



OSPA Legislative Update (5/18/15)

The second half of the legislative session is off and running.

The bills noted below have all essentially switched from one side of the capital to the other and hearings have already occurred for selected legislation of high interest, including provider status and immunizations.

A new addition has also appeared, HB 2879, which provides prescriptive authority to pharmacists for hormonal birth control. Lots of politics are responsible for the genesis of this legislation; it will be interesting to follow. Finally, check out HB 2875 which has had an interesting development, even though it is essentially dead for this session.

HB 2028, provider status, continues to be favorably considered. The Governor in Washington State signed their provider status into law recently and so we are in a position to create a complete West Coast block for provider status if we can support HB2028 through the process.

This week's update is below. *As usual, the most current comments are in 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

It proposed to lower the age for which pharmacists can administer immunizations from age 11 to age 7. A hearing has already been held on the House side with our own Amy Valdez testifying. It appears on a fast track for approval. 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. A hearing on the Senate side was held last Wednesday with our own Cory Huot testifying. The committee appeared favorably disposed to keep this bill clean and move it forward, but see notes on HB 2879 for related notes. 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

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 is now on the House side and was successfully sent to Veterans and Emergency Services where it is hoped we can amend to eliminate an unwanted restriction to generic drugs. A hearing is scheduled for Wednesday. [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 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. *On the House side and likely to move forward without change, although 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)

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. On the House side, no changes are anticipated.
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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 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. Both OSPA and OSHP, however, have expressed support for the concept of this bill. This legislation began as a proposed amendment to HB 2028, the provider status legislation. *This was successfully avoided on the House side and the Senate has indicated an interest in keeping HB 2028 clean also.* In a resulting compromise, the language in the proposed amendment has been inserted as a new HB 2879. There is a promise to move this out of the house quickly and it is likely that the provider status bill will not move until this promise is fulfilled.

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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.](#)