.

One of the key provisions of the legislation includes the authorization for TSBP to enter into an interoperability agreement with one or more states or an association of states authorizing the board to access prescription monitoring information maintained or collected by the other state or states or the association, including information maintained on a central database such as the National Association of Boards of Pharmacy Prescription Monitoring Program InterConnect. In addition, the bill also authorizes the TSBP to establish reasonable and necessary fees for the purpose of maintaining and administering the program.

For many within the pharmacy family and the medical family, this is a long overdue transition that has been pursued through multiple sessions. Passage of this bill is in large part the result of the coalition of the Texas Medical Association, Texas Association of Businesses, TPA and multiple pharmacy organizations. The bill is set to take full effect by September 1, 2016.

Pharmacists to Receive Authority to Substitute BioSimilars for Biologics

House Bill 751 by Rep. John Zerwas (R-Richmond) establishes the ability for a pharmacist to substitute a biologic prescription for an FDA approved interchangeable BioSimilar. Pharmacy had opposed this issue during the 83rd Legislative Session primarily because of reporting requirements for pharmacists. At the beginning of the 84th session pharmacy’s position had not changed, particularly with two new problematic inclusions in this session’s bill. However, that position changed following extensive negotiations.

TPA was proud to take the lead on behalf of pharmacy. After weeks of back and forth discussion, the bill began to take shape that pharmacy would not just choose to stand down on, but instead stand in support of. The key provisions of the negotiated bill include a four-year sunset provision of the notification requirement. Before the requirement expires in 2019, very few interchangeable BioSimilars are expected to get FDA approval. And during that time, the notification requirement is met, within current work flow, when a pharmacist enters information for payment of claims into a pharmacy benefit management system and reasonably concludes that the information is electronically accessible to a prescribing practitioner. The bill will take effect on September 1, 2015.

Limited Direct Third Party Dispensing Authority

Senate Bill 1462 by Sen. Royce West (D-Dallas) addresses the prescription, administration, and possession of certain opioid antagonists for the treatment of suspected opioid overdoses. This is another bill that proved problematic for pharmacy in its filed version. The concern was addressed when TPA helped to rewrite the bill and remove the provision that would have unintentionally given dispensing authority to a prescribing health care provider. As passed, the bill allows prescribers to prescribe an opioid antagonist to a third party. Likewise, pharmacists may dispense an opioid antagonist to a third party under a valid prescription. Additionally, a pharmacist who, acting in good faith and with reasonable care, dispenses or does not dispense an opioid antagonist under a valid prescription is not subject to any criminal or civil liability or any professional disciplinary action for dispensing or failing to dispense the opioid antagonist; or for any outcome resulting from the eventual administration of the opioid antagonist.
TPA was proud to work with Sen. West and Rep. Johnson and their staffs on this piece of legislation that is about saving lives. Through the passage of this bill countless individuals may be saved, from those that accidently overdose on their prescription medication to those that overdose as a result of an addiction to drugs. This bill takes effect September 1, 2015.

**PHARMACY WINS – BILLS THAT WERE STOPPED**

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

*Senate Bill 588* by Sen. Joan Huffman (R-Houston) and *House Bill 1483* by Rep. John Zerwas (R-Richmond) would have allowed physicians and optometrists to prescribe, sell and dispense certain aesthetic drugs. As filed in the House, the bill would have allowed for the prescribing and dispensing of eleven aesthetic drugs. The drugs were: bimatoprost; hydroquinone; tretinoin; metronidazole; tazarotene; eflornithine; dapsone; salicylic acid; urea topicals; mequinol; and resorcinol.

Following significant opposition from TPA and the other pharmacy advocates, along with House Public Health Chair Myra Crownover (R-Denton) the number was reduced to three drugs; bimatoprost, hydroquinone and tretinoin. Despite the reduction in the number of drugs, TPA, other pharmacy advocates and thousands of pharmacists remained steadfastly opposed to the bill and were successful in preventing the bill from making it to the House floor.

Throughout the remainder of session TPA remained vigilant for the bill to reemerge and that vigilance paid off when in the closing weeks of session the physician dispensing bill was amended to *Senate Bill 202* (a 325 page bill addressing occupational regulatory programs and the deregulation of certain activates and occupations). No longer was the authority to prescribe and dispense aesthetic drugs limited to three drugs, but now included **ALL AESTHETIC DRUGS**. Fortunately, thanks to the efforts of TPA, the other pharmacy advocates and pharmacists from across the state, pharmacy was successful in removing the amendment on third reading.

The removal of the onerous amendment came at a cost. The bill author is more motivated than ever to pass the ‘Physician Dispensing’ bill into law next session. TPA will remain vigilant throughout the interim and educate legislators on pharmacy’s opposition and possible alternatives to address the issue.

**Forcing Pharmacists to Honor Any Valid Prescription**

*House Bill 628* by Rep. Stuart Spitzer (R-Kaufman) would have required a pharmacist to honor all valid prescriptions written by a licensed practitioner in the state, including for controlled substance or dangerous drug. As filed, the bill did protect a pharmacist’s right to conscientiously object, but did not protect other reasons a pharmacist may choose to not fill a prescription, either at that time or at all. Due in large part to pharmacies opposition, the bill was never heard in committee.

**PHARMACY LOSSES – BILLS THAT DID NOT PASS**

**Immunization Bill Dies After Failing to Be Heard**

*Senate Bill 480* by Sen. Charles Perry (R-Lubbock) would have allowed pharmacists to administer immunizations and vaccinations to patients age seven and older without a physician referral. Unfortunately, unlike last session when the issue had hearings in both chambers, this session the bill was not set for a hearing in the Senate Health and Human Services committee, chaired by Sen. Schwertner. This came as little surprise since Sen. Schwertner’s clear position to not alter the current roles of pharmacists and physicians. The bill had heavy opposition by the Texas Medical Association, despite multiple meetings with TPA and other pharmacy organizations.
Medication Synchronization Fails Despite Tremendous Support

**House Bill 3025** by Rep. Marsha Farney (R-Georgetown) would have encouraged the use of prescription drug synchronization between health care insurers and pharmacists. The bill would have required health benefit plans to provide benefits for prescription drugs and to prorate any cost-sharing amount charged for the prescription drug dispensed in a quantity of less than 30 days, if it was validated for the purpose of synchronizing a patient’s medication. In addition, the legislation would have prohibited the health benefit plan from prorating the fee paid to the pharmacy for dispensing the synchronized medication.

Though HB 3025 received tremendous support from pharmacy, the bill did not move out of the House Insurance committee quickly enough for the House Calendars committee to place it on the floor calendar to be heard before the May 14th deadline for all House bills to be considered on second reading. The bill was placed on the General State calendar for May 13th, but by that time the House calendar had begun to stack up with the previous day’s bills and bills must be taken up in the order placed on the calendar.

Provider Recognition Meets Early Demise

**House Bill 3146** by Rep. J.M. Lozano (R-Kingsville) sought to clearly recognize pharmacists as health care providers and able to provide services within the pharmacy section of the Occupation Code. Often during a legislative session, the simplest of bills can prove to be the greatest of challenges. Over the years, Texas has recognized pharmacists as providers throughout Texas statute. And though the recognition is speckled throughout specific statutes, this recognition has not been adequate to influence insurance companies to pay pharmacist as providers. The purpose of the TPA ‘Provider Recognition’ bill was to make clear that pharmacists are health care providers and would have served as a first step to eventually change the insurance payment issue.

Regrettably, following significant opposition behind the scenes from unknown sources, the bill failed to receive a hearing in the House Public Health committee. TPA will continue to look at this issue not only for the purpose of clearly recognizing pharmacists as providers, but also to seek reimbursement from the private health plans.

It important to note that the provider recognition bill was only one part of TPA’s effort to achieve these goals. Currently TPA has seen great success in advancing Medication Therapy Management within the state’s Medicaid program, which much closer mirrors the national efforts surrounding ‘Provider Status’.

Though Current Law, ‘Any Willing Provider’ Again Fails to be Recodified

**Senate Bill 322** by Sen. Charles Schwertner (R-Georgetown) and **House Bill 778** by Cecil Bell (R- Magnolia) was aimed at requiring health plans to include any pharmacy that was willing to accept the terms of a contract as excepted by other pharmacy providers. In addition, the bill would have provided a severability clause for any part found to be in conflict of any federal law. The bill also sought to provide an enforcement ability for the Texas Department of Insurance. The bill failed to pass in both Senate and House committees.

**NEXT STEPS....**

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

**TPA THANKS ALL ADVOCATES**

TPA thanks Texas pharmacists, student pharmacists and pharmacy technicians who contacted their legislators, visited their offices, educated their staff and voiced opinions on all topics that affected pharmacies, pharmacists and their patients. TPA all recognizes and applauds the collaboration that was achieved by the various pharmacy groups. Working together, pharmacists and pharmacy owners spoke with a common voice which proved highly influential.