

## **BILL ANALYSIS**

C.S.H.B. 1924  
By: Heflin  
Public Health  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

A new rule issued by the Texas State Board of Pharmacy requires on-site supervision of pharmacy technicians by a licensed pharmacist. According to this rule, a licensed pharmacist must be on-site during a hospital's regular hours of business. This rule is problematic for Class C pharmacies in rural hospitals, as changing hospital operations to include a full-time pharmacist would be very costly. Such increased costs would burden rural hospitals and impair their ability to provide the services they already struggle to provide.

Historically, hospitals defined as rural hospitals have safely operated in-house pharmacies through a pharmacy technician or nurse. There are fewer licensed pharmacists in rural areas and the pharmacists available are already spread very thin trying to meet demand for their services without being attached to a rural hospital. Requiring a licensed pharmacist to be on hospital staff is a detriment to other rural residents who are not patients of the hospital and depend on that pharmacist's services, and is unreasonably burdensome to rural hospitals functionally and financially.

C.S.H.B. 1924 temporarily authorizes a nurse, including a nurse who is also registered as a pharmacy technician, or a practitioner to withdraw a drug or device prescribed by a health practitioner for a patient in a rural hospital in sufficient quantity to fill the order when the hospital's pharmacist is not on duty or when the institutional pharmacy is closed.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

### **ANALYSIS**

C.S.H.B. 1924 amends the Occupations Code to add a temporary provision, set to expire January 1, 2012, to authorize a nurse or a practitioner to withdraw a prescription drug or device from the pharmacy in a rural hospital in sufficient quantity to fill the order of a health practitioner for a patient in the hospital when the hospital pharmacist is not on duty or when the institutional pharmacy is closed. The bill defines "rural hospital" to mean a licensed hospital with 100 beds or fewer that is located in a county with a population of 50,000 or less or has been designated by the Centers for Medicare and Medicaid services as a critical access hospital, rural referral center, or sole community hospital. The bill requires the nurse or practitioner, at the time that individual withdraws a drug or device from an institutional pharmacy, to make a record of the withdrawal that contains: the name of the patient; the name of the device or drug; the dosage and strength of the drug and the dosage form; the quantity withdrawn; the time and date of the withdrawal; and the signature of the person making the withdrawal. The bill authorizes the original medication order or a copy of the order to substitute for the record of withdrawal if the medication order contains all of the required information. The bill requires the hospital pharmacist to verify the withdrawal and to perform a drug regimen review not later than the seventh day after the date of the withdrawal.

C.S.H.B. 1924 authorizes a nurse or practitioner, in a rural hospital that uses a floor stock method of drug distribution, to withdraw a prescription drug or device from the institutional pharmacy in the original manufacturer's container or a prepackaged container. The bill requires the nurse or practitioner, at the time that person withdraws a drug or device from such an institutional pharmacy, to make a record of the withdrawal that contains the name of the drug or device, the strength of the drug and dosage form, the quantity withdrawn, the location of the floor stock, the time and date of the withdrawal, and the signature of the person making the withdrawal. The bill requires the hospital pharmacist to verify the withdrawal and perform a drug regimen review not later than the seventh day after the date of the withdrawal.

C.S.H.B. 1924 establishes that the bill's provisions do not restrict or prohibit the Texas State Board of Pharmacy from adopting a rule governing the withdrawal of a drug or device by a nurse or practitioner from an institutional pharmacy not located in a rural hospital. The bill defines "nurse."

### **EFFECTIVE DATE**

On passage, or, if the act does not receive the necessary vote, the act takes effect September 1, 2009.

### **COMPARISON OF ORIGINAL AND SUBSTITUTE**

C.S.H.B. 1924 differs from the original by adding the temporary provision authorizing a nurse or practitioner in a rural hospital to withdraw a prescription drug or device from the hospital's pharmacy in sufficient quantity to fill a practitioner's order for a patient of that hospital under certain conditions. The substitute adds a provision not in the original defining "nurse" for the purposes of the bill's provisions. The substitute makes a nonsubstantive change to a section heading that differs from the heading in the original.

C.S.H.B. 1924 omits provisions in the original creating a pharmacy technician certification by the Texas State Board of Pharmacy. The substitute omits provisions in the original providing for the authorization for a hospital to permit a certified pharmacy technician to perform certain duties for a rural hospital related to filling medication carts, replacing medication to a floor stock system, preparing, packaging, or labeling prescription drug orders, distributing routine orders for stock supplies, and accessing an automated medication supply system. The substitute omits provisions in the original requiring the board to adopt rules regarding the training and certification of such a technician and a related rule adoption deadline. The substitute omits a conforming provision in the original related to the requirement that a Class C pharmacy in certain facilities have the services of a pharmacist on a part-time or consulting basis.