

1-1 By: Heflin (Senate Sponsor - Seliger) H.B. No. 1924
1-2 (In the Senate - Received from the House April 27, 2009;
1-3 May 1, 2009, read first time and referred to Committee on Health
1-4 and Human Services; May 21, 2009, reported adversely, with
1-5 favorable Committee Substitute by the following vote: Yeas 7,
1-6 Nays 0; May 21, 2009, sent to printer.)

1-7 COMMITTEE SUBSTITUTE FOR H.B. No. 1924 By: Deuell

1-8 A BILL TO BE ENTITLED
1-9 AN ACT

1-10 relating to the performance of pharmacy services in certain rural
1-11 areas.

1-12 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-13 SECTION 1. Subchapter C, Chapter 562, Occupations Code, is
1-14 amended by adding Section 562.1011 to read as follows:

1-15 Sec. 562.1011. OPERATION OF CLASS C PHARMACY IN CERTAIN
1-16 RURAL HOSPITALS. (a) In this section:

1-17 (1) "Nurse" has the meaning assigned by Section
1-18 301.002. The term includes a nurse who is also registered as a
1-19 pharmacy technician.

1-20 (2) "Rural hospital" means a licensed hospital with 75
1-21 beds or fewer that:

1-22 (A) is located in a county with a population of
1-23 50,000 or less; or

1-24 (B) has been designated by the Centers for
1-25 Medicare and Medicaid Services as a critical access hospital, rural
1-26 referral center, or sole community hospital.

1-27 (b) If a practitioner orders a prescription drug or device
1-28 for a patient in a rural hospital when the hospital pharmacist is
1-29 not on duty or when the institutional pharmacy is closed, a nurse or
1-30 practitioner may withdraw the drug or device from the pharmacy in
1-31 sufficient quantity to fill the order.

1-32 (c) The hospital pharmacist shall verify the withdrawal of a
1-33 drug or device under Subsection (b) and perform a drug regimen
1-34 review not later than the seventh day after the date of the
1-35 withdrawal.

1-36 (d) In a rural hospital that uses a floor stock method of
1-37 drug distribution, a nurse or practitioner may withdraw a
1-38 prescription drug or device from the institutional pharmacy in the
1-39 original manufacturer's container or a prepackaged container.

1-40 (e) The hospital pharmacist shall verify the withdrawal of a
1-41 drug or device under Subsection (d) and perform a drug regimen
1-42 review not later than the seventh day after the date of the
1-43 withdrawal.

1-44 (f) A rural hospital may allow a pharmacy technician to
1-45 perform the duties specified in Subsection (g) if:

1-46 (1) the pharmacy technician is registered and meets
1-47 the training requirements specified by the board;

1-48 (2) a pharmacist is accessible at all times to respond
1-49 to any questions and needs of the pharmacy technician or other
1-50 hospital employees, by telephone, answering or paging service,
1-51 e-mail, or any other system that makes a pharmacist accessible; and

1-52 (3) a nurse or practitioner or a pharmacist by remote
1-53 access verifies the accuracy of the actions of the pharmacy
1-54 technician.

1-55 (g) If the requirements of Subsection (f) are met, the
1-56 pharmacy technician may, during the hours that the institutional
1-57 pharmacy in the hospital is open, perform the following duties in
1-58 the pharmacy without the direct supervision of a pharmacist:

1-59 (1) enter medication order and drug distribution
1-60 information into a data processing system;

1-61 (2) prepare, package, or label a prescription drug
1-62 according to a medication order if a licensed nurse or practitioner
1-63 verifies the accuracy of the order before administration of the
1-64 drug to the patient;

1-65 (3) fill a medication cart used in the rural hospital;

2-1 (4) distribute routine orders for stock supplies to
2-2 patient care areas;
2-3 (5) access and restock automated medication supply
2-4 cabinets; and
2-5 (6) perform any other duty specified by the board by
2-6 rule.

2-7 (h) The pharmacist-in-charge of an institutional pharmacy
2-8 in a rural hospital shall develop and implement policies and
2-9 procedures for the operation of the pharmacy when a pharmacist is
2-10 not on-site.

2-11 (i) On or after September 1, 2011, the board may establish,
2-12 by rule, a requirement for prospective and retrospective drug use
2-13 review by a pharmacist for each new drug order. A drug use review is
2-14 not required when a delay in administration of the drug would harm
2-15 the patient in an urgent or emergency situation, including sudden
2-16 changes in a patient's clinical status.

2-17 (j) Rural hospitals may establish standing orders and
2-18 protocols, to be developed jointly by the pharmacist and medical
2-19 staff, that may include additional exceptions to instances in which
2-20 prospective drug use review is required.

2-21 (k) This section does not restrict or prohibit the board
2-22 from adopting a rule related to authorizing the withdrawal of a drug
2-23 or device by a nurse or practitioner from, or the supervision of a
2-24 pharmacy technician in, an institutional pharmacy not located in a
2-25 rural hospital. As part of the rulemaking process, the board shall
2-26 consider the effect that a proposed rule, if adopted, would have on
2-27 access to pharmacy services in hospitals that are not rural
2-28 hospitals.

2-29 (l) The board shall adopt rules to implement this section,
2-30 including rules specifying:

2-31 (1) the records that must be maintained under this
2-32 section;

2-33 (2) the requirements for policies and procedures for
2-34 operation of a pharmacy when a pharmacist is not on-site; and

2-35 (3) the training requirements for pharmacy
2-36 technicians.

2-37 SECTION 2. Chapter 568, Occupations Code, is amended by
2-38 adding Section 568.008 to read as follows:

2-39 Sec. 568.008. TECHNICIANS IN HOSPITALS WITH CLINICAL
2-40 PHARMACY PROGRAM. (a) In this section, "clinical pharmacy program"
2-41 means a program that provides pharmaceutical care services as
2-42 specified by board rule.

2-43 (b) A Class C pharmacy that has an ongoing clinical pharmacy
2-44 program may allow a pharmacy technician to verify the accuracy of
2-45 work performed by another pharmacy technician relating to the
2-46 filling of floor stock and unit dose distribution systems for a
2-47 patient admitted to the hospital if the patient's orders have
2-48 previously been reviewed and approved by a pharmacist.

2-49 (c) The pharmacist-in-charge of the clinical pharmacy
2-50 program shall adopt policies and procedures for the verification
2-51 process authorized by this section.

2-52 (d) A hospital must notify the board before implementing the
2-53 verification process authorized by this section.

2-54 (e) The board shall adopt rules to implement this section,
2-55 including rules specifying:

2-56 (1) the duties that may be verified by another
2-57 pharmacy technician;

2-58 (2) the records that must be maintained for the
2-59 verification process; and

2-60 (3) the training requirements for pharmacy
2-61 technicians who verify the accuracy of the work of other pharmacy
2-62 technicians.

2-63 SECTION 3. This Act takes effect immediately if it receives
2-64 a vote of two-thirds of all the members elected to each house, as
2-65 provided by Section 39, Article III, Texas Constitution. If this
2-66 Act does not receive the vote necessary for immediate effect, this
2-67 Act takes effect September 1, 2009.