



Tennessee Pharmacists Association

Legislative Bulletin Final- 2014

May 2014

2014 SECOND GENERAL SESSION

On Thursday afternoon, April 17, 2014, just before 2 PM, the second and final session of the 108th Tennessee General Assembly came to a close *sine die*, two days ahead of the 2013 finish. Because of the rules adopted in the House in 2013, the total bill filings for the two-year session decreased considerably from previous sessions. By the end of the session there were 2,649 bills introduced in the Senate and 2,555 bills introduced in the House.

With this being an election year for all House districts and for all odd-numbered Senate districts, the House and Senate leadership worked to meet their targeted adjournment date of mid-April. This allows candidates to return home to begin campaigning and fundraising. State law and regulations prohibit members of the Tennessee General Assembly from raising campaign money until the legislature adjourns or May 15th, whichever occurs first.

Several current members of the Tennessee General Assembly have announced they will not be seeking re-election in 2014. In the Senate, Doug Henry, the longest serving member of the Assembly, having served continuously for more than four decades, announced his retirement. Senators Lowe Finney and Charlotte Burks also announced they are retiring. Senator Jim Kyle from Memphis, who is not up for re-election, is seeking election as a chancery court judge in his home area and may not return next year depending on the outcome of the election. Senator Jim Tracy, also not up for re-election, is running for Congress in the 4th House District and also may not return depending on the outcome of that election. In the House, Kent Williams, Eric Watson, Richard Floyd, Joe Carr, Mike Turner, and Joshua Evans (running for a Senate seat) have all announced they are not seeking re-election in the House. In addition, the seat for House District 43, vacated in 2014 by Charles Curtiss, and filled by appointment for 2014 by Paul Bailey is also open. TPA will be seeking information from pharmacist members in these districts on information regarding the candidates running for these open seats.

TPA members and leadership had identified three issues of significant importance needing attention in the 2014 session:

- Collaborative Pharmacy Practice
- Use of MAC programs by PBMs
- Pharmacy Robberies

TPA worked diligently throughout the session on these three targeted issues as well as several other issues affecting pharmacists, pharmacies and our patients which were considered based on legislation introduced

by members of the 108th Tennessee General Assembly. TPA made every effort possible to see that legislation introduced at the request of Tennessee pharmacists was enacted with appropriate terms and provisions. TPA also actively worked on legislation introduced by other interests that could potentially cause problems and harm to pharmacy and the patients pharmacist serve to make certain the legislation was either amended to correct possible problems before it moved forward or that the legislation was just not enacted.

TPA was successful in enacting legislation to implement Collaborative Pharmacy Practice and Regulation of use of MAC programs by PBMs but was not able to get legislation enacted to increase the penalty for pharmacy robbery.

TPA is highlighting the action during the 2014 session on the bills of most interest and having the most affect on pharmacists and is providing more detailed information in this Legislative Bulletin on pages 3 through 15.

SESSION CONCLUSION

Now that the session has concluded, work will begin on implementation of a number of new laws directly affecting pharmacists and the patients they serve. One new law in particular implementing Collaborative Pharmacy Practice will bring significant change to pharmacy practice in Tennessee. The Tennessee Board of Pharmacy will take the lead in developing rules required for implementation of the new law.

TPA will continue to provide updated information as it becomes available on the new laws and any applicable new or revised rules.

TPA extends a special thank you to all members who assisted TPA's efforts throughout the session by participating in the MidYear Legislative Conference and Legislative Reception, by coming to Nashville on other days when our legislation was being discussed in committees and in the full House and Senate and by taking time to contact your legislators on pharmacy issues, even when you were unable to be in Nashville.

Special thanks are extended to the three pharmacist legislators who served in the Second Session of the 108th General Assembly – Senator Randy McNally, Senator Ferrell Haile, and Representative David Shepard – for all their leadership and support on issues important to pharmacists and our patients.

Special thanks are also extended to Senator Doug Overbey (R-Maryville), the lead Senate Sponsor of both the Collaborative Pharmacy Practice legislation and the legislation implementing Regulation of the use of MAC programs by PBMs. Special thanks are also extended to Representative Bob Ramsey (R-Maryville) and Senator Ken Yager (R-Harriman) who were instrumental in negotiating the amendatory language in the pharmacy ID legislation.

Again, thank you to our members for your dedication and support.

Bateena Black. DPh
Executive Director

KEY LEGISLATION INTRODUCED IN 2014 AFFECTING PHARMACY

Collaborative Pharmacy Practice

P.C. 832

The Tennessee Pharmacists Association was successful in gaining unanimous passage in both the Senate and House of this important, landmark legislation amending the Tennessee Pharmacy Practice Act. This legislation establishing definitions and provisions for collaborative pharmacy practice between pharmacists and prescribers which will facilitate efficiency in utilization of collaborative, team-based patient care involving pharmacists within our health care system. This legislation established definitions for “collaborative pharmacy practice” and “collaborative pharmacy practice agreement” and allows one or more Tennessee-licensed pharmacists and one or more Tennessee-licensed prescribers actively practicing in Tennessee to enter into a voluntary collaborative pharmacy practice agreement. In addition, this legislation allows patients to have access to essential patient care services provided by pharmacists pursuant to collaborative pharmacy practice agreements while also alleviating burdensome and outdated regulatory restraints requiring individual medical orders from a prescriber for each patient for any service provided by a pharmacist which hinder the effective delivery of patient care services by pharmacists working in collaboration with prescribers. Ultimate authority regarding the scope of services provided by pharmacists in accordance with the agreements is assigned to the authorizing prescriber or prescribers. The Board of Pharmacy, in collaboration with the Board of Medical Examiners and Board of Osteopathic Examination, are required to promulgate rules establishing appropriate minimum standards for collaborative practice agreements.

Rx **SB 1992 by Overbey, McNally, Haile, Crowe, Yager (HB 2139 by Shepard, Ramsey, Sexton)**
 Pharmacy, Pharmacists - As introduced, authorizes collaborative pharmacy practice.
 - Amends TCA Title 63, Chapter 10; Title 63, Chapter 6 and Title 63, Chapter 9.
Senate: Passed in Full Senate – 4/3/14; Ayes 32, Nays 0
House: Passed in Full House as Amended – 4/9/2014; Ayes 98, Nays 0
Signed by Governor – 4/29/2014; Effective July 1, 2014; Became Public Chapter 832

Link to legislation: <http://state.tn.us/sos/acts/108/pub/pc0832.pdf>

Regulation of Pharmacy Benefit Managers and MAC Lists

P.C. 857

The Tennessee Pharmacists Association was successful in gaining unanimous passage of this legislation establishing provisions for regulation of use of Maximum Allowable Cost programs by Pharmacy Benefit Managers (PBMs) serving patients in Tennessee. Specific provisions of the bill include the following:

1. Before placing a drug on a MAC list the PBM must find that the drug is generally available for purchase by pharmacies in TN from a regional or national wholesaler.
2. If a drug on a MAC list is no longer available at the MAC price, the PBM must remove the drug from the list within 5 business days after the date the PBM is aware the drug is no longer available at that price.

3. The PBM will make available to each pharmacy with which the BPM has a contract:
 - a. Each MAC price used by the PBM for patients served by that pharmacy
 - b. The sources used to determine the MAC prices for drugs and devices on each MAC list
 - c. Upon request, each MAC list used by the PBM for patients served by that pharmacy
4. Every PBM must update MAC prices on each of its MAC lists at least every 3 business days and make the updated lists available to each contracted pharmacy either on its website or other comparable format or process and utilized the updated MAC prices to calculate payments within 5 business days.
5. A PBM is prohibited from establishing any MAC price in an amount that would result in reimbursement below the amount found in the source used by the PBM to set the MAC price.
6. Every PBM must establish a clearly defined appeal process for contesting prices used for reimbursement.
 - a. The pharmacy must file an appeal within 7 business days of date of claim filing
 - b. The PBM must resolve the appeal within 7 business days of receipt of the appeal
7. If the PBM denies the appeal, the PBM must state the reason for denial and provide the NDC of an equivalent drug that is available at a price equal to or below the MAC for that drug.
8. If the appeal is determined to be valid, the PBM must adjust the MAC price for that item for the appealing pharmacy.
 - a. The adjustment for the appealing pharmacy will be effective from the date the pharmacy's appeal was filed.
9. Once an appealing pharmacy's appeal is determined to be valid, the PBM will adjust the MAC price for that item for all similarly situated pharmacies within 3 business days for claims submitted in the next payment cycle.
10. A pharmacy cannot disclose MAC lists and MAC pricing to any third party; however, that information may be shared with a pharmacy services administrative organization (PSAO) or similar entity with which the pharmacy has a contract to provided administrative services for that pharmacy. The PSAO must not disclose the information it receives to any third party.
11. Effective Date: January 1, 2015.

Rx **SB 1991 by Overbey, Haile, Bell, Yager (HB 1554 by Shepard, Turner M, Johnson G, Jernigan, Sexton, Odom, Sanderson)**

Insurance, Health, Accident - As introduced, regulates the use of maximum allowable cost lists by pharmacy benefit managers and covered entities.

- Amends TCA Title 56, Chapter 7, Part 31.

Senate: Passed in Full Senate – 4/14/14; Ayes 29, Nays 0

House: Passed in Full House – 4/14/2014; Ayes 98, Nays 0

TSigned by Governor –4/30/2014; Effective January 1, 2015; Became Public Chapter 857

Link to legislation: <http://state.tn.us/sos/acts/108/pub/pc0857.pdf>

Pseudoephedrine

P.C. 906

At the start of the 2014 legislative session there were numerous bills introduced that proposed changes in the limits and process for the sale of over-the-counter drugs containing the methamphetamine precursors ephedrine and pseudoephedrine. The Governor introduced his administration's version which would have limited sales per month to 2.4 grams and yearly purchase limits of 14.4 grams of pseudoephedrine. This version passed in the Senate with an amendment added which prohibited sales to persons 18 years of age and under without a prescription issued by a licensed healthcare prescriber or by a pharmacist. The House passed a different version of the bill providing for a monthly purchase limit of 5.76 grams and a yearly limit of 28.8 grams. Since neither the Senate nor House would agree with the limits passed by the other body, a conference committee was appointed and the following provisions were adopted and agreed to by both the Senate and the House.

Legislation was enacted that reduces individual purchaser monthly limits and yearly limits on sale without a prescriber's prescription for any products containing ephedrine or pseudoephedrine.

- New monthly limit: 5.76 grams
- New annual limit: 28.8 grams
- NOTE: The Federal daily limit of 3.6 grams is still in place

This legislation also adds a new provision that no person 18 years of age or younger may purchase any amount of ephedrine or pseudoephedrine except pursuant to a valid prescription issued by a licensed healthcare practitioner - includes a pharmacist generated prescription.

Any prescription for pseudoephedrine containing products from a pharmacist is subject to the limits described above. A prescription for these products from other licensed healthcare prescribers is not subject to those limits.

A person over the age of 18 can continue to make a purchase for an individual 18 years of age or younger such as a parent purchasing for a child.

Rx SB 1751 by Norris, McNally (HB1574 by McCormick, Hawks, Brooks K.)

Controlled Substances - As introduced, lowers the maximum amount of products containing ephedrine or pseudoephedrine that may be purchased in a thirty-day period; alters the requirements for a stop-sale override when completion of a sale would violate the maximum limits.

- Amends TCA Title 39, Chapter 17, Part 4.

Senate: Passed in Full Senate as Amended – 4/15/14; Ayes 23, Nays 8

House: Passed in Full House as Amended – 4/9/2014; Ayes 81, Nays 17

Signed by Governor –5/13/2014; Effective July 1, 2014; Became Public Chapter 906

Link to legislation: <http://state.tn.us/sos/acts/108/pub/pc0906.pdf>

Correction of NPLeX Data Entry Errors

P.C. 828

Legislation was enacted to require correction of data entry errors in the NPLEx system regarding sales of pseudoephedrine containing over-the-counter products. . This legislation requires pharmacies to submit correction of information to the NPLEx system such as removal of a sale when an error was made in the product being sold or when the patient does not actually take the pseudoephedrine product offered by the pharmacist. The legislation requires that NPLEx not generate a stop sale alert when data error correction has been submitted.

All pharmacists are urged to familiarize themselves with this functionality in the systems used by the pharmacy to connect to the NPLEx system.

Rx SB 1904 by Haile (HB 1858 by Spivey)

Drugs, Over the Counter - As introduced, authorizes pharmacists to submit data entry error corrections concerning errors in the submission of purchases of immediate methamphetamine precursor to the NPLEx and prohibits stop sale orders with respect to cases where the correction applies.

- Amends TCA Section 39-17-431 and Title 53, Chapter 10.

Senate: Passed in Full Senate as Amended – 3/27/14; Ayes 30, Nays 0

House: Passed in Full House – 4/10/2014; Ayes 95, Nays 0

Signed by Governor – 4/29/2014; Effective July 1, 2014; Became Public Chapter 828

Link to legislation: <http://state.tn.us/sos/acts/108/pub/pc0828.pdf>

Patient IDs for Controlled Substances**P.C. 872**

After lengthy debate and discussion of numerous pieces of legislation on this topic during both the 2013 session and the 2014 session, TPA and the bill proponents and sponsors were able to reach agreement on amendatory language for legislation which was passed this year. The expressed purpose of all legislation on this topic was to address concerns repeatedly raised by law enforcement that pharmacists did not know and could not document who received each controlled substance prescription dispensed in Tennessee.

As introduced, this legislation, developed by Knoxville Metropolitan Drug Commission would have established requirements of obtaining government issued photo identification when certain drugs are dispensed and required record keeping of identification of person taking possession of certain controlled substances by pharmacies. As amended, the Tennessee Pharmacists Association in working with each stakeholder group, removed all provisions related to record keeping for persons receiving controlled substance prescriptions from the legislation.

Legislation as enacted requires any person authorized to dispense controlled substances, who dispenses greater than a 7 day supply of any schedule II-IV opioid, benzodiazepine, zolpidem, barbiturate, or carisoprodol to any unknown person taking possession of prescriptions as described to have the person present a valid government issued ID, or public or private insurance card. This legislation allows a dispenser to use professional judgment for a minor or a homeless person who does not have a valid ID as described above. The law exempts from these requirements prescriptions dispensed by veterinarians, or prescriptions dispensed to hospital patients, nursing home and

assisted living patients, mental health residential patients, incarcerated patients, and inpatients of drug treatment facilities. The applicable penalty is a civil penalty assessed by provider's licensing board.

Rx **SB 1832 by Yager (HB 1466 by Ramsey)**

Pharmacy, Pharmacists - As introduced, establishes requirements for obtaining identification when certain drugs are dispensed.

- Amends TCA Title 53, Chapter 11, Part 3.

Senate: Passed in Full Senate as Amended – 4/8/14; Ayes 32, Nays 0

House: Passed in Full House – 4/14/2014; Ayes 99, Nays 0

Signed by Governor – 5/1/2014; Effective July 1, 2014; Became Public Chapter 872

Link to legislation: <http://state.tn.us/sos/acts/108/pub/pc0872.pdf>

Controlled Substance Database Reporting Timeframe

P.C. 1011

House Bill sponsor Representative Doss introduced legislation requiring reporting by dispensers to the Controlled Substance Database every 5 minutes. The sponsor indicated to TPA this was an attempt to address his concern for preventing prescription drug abuse. TPA worked with the Department of Health on getting the sponsor to agree to amend the legislation. As amended and enacted, the legislation requires reporting by a dispenser at a minimum frequency of each business day by no later than the close of business on the following business day. This requirement takes effect January 1, 2016. Veterinarians will continue to report every 7 days. Additionally, a new subsection under the penalty section was added stating failure to submit is not a violation if a good faith effort was made and the report was not transmitted due to technical difficulties including database problems, switch problems, electrical problems, natural disasters, or other unforeseen circumstances as defined by rules by the Board of Pharmacy.

Rx **SB 2547 by Hensley (HB 2400 by Doss)**

Controlled Substances - As introduced, requires the executive director of the board of pharmacy to consult with the commissioner of health when staffing the controlled substance database. - Amends TCA Title 53, Chapter 10.

Senate: Passed in Full Senate as Amended – 3/31/14; Ayes 31, Nays 0

House: Passed in Full House as Amended – 4/16/2014; Ayes 93, Nays 0

Transmitted to Governor – 4/22/2014; Effective January 1, 2016; Became Public Chapter 1011

Link to Legislation: <http://state.tn.us/sos/acts/108/pub/pc1011.pdf>

Controlled Substances

P.C. 732

Legislation was enacted which deletes the language “meth offender registry” and substitutes instead the language “drug offender registry”. It also changes from 7 years to 10 years the length of time an offender is listed in the registry.

SB 1312 by Hensley (HB 1257 by Shipley)

Controlled Substances - As introduced, provides that clerk is to forward a copy of judgment and date of birth of anyone convicted of a meth offense to the TBI within 10 days from the date the clerk receives the judgment but in no event more than 45 days from the date of the judgment. - Amends TCA Title 39, Chapter 17; Title 53 and Title 63.

Senate: Passed in Full Senate as Amended – 3/31/14; Ayes 31, Nays 0

House: Passed in Full House– 4/7/2014; Ayes 93, Nays 0

Signed by Governor – 4/22/2014; Effective Date July 1, 2014; Became Public Chapter 732

Link to Legislation: <http://state.tn.us/sos/acts/108/pub/pc0732.pdf>

Opioid Antagonists

P.C. 623

The Department of Health brought this legislation which was enacted permitting prescribing and dispensing of an opioid antagonist (naloxone HCl) to any at risk persons or their family members or friends and allows any person to administer the opioid antagonist to another person believed to be experiencing an opioid overdose. Civil liability immunity is provided to prescriber, dispenser, and person administering the medication. The Department of Health is required to develop an online education program.

Note: There has been discussion by Department of Health officials of requiring an individual to complete the online program and obtain a certificate of completion before a prescription can be issued to that individual but no details are available at this time.

Rx **SB 1631 by Norris, Overbey (HB 1427 by McCormick, Williams R, Brooks K)**

Controlled Substances - As introduced, provides for immunity from civil liability for prescribers of opioid antagonists and those who administer it in order to address opioid-related drug overdoses. - Amends TCA Title 63, Chapter 1, Part 1.

Senate: Passed in Full Senate - 2/10/2014; Ayes 32, Nays 0

House: Passed in Full House - 3/5/2014; Ayes 90, Nays 2

Signed by Governor – 4/4/2014; Effective July 1, 2014; Became Public Chapter 623

Link to legislation: <http://state.tn.us/sos/acts/108/pub/pc0623.pdf>

OTHER LEGISLATION ENACTED IN 2014 AFFECTING PHARMACY

Pharmacy Benefits Managers

P.C. 896

The Tennessee Pharmacists Association was approached by bill sponsors in response to information given to them by pharmacists on the “spread” issue. Legislation was enacted requiring that any PBM for any plan funded by state dollars for individuals residing in or employed by state must itemize the amount actually paid to the pharmacy including identity of pharmacy and Rx number and the PBM must pay to the pharmacy the exact amount it receives for that claim for services provided. All documents provided to the state are confidential. Any violation by the PBM is considered an unfair trade practice.

Rx **SB 2296 by McNally (HB 1787 by Kane)**
 Insurance, Health, Accident - As introduced, enacts the “Fair Disclosure of State Funded Payments for Pharmacists’ Services Act.”
 - Amends TCA Title 56 and Title 63.
Senate: Passed in Full Senate– 4/15/14; Ayes 30, Nays 0
House: Passed in Full House as Amended – 4/10/2014; Ayes 81, Nays 0
Signed by Governor – 5/9/2014; Effective January 1, 2015; Became Public Chapter 896

Link to legislation: <http://state.tn.us/sos/acts/108/pub/pc0896.pdf>

Prescription Drugs

P.C. 983

Legislation was enacted requiring that a healthcare practitioner must notify their licensing board within 20 days of starting or ending work at any pain management clinic. A healthcare prescriber is defined as:

- o Physician licensed under chapter 6 or 9 of title 63
- o Dentist licensed under chapter 5 of title 63
- o Nurse licensed under chapter 7 of title 63
- o Podiatrist licensed under chapter 3 of title 63
- o Optometrist licensed under chapter 8 of title 6

Also, a health care prescriber licensed under title 63 may not dispense an opioid or benzodiazepine except as provided for in 63-1-313 (up to a 14-day supply of samples of a schedule V controlled substance) and except for:

(1) The dispensing of complimentary packages of medicinal drugs that are labeled as a drug sample or complimentary drug to the practitioner’s own patients in the regular course of practice without the payment of a fee or remuneration of any kind;

(2) The dispensing of opioids or benzodiazepines in the health care system of the department of corrections;

(3) The dispensing of opioids or benzodiazepines in connection with the performance of a surgical procedure performed at a licensed health care facility. The amount dispensed pursuant to this subdivision (a) (3) may not exceed a seven (7) day supply. This exception does not allow for the dispensing of an opioid or benzodiazepine more than seven (7) days after the performance of the surgical procedure;

(4) The dispensing of opioids or benzodiazepines pursuant to an approved clinical trial. For purposes of this subsection, the term “approved clinical trial” means a clinical research study or clinical investigation that, in whole or in part, is state or federally funded or is conducted under an investigational new drug application that is reviewed by the United States food and drug administration;

Additionally, a wholesaler must inform the board of pharmacy and the applicable licensing board of prescribers who have made suspicious orders of controlled substances. Suspicious orders include orders of unusual size, orders deviating substantially from a normal pattern, and orders of unusual frequency. A wholesaler must also report any theft of significant loss of controlled substances to the controlled substance database monitoring committee and local law enforcement within 1 business day of discovery.

Rx **SB 1663 by Kelsey (HB 1512 by Shipley)**

Drugs, Prescription - As introduced, makes various changes to regulation of prescription drugs, including prohibiting medical practitioners from dispensing.

- Amends TCA Title 29, Chapter 3; Title 39, Chapter 17, Part 4; Title 53 and Title 63.

Senate: Passed in Full Senate as Amended– 3/17/14; Ayes 29, Nays 0

House: Passed in Full House as Amended – 4/10/2014; Ayes 85, Nays 0

Signed by the Governor – 5/22/2014; Effective January 1, 2015; Became Public Chapter 983

Link to legislation: <http://state.tn.us/sos/acts/108/pub/pc0983.pdf>

Department of Health Legislation

P.C. 949

Legislation was enacted applying to regulatory boards requiring license applications to be available online, the cost of which must be paid for by each Board. Additionally, this legislation requires annual health facility and pharmacy inspections to be posted online and to be available to the public.



SB 1629 by Norris, Watson (HB 1425 by McCormick, Farmer, Brooks K)

Medical Occupations - As introduced, authorizes online applications for various occupations regulated by the division of health related boards; revises public record status of certain investigatory records of the department of health.

- Amends TCA Title 63, Chapter 1, Part 1; Title 63, Chapter 10, Part 3; Title 63, Chapter 11, Part 2; Title 63, Chapter 13, Part 3; Title 63, Chapter 23, Part 1; Title 63, Chapter 25, Part 1; Title 63, Chapter 3, Part 1; Title 63, Chapter 4, Part 1; Title 63, Chapter 6, Part 2; Title 63, Chapter 7, Part 1 and Title 63, Chapter 9, Part 1.

Senate: Passed in Full Senate– 4/10/14; Ayes 30, Nays 0

House: Passed in Full House– 4/15/2014; Ayes 95, Nays 0

Signed by Governor – 5/19/2014; Effective July 1, 2014; Became Public Chapter 949

Link to legislation: <http://state.tn.us/sos/acts/108/pub/pc0949.pdf>



Taxes



Business



Pharmacy



TennCare



HealthCare



Government

P.C. 585

Legislation was enacted regarding local health departments. The legislation amends section TCA 63-10-205 of the Tennessee Pharmacy Practice Act regarding drugs to be issued by the Tennessee departments of health and makes the Tennessee Department of Health responsible for polices and protocols for inventory controls, accountability, repackaging, security, storage, issuance and dispensing of drugs. Additionally, this legislation removes mandatory involvement and approval by the Board of Pharmacy and allows the Commissioner of Health to request consultation as needed. At the request of the Tennessee Pharmacists Association the legislation was amended to require oversight by a state or regional pharmacist in the Department of Health.

Rx SB 1632 by Norris, Haile (HB 1428 by McCormick, Littleton, Brooks K.)

Pharmacy, Pharmacists - As introduced, revises pharmacy practices of local health departments; grants commissioner of health certain rulemaking authority.

- Amends TCA Section 63-10-205.

Senate: Passed in Full Senate as Amended– 2/10/14; Ayes 32, Nays 0

House: Passed in Full House– 3/10/2014; Ayes 92, Nays 0

Signed by Governor – 3/28/2014; Effective March 28, 2014; Became Public Chapter 585

Link to legislation: <http://state.tn.us/sos/acts/108/pub/pc0585.pdf>

Regulatory Boards**P.C. 881**

Legislation was enacted that directs the boards and commissions created in title 63, in consultation with the division of health related boards, shall develop a plan to create an apprentice program for use by such boards and commissions.

✚ SB 2053 by Bell (HB 2381 by Lynn)

Boards and Commissions - As introduced, directs that a plan for the implementation of an apprentice program be created for certain state agencies.

- Amends TCA Title 4; Title 62; Title 63 and Title 68, Chapter 1.

Senate: Passed in Full Senate– 3/10/14; Ayes 32, Nays 0

House: Passed in Full House– 4/14/2014; Ayes 99, Nays 0

Signed by Governor – 5/1/2014; Effective- 5/1/2014; Became Public Chapter 881

Link to legislation: <http://state.tn.us/sos/acts/108/pub/pc0881.pdf>

Pain Management Clinics

P.C. 700

Legislation was enacted that, as amended, further defines “pain management clinics” and adds the definition “chronic non-malignant pain treatment”. Also, it requires the Commissioner of Health to promulgate rules regarding drug screening and compliance plans.

Rx SB 2000 by Yager (HB 1939 by Dunn, Doss, Ramsey)

Controlled Substances - As introduced, requires signature and valid identification be obtained from patients before health care providers dispense benzodiazepine or opioids; expands the definition of “pain management clinics” and adds “chronic non-malignant pain treatment”; and requires commissioner of health to promulgate rules regarding drug screening and compliance plan.

- Amends TCA Title 53, Chapter 11 and Title 63, Chapter

Senate: Passed in Full Senate as Amended – 3/17/14; Ayes 30, Nays 0

House: Passed in Full House – 3/27/2014; Ayes 91, Nays 0

Signed by Governor – 4/15/2014; Effective July 1, 2014; Became Public Chapter 700

Link to legislation: <http://state.tn.us/sos/acts/108/pub/pc0700.pdf>

Controlled Substances

P.C. 791

Rx SB 2113 by Overbey (HB 2072 by Farmer)

Controlled Substances - As introduced, permits personnel of a drug court treatment program, including judges, to access information in the controlled substance monitoring database that relates specifically to a current participant in the drug court treatment program.

- Amends TCA Title 16, Chapter 22 and Title 53, Chapter 10, Part 3.

Senate: Passed in Full Senate– 4/9/14; Ayes 28, Nays 0

House: Passed in Full House– 3/24/2014; Ayes 92, Nays 0

Signed by Governor – 4/25/2014; Effective 7/1/2014; Became Public Chapter 791

Link to legislation: <http://www.tn.gov/sos/acts/108/pub/pc0791.pdf>

P.C. 842

Legislation was enacted amending existing law which allows prescribers to dispense up to a 3 day supply of a non-narcotic Schedule V controlled substance in their office to also allow for those same prescribers to dispense of up to a 14 day supply of a sample of a non-narcotic schedule V controlled substance.

Rx SB 2302 by McNally (HB 1657 by Sexton)

Drugs, Prescription - As introduced, authorizes prescribers to dispense an up to three-day supply of non-narcotic schedule V controlled substances in their offices. - Amends TCA Title 39, Chapter 17, Part 4; Title 53; Title 63; Chapter 336 of the Public Acts of 2013 and Chapter 880 of the Public Acts of 2012.

Senate: Passed in Full Senate as Amended– 3/17/2014; Ayes 29, Nays 0

House: Passed in Full House – 4/10/2014; Ayes 85, Nays 0

Transmitted to Governor – 4/29/2014; Effective Dates April 14, 2014, January 1, 2015;

Became Public Chapter 842

Link to legislation: <http://www.tn.gov/sos/acts/108/pub/pc0842.pdf>

Insulin Administration in Schools

P.C. 614

Legislation was enacted to allow school personnel to volunteer to administer insulin to students. This legislation was brought forth in an effort to allow student to be able to engage in certain school day activities where a person able to administer their insulin was previously not available.

**SB 1445 by Dickerson (HB1383 by Sexton)**

Health Care - As introduced, adds administration of insulin to medications school personnel may volunteer to administer. - Amends TCA Title 49, Chapter 5.

Senate: Passed in Full Senate – 3/10/2014; Ayes 32, Nays 0

House: Passed in Full House – 3/13/2014; Ayes 76, Nays 11, PNV 2

Signed by Governor – 4/04/2014; Effective Dates April 14, 2014, January 1, 2015; Became Public Chapter 614

Link to legislation: <http://www.tn.gov/sos/acts/108/pub/pc0614.pdf>

Department of Health Practitioner Profile Information

P.C. 898

The Tennessee Medical Association worked to have this legislation enacted to required that the profile of a physician assistant or advanced practice nurse who have a supervising physician must have the name of their supervising physician listed in their profile which is posted by the Tennessee Department of Health under the requirements of the Health Care Consumer Right to Know Act of 1998. Physicians will have the ability to update this information at any time. This law is effective on January 1, 2015.



Taxes



Business



Pharmacy



TennCare



HealthCare



Government



SB 1853 by Crow (HB2171 by Rich)

Medical Occupations - As enacted, adds to the information each board regulating a provider must collect and provide to the department of health in order for the department to create individual profiles on licensees, the name of the supervising physician of a nurse practitioner who holds a certificate of fitness and of a physician assistant; revises related provisions. - Amends TCA Title 63 and Title 67.

Senate: Passed in Full Senate – 4/15/2014; Ayes 30, Nays 0

House: Passed in Full House – 4/14/2014; Ayes 94, Nays 10

Signed by Governor – 5/9/2014; Effective Date January 1, 2015; Became Public Chapter 898

Link to legislation: <http://www.tn.gov/sos/acts/108/pub/pc0898.pdf>

**KEY LEGISLATION CONSIDERED BUT NOT ENACTED IN 2014
AFFECTING PHARMACY**

Pharmacy Robbery

SB1716/HB2158

TPA worked on the issue of penalty for pharmacy robbery throughout the session but was unsuccessful in gaining passage of any legislation to address the issue. As amended this legislation would have created an optional enhancement factor by which a defendant's sentence could be increased when the robbery of the pharmacy was to attempt to obtain a controlled substance. TPA was successful in getting the legislation passed by the House Criminal Justice Committee but the bill was not voted out of the Senate Judiciary Committee.

Rx SB 1716 by Niceley (HB 2158 by Roach)

Controlled Substances - As introduced, creates the criminal offenses of robbery of a pharmacy punishable as a Class B felony and aggravated robbery of a pharmacy punishable as a Class A felony. - Amends TCA Title 39.

Senate: Gen. Sub of Senate Judiciary

House: Rec for Pass. If Am. Ref. to Finance, Ways & Means Committee on 3/26/2014

Link to legislation: <http://wapp.capitol.tn.gov/apps/BillInfo/Default.aspx?BillNumber=SB1716>

Pseudoephedrine

SB1647/HB1555

This legislation would have made all methamphetamine precursors Schedule III controlled substances and would have mandated that any product containing a meth precursor could only be sold by a pharmacy with a valid prescription including a pharmacist generated prescription. This legislation would have also required reporting to the Controlled Substance Monitoring Database.

Rx **SB 1647 by Overbey, McNally (HB 1555 by Shepard, Turner M, Ramsey, Jones, Calfee, Farmer, Doss, Swann, Carr D.)**

Pharmacy, Pharmacists - As introduced, regulates dispensing of immediate methamphetamine precursor by making it a controlled substance requiring a prescription - Amends TCA Title 39, Chapter 17, Part 4; Title 53, Chapter 10; Title 53, Chapter 11 and Title 63, Chapter 10.

Senate: Re-ref to Senate Cal. Committee – 4/17/2014

House: Taken off notice for Cal. In s/c Criminal Justice Subcommittee of Criminal Justice Committee – 3/18/2014

Link to legislation: <http://wapp.capitol.tn.gov/apps/BillInfo/Default.aspx?BillNumber=SB1647>

SB1791/HB1566

This legislation would have made all methamphetamine precursors Schedule III controlled substances and would have mandated that any product containing a meth precursor could only be sold by a pharmacy with a valid prescription, including a pharmacist generated prescription. Would have also required reporting to the NPLeX and the Controlled Substance Monitoring Database.

Rx **SB 1791 by Haile, McNally, Burks, Bell, Bowling, Ketron, Niceley, Ramsey, Kyle, Summerville, Yager, Green, Watson, Hensley (HB 1566 by Powers, Ragan, Alexander)**

Controlled Substances - As introduced, requires a prescription to dispense immediate methamphetamine precursors and makes additional related changes concerning dispensing such substances. - Amends TCA Title 39, Chapter 17, Part 4; Title 53, Chapter 10; Title 53, Chapter 11 and Title 63, Chapter 10.

Senate: Assigned to Gen. Sub of: Senate Health and Welfare Committee – 3/19/2014

House: Failed in s/c Criminal Justice Subcommittee of Criminal Justice Committee – 3/18/2014

Link to legislation: <http://wapp.capitol.tn.gov/apps/BillInfo/Default.aspx?BillNumber=SB1791>

SB2331/HB2001

This legislation would have changed the 30-day limits for sale of products containing immediate methamphetamine precursors from 9 grams to 7.2 grams and would have changed the yearly limit to 61.2 grams. This legislation would have also outlawed internet sale of products containing immediate methamphetamine precursors

Rx **SB 2331 by Kelsey (HB 2001 by Watson, Lamberth)**

Drugs, Over the Counter - As introduced, alters the requirements and limits on sale of drugs containing immediate methamphetamine precursor; expands drug registry to include all felony drug violations. - Amends TCA Title 39, Chapter 17, Part 4.

Senate: Gen. Sub. Of Senate Judiciary Committee – 3/19/2014

House: Taken off notice for Cal. In Criminal Justice Committee – 3/26/2014

Link to legislation: <http://wapp.capitol.tn.gov/apps/BillInfo/Default.aspx?BillNumber=SB2331>

SB2540/HB2489

This legislation would have changed current law to permit each local government to make pseudoephedrine available under different regulations and restrictions.

Rx SB 2540 by McNally (HB 2489 Ragan)

Drugs, Over the Counter - As introduced, authorizes local governments to enact ordinances or resolutions restricting, regulating or licensing the sale of methamphetamine precursors by pharmacies within such local jurisdictions; provides that the ordinances or resolutions are not preempted by any conflicting state law regulating those sales. - Amends TCA Title 5; Title 6; Title 7; Title 39, Chapter 17, Part 4; Title 63 and Title 68.

Senate: Action deferred in Health and Welfare Committee calendar – 3/26/2014

House: Failed in Criminal Justice Committee – 3/18/2014

Link to legislation: <http://wapp.capitol.tn.gov/apps/BillInfo/Default.aspx?BillNumber=SB2540>

Dextromethorphan**SB2520/HB2485**

This legislation would have restricted the sale of Dextromethorphan containing products to those 18 years of age and older and would have required sellers to obtain an acceptable form of ID (i.e. a state-issued driver's license, a state-issued identification card, a valid passport, or a valid military ID). Sellers would have been fined for not obtaining and being able to prove they obtained an acceptable ID.

Rx SB 2520 by Haile (HB 2485 by Ragan)

Drugs, Prescription - As introduced, prohibits the sale of dextromethorphan to persons under the age of 18 without a prescription. - Amends TCA Title 39 and Title 53.

Senate: Gen. Sub. Of S. Judiciary Committee – 4/1/2014

House: Taken off notice for calendar in Health Subcommittee – 3/11/2014

Link to legislation: <http://wapp.capitol.tn.gov/apps/BillInfo/Default.aspx?BillNumber=SB2520>