



OSPA Legislative Update (6/1/15)

Following the legislature this time of year can feel like you are watching numbered balls pop up in a lottery drawing. The first ball drawn is SB520.....

SB 520 (lowering immunization age) is headed to the Governor's desk for a signature!

HB 2028A (provider status) is out of the Senate Committee without opposition and headed for the Senate floor! 'Knocking on wood' while typing, but there is hope this will follow the immunization bill to the Governor soon.

HB 2879 (hormonal birth control) is a bit farther behind the two above, but moving quickly.

The week's update is below. *This week, the bills that have had substantive action are in bolded italics.* If you have comments regarding legislation, simply respond by email to 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](#)

[HB 2879: Authority for Pharmacist to Prescribe and Dispense Hormonal Birth Control](#)

*****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

SB 520 has passed both chambers of the legislature and is headed for the Governor's desk! Thanks to all who helped to advance this legislation that will expand patient access and hopefully improve a very weak immunization rate in Oregon.

It proposed to lower the age for which pharmacists can administer immunizations from age 11 to age 7. [Click here to access testimony used to advance this legislation](#) 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

HB 2028A is on the way to the Senate floor. Stay tuned to see if we need help from pharmacists to contact their senators before the vote on the Senate floor.

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 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](#).

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SB 93: Establish Equal Rules for Dispensing of Chronic Medications

SB 93 still has the generic restriction and there seems to be little appetite to ignore unsubstantiated concerns raised by insurers/PBMs that there is a financial risk in eliminating the generic restriction. It isn't clear any form of this bill will survive and we may need to come back to this issue in a future session.

This bill would require PBMs to allow all pharmacies to fill prescriptions for chronic medications for 90 days, not only mail order or preferred networks, but it currently is limited to only generic drugs. This bill was successfully sent to the in the Veterans and Emergency Services where it is hoped we can amend to eliminate an unwanted restriction to generic drugs. [Click here to access the original explanatory statement](#). [Click here for an additional explanatory relating to the generic restriction](#).

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

SB 148 is through both chambers and on the way to the Governor's desk.

SB 148 was passed 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. There is support for further expansion of the BOP to include two more pharmacist members in 2016 legislation, if the BOP wants to pursue this.

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SB 626: Increased Reporting Requirements to PDMP (SB 71 has disappeared in favor of SB 626)

SB 626A ran into a road block in the Senate Health Committee. Although some parts of an alert program may be amended into another bill, the bill is unlikely to move forward.

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 modified the bill, changing to a 72 hour window, and used SB 626A as the vehicle.

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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 (HB 2123). . [An explanatory statement for the associations](#) and [letter of support from NCPA](#) can be found here.

The bill will not move forward, but in response to testimony by pharmacists the insurance commission has specifically reached out to clarify concerns and clarify process for submitting concerns. We will need the profession active in submitting complaints before we get to the 2016 short session. [See attached documents provided by the commission.](#)

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SB 147: Regulation of Biosimilar Substitution

OSPA and the Pharmacy Coalition actively opposed this bill. We think it has disappeared, but there is word that efforts are already underway to raise it again in this next session. [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. 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.](#) *This bill currently sits in the Ways and Means Committee, since there is considered to be some fiscal impact. There appears to be general support, but it is unlikely to move until later in the session*

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HB 2879: Authority for Pharmacist to Prescribe and Dispense Hormonal Birth Control

HB 2879 continues to move along having moved out of the House Rules Committee last week.

HB 2879 would allow pharmacists to prescribe and dispense patch and oral hormonal birth control. OSPA has provided suggestions for an amendment that would clarify some aspects of the bill. Primary concern is the failure to include self-administered vaginal rings and assurance that pharmacists will be allowed to consult with patients if needed (the BOP is certain that they can handle these late concerns by rule). Both OSPA and OSHP have expressed support for this bill.

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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.](#)