

# OSPA Legislative Update

OSPA Legislative Update (4/6/15)



Stiffening PBM regulations, Provider Status and Medication Synchronization were all front and center this past week. The deadline for scheduling hearings is fast approaching, so this week should be telling for the fate of bills in this legislative session. Compelling testimony on the impact of the behavior of PBM's closed a busy week. Look for italics for updates, and at the bottom of the list a new addition that the association has taken a position on. The absence of italicized text indicates that no substantive discussions were held in the past week

If you have comments regarding legislation, simply respond by email to [info@oregonpharmacy.org](mailto:info@oregonpharmacy.org). The OSPA Executive Committee will receive all comments and respond in a timely manner if requested. The most active legislation is listed below, click on any one description to jump to a more complete discussion.

**[SB 520: Extends Age for Pharmacist Immunization Down to Age Seven](#)**

**[HB 2028: Establishes Provider Status for Pharmacists and Explains Clinical Pharmacy Services](#)**

**[SB 93: Establish Equal Rules for Dispensing of Chronic Medications](#)**

**[SB 148: Addition of a Technician Member to the Board of Pharmacy](#)**

**[SB 71 and 626: Increased Reporting Requirements to PDMP](#)**

**[HB 2875: Enhancements to PBM Statute \(2123\) Passed in 2013](#)**

**[SB 147: Regulation of Biosimilar Substitution](#)**

**[SB 841: Update of Medication Synchronization](#)**

**\*\*\*Extended discussion of legislation above\*\*\***

*(Additional legislation is being tracked by the legislative counsel and legislative committee. For a full listing, and text of actual bills proposed, use the bill tracking tool described below.)*

**SB 520: Extends Age for Pharmacist Immunization Down to Age Seven**

It proposed to lower the age for which pharmacists can administer immunizations from age 11 to age 7. Concerns have been raised related to assuring that pharmacists, pharmacies, and corporate policies are updated to assure protections for patients and pharmacists. *SB 520 was approved by a unanimous vote in the Senate on March 24. The bill now goes to the House Health Care Committee. OSPA and the Pharmacy Coalition continue to support passage.* . [Click here to access testimony being used on the senate floor.](#) An article published in the Lund report can be accessed at this site

: <https://www.thelundreport.org/content/senate-health-moves-let-pharmacists-vaccinate-more-children>.

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### **HB 2028: Establishes Provider Status for Pharmacists and Explains Clinical Pharmacy Services**

The top association priority entering this legislative session, this bill establishes provider status for pharmacists, clarifies the provision of clinical pharmacy services (CPS) and allows payment for the same, and defines CPS as provided under clinical service agreements or under protocol from Oregon Health Authority. An initial work session went well and a hearing is scheduled for the coming week. OSPA and the Pharmacy Coalition are actively working for passage of this bill. Click on the following links for explanatory statements to be used in discussions related to this bill. [CPS Explanatory Statement](#) - and - [HB 2028 Statement](#).

*House Health Care Committee chair Mitch Greenlick appears ready to move the bill with amendments provided by OSPA and OSHP and it is hoped it will begin moving this week. Conversations with OMA have helped them to remain neutral. Your efforts to secure letters of support from physicians utilizing clinical pharmacy services currently, and patient testimonials, continue to be valuable.*

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### **SB 93: Establish Equal Rules for Dispensing of Chronic Medications**

This bill would require PBMs to allow all pharmacies to fill prescriptions for chronic medications for 60 days, not only mail order or preferred networks. The original bill is proposed to be amended to allow a 90 day fill. OSPA and the Pharmacy Coalition support this bill and have asked for your help in contacting your senator to support the -2 amendment and get it moving out of committee.

*We continue to work to maintain the original intent of this bill, in spite of efforts by insurers and PBM's to weaken it. Current collaborative discussions have linked progress on SB 93 to progress on SB841. [Click here to access the explanatory statement](#).*

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### **SB 148: Addition of a Technician Member to the Board of Pharmacy**

*SB 148 was passed out of Senate Health Care Committee with amendments adding two pharmacy technicians to the Board of Pharmacy, in spite of support voiced by OSPA/OSHP for an amendment that would have added one technician and one pharmacist to the Board. The bill now goes to the Senate floor where it is expected to pass, before moving to the House.*

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### **SB 71 and 626: Increased Reporting Requirements to PDMP**

Initially SB 71 would have required a 24 hour turn around on the time for pharmacies to report to PDMP, which was considered unworkable by OSPA leadership given current technology. Negotiations have modified this to a 72 hour window. OSPA and the Pharmacy Coalition have agreed to a neutral position on the bill with the amendments described. SB 626 addresses a number of other concerns around PDMP, including requirements for physicians using PDMP proactively. Although it is possible some aspects of SB 626 may be moved to SB 71, SB 626 currently does not involve pharmacy and so no position has been taken.

*As noted last week, SB 71 and SB 626 are being folded together and a work session is scheduled for this week to address concerns raised by ACLU. [OSPA/OSHP has issued a statement in support of the bill](#)*

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### **HB 2875: Enhancements to PBM Statute (2123) Passed in 2013**

Introduced initially by the Pharmacy Coalition to serve as a vehicle to tighten implementation of the breakthrough PBM legislation passed with the support of the association in 2013 (HB2123). OSPA/OSHP has submitted amendments to Legislative Counsel for drafting which will provide enforcement teeth and improve the effectiveness of HB 2123.

A hearing was held on April 3 and a second hearing will occur Monday. [An explanatory statement for the associations](#) and [letter of support from NCPA](#) were submitted. PBM representatives suggested that the law has not been in effect long enough to measure its success, but testimony from several pharmacists Friday appeared compelling to legislators and seemed to create momentum on the committee.

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#### **SB 147: Regulation of Biosimilar Substitution**

Introduced to regulate and, in essence, restrict substitution rules for biosimilars. Considered by OSPA to be unnecessary, as regulations already exist to regulation substitution and this bill would institute unneeded roadblocks. OSPA and the Pharmacy Coalition are actively opposing this bill. [Click here to access the explanatory statement.](#)

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#### **SB 841: Update of Medication Synchronization**

SB 841 modifies requirements for health plan coverage of prescription drugs dispensed in accordance with synchronization policy, seeking to complete intended implementation of a bill passed two years ago. The bill is scheduled for a hearing and possible work session in the Senate Health Care Committee April 8. It would require the Oregon Health Authority to implement synchronization policy for the dispensing of prescription drugs to medical assistance recipients who are not enrolled in a coordinated care organization. OSPA and OSHP are working with a coalition to secure passage of the bill. [A draft explanatory statement can be found here.](#)

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You may track all of the bills being followed by our legislative counsel and legislative committee, and see the original bill text and current status, using the bill tracking software. [Click here to access bill tracking.](#)