

# SENATE AMENDMENTS

2<sup>nd</sup> Printing

By: Heflin

H.B. No. 1924

A BILL TO BE ENTITLED

AN ACT

relating to the performance of pharmacy services in certain rural areas.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

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

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

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

(2) "Rural hospital" means a licensed hospital with 100 beds or fewer that:

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

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

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

(c) At the time the nurse or practitioner withdraws a drug

1 or device from an institutional pharmacy under Subsection (b), the  
2 nurse or practitioner shall make a record of the withdrawal that  
3 contains:

- 4 (1) the name of the patient;
- 5 (2) the name of the device or drug;
- 6 (3) the dosage of the drug, strength of the drug, and  
7 dosage form;
- 8 (4) the quantity withdrawn;
- 9 (5) the time and date of the withdrawal; and
- 10 (6) the signature of the person making the withdrawal.

11 (d) The original medication order or a copy of the order may  
12 substitute for the record of withdrawal if the medication order  
13 contains all of the information required by Subsection (c).

14 (e) The hospital pharmacist shall verify the withdrawal of a  
15 drug or device under Subsection (b) and perform a drug regimen  
16 review not later than the seventh day after the date of the  
17 withdrawal.

18 (f) In a rural hospital that uses a floor stock method of  
19 drug distribution, a nurse or practitioner may withdraw a  
20 prescription drug or device from the institutional pharmacy in the  
21 original manufacturer's container or a prepackaged container.

22 (g) At the time a nurse or practitioner withdraws a drug or  
23 device from an institutional pharmacy under Subsection (f), the  
24 nurse or practitioner shall make a record of the withdrawal that  
25 contains:

- 26 (1) the name of the drug or device;
- 27 (2) the strength of the drug and dosage form;

1           (3) the quantity of the drug or device withdrawn;

2           (4) the location of the floor stock;

3           (5) the time and date of the withdrawal; and

4           (6) the signature of the person making the withdrawal.

5           (h) The hospital pharmacist shall verify the withdrawal of a  
6 drug or device under Subsection (f) and perform a drug regimen  
7 review not later than the seventh day after the date of the  
8 withdrawal.

9           (i) This section does not restrict or prohibit the board  
10 from adopting a rule governing the withdrawal of a drug or device by  
11 a nurse or practitioner from an institutional pharmacy not located  
12 in a rural hospital.

13           (j) This section expires January 1, 2012.

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

ADOPTED

MAY 25 2009

*Atay Spaw*  
Secretary of the Senate

By: *Seliger*

H.B. No. 1924

Substitute the following for H.B. No. 1924:

By: *Dewell*

C.S. H.B. No. 1924

A BILL TO BE ENTITLED

AN ACT

relating to the performance of pharmacy services in certain rural areas.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

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

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

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

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

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

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

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

(c) The hospital pharmacist shall verify the withdrawal of a

1 drug or device under Subsection (b) and perform a drug regimen  
2 review not later than the seventh day after the date of the  
3 withdrawal.

4 (d) In a rural hospital that uses a floor stock method of  
5 drug distribution, a nurse or practitioner may withdraw a  
6 prescription drug or device from the institutional pharmacy in the  
7 original manufacturer's container or a prepackaged container.

8 (e) The hospital pharmacist shall verify the withdrawal of a  
9 drug or device under Subsection (d) and perform a drug regimen  
10 review not later than the seventh day after the date of the  
11 withdrawal.

12 (f) A rural hospital may allow a pharmacy technician to  
13 perform the duties specified in Subsection (g) if:

14 (1) the pharmacy technician is registered and meets  
15 the training requirements specified by the board;

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

20 (3) a nurse or practitioner or a pharmacist by remote  
21 access verifies the accuracy of the actions of the pharmacy  
22 technician.

23 (g) If the requirements of Subsection (f) are met, the  
24 pharmacy technician may, during the hours that the institutional  
25 pharmacy in the hospital is open, perform the following duties in  
26 the pharmacy without the direct supervision of a pharmacist:

27 (1) enter medication order and drug distribution

1 information into a data processing system;

2 (2) prepare, package, or label a prescription drug  
3 according to a medication order if a licensed nurse or practitioner  
4 verifies the accuracy of the order before administration of the  
5 drug to the patient;

6 (3) fill a medication cart used in the rural hospital;

7 (4) distribute routine orders for stock supplies to  
8 patient care areas;

9 (5) access and restock automated medication supply  
10 cabinets; and

11 (6) perform any other duty specified by the board by  
12 rule.

13 (h) The pharmacist-in-charge of an institutional pharmacy  
14 in a rural hospital shall develop and implement policies and  
15 procedures for the operation of the pharmacy when a pharmacist is  
16 not on-site.

17 (i) On or after September 1, 2011, the board may establish,  
18 by rule, a requirement for prospective and retrospective drug use  
19 review by a pharmacist for each new drug order. A drug use review is  
20 not required when a delay in administration of the drug would harm  
21 the patient in an urgent or emergency situation, including sudden  
22 changes in a patient's clinical status.

23 (j) Rural hospitals may establish standing orders and  
24 protocols, to be developed jointly by the pharmacist and medical  
25 staff, that may include additional exceptions to instances in which  
26 prospective drug use review is required.

27 (k) This section does not restrict or prohibit the board

1 from adopting a rule related to authorizing the withdrawal of a drug  
2 or device by a nurse or practitioner from, or the supervision of a  
3 pharmacy technician in, an institutional pharmacy not located in a  
4 rural hospital. As part of the rulemaking process, the board shall  
5 consider the effect that a proposed rule, if adopted, would have on  
6 access to pharmacy services in hospitals that are not rural  
7 hospitals.

8 (1) The board shall adopt rules to implement this section,  
9 including rules specifying:

10 (1) the records that must be maintained under this  
11 section;

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

14 (3) the training requirements for pharmacy  
15 technicians.

16 SECTION 2. Chapter 568, Occupations Code, is amended by  
17 adding Section 568.008 to read as follows:

18 Sec. 568.008. TECHNICIANS IN HOSPITALS WITH CLINICAL  
19 PHARMACY PROGRAM. (a) In this section, "clinical pharmacy program"  
20 means a program that provides pharmaceutical care services as  
21 specified by board rule.

22 (b) A Class C pharmacy that has an ongoing clinical pharmacy  
23 program may allow a pharmacy technician to verify the accuracy of  
24 work performed by another pharmacy technician relating to the  
25 filling of floor stock and unit dose distribution systems for a  
26 patient admitted to the hospital if the patient's orders have  
27 previously been reviewed and approved by a pharmacist.

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

4           (d) A hospital must notify the board before implementing the  
5 verification process authorized by this section.

6           (e) The board shall adopt rules to implement this section,  
7 including rules specifying:

8                   (1) the duties that may be verified by another  
9 pharmacy technician;

10                   (2) the records that must be maintained for the  
11 verification process; and

12                   (3) the training requirements for pharmacy  
13 technicians who verify the accuracy of the work of other pharmacy  
14 technicians.

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



ADOPTED

MAY 25 2009

FLOOR AMENDMENT NO. 1

*Patricia Van de Putter*  
Secretary of the Senate

Amend H.B. No. 1924 by adding the following appropriately numbered SECTION to the bill and renumbering subsequent SECTIONS of the bill accordingly:

SECTION \_\_\_\_ Section 556.053, Occupations Code, is amended to read as follows:

Sec. 556.053. EXTENT OF INSPECTION; CONFIDENTIALITY.

(a) Except as otherwise provided in an inspection warrant, the person authorized to represent the board may:

(1) inspect and copy documents, including records or reports, required to be kept or made under this subtitle, Chapter 481 or 483, Health and Safety Code, or the Comprehensive Drug Abuse Prevention and Control Act of 1970 (21 U.S.C. Section 801 et seq.) or rules adopted under one of those laws;

(2) inspect, within reasonable limits and in a reasonable manner, a facility's storage, equipment, security, prescription drugs or devices, components used in compounding, finished and unfinished products, or records; or

(3) perform an inventory of any stock of prescription drugs or devices, components used in compounding, or finished and unfinished products in a facility and obtain samples of those substances.

(b) Reports, records, formulas, and test results of samples of products compounded by pharmacies obtained by the board may be provided to the pharmacy that compounded the product but otherwise are confidential and do not constitute public information for purposes of Chapter 552, Government Code. The board may create, use, or disclose statistical information from the test results of samples of compounded products.

(c) The board may disclose information confidential under

Subsection (b):

(1) in a disciplinary hearing before the board or in a subsequent trial or appeal of a board action or order;

(2) to a pharmacist licensing or disciplinary authority of another jurisdiction; or

(3) under a court order.

(d) The board shall require a pharmacy to recall a compounded product and may release the results of the tests of the samples of the compounded product if the board determines that:

(1) the test results indicate a patient safety problem that may involve potential harm to a patient; and

(2) the release of the test results is necessary to protect the public.

(e) The board shall release the test results described by Subsection (d) if a pharmacy is unable to or does not recall the compounded product within 48 hours after the board's request under that subsection.

# ADOPTED

FLOOR AMENDMENT NO. 2

MAY 25 2009

BY: Patricia Van de Putte

Atay Spaul  
Secretary of the Senate

1 Amend H.B. No. 1924 by adding the following appropriately  
2 numbered SECTIONS to the bill and renumbering subsequent  
3 SECTIONS accordingly:

4 SECTION \_\_. Section 568.003, Occupations Code, is amended  
5 to read as follows:

6 Sec. 568.003. GROUNDS FOR DISCIPLINARY ACTION. (a) The  
7 board may take disciplinary action under Section 568.0035 if the  
8 board determines that the applicant or registrant has:

9 (1) violated this subtitle or a rule adopted under  
10 this subtitle;

11 (2) engaged in gross immorality, as that term is  
12 defined by the rules of the board;

13 (3) engaged in any fraud, deceit, or  
14 misrepresentation, as those terms are defined by the rules of  
15 the board, in seeking a registration to act as a pharmacy  
16 technician;

17 (4) been convicted of or placed on deferred  
18 adjudication community supervision or deferred disposition or  
19 the applicable federal equivalent for:

20 (A) a misdemeanor:

21 (i) involving moral turpitude; or

22 (ii) under Chapter 481 or 483, Health and  
23 Safety Code, or the Comprehensive Drug Abuse Prevention and  
24 Control Act of 1970 (21 U.S.C. Section 801 et seq.); or

25 (B) a felony;

26 (5) developed an incapacity that prevents the  
27 applicant or registrant from practicing as a pharmacy technician  
28 or pharmacy technician trainee with reasonable skill,  
29 competence, and safety to the public [~~a drug or alcohol~~

1 ~~dependency~~];

2 (6) violated:

3 (A) Chapter 481 or 483, Health and Safety Code,  
4 or rules relating to those chapters;

5 (B) Sections 485.031-485.035, Health and Safety  
6 Code; or

7 (C) a rule adopted under Section 485.011, Health  
8 and Safety Code;

9 (7) violated the pharmacy or drug laws or rules of  
10 this state, another state, or the United States; ~~or~~

11 (8) performed duties in a pharmacy that only a  
12 pharmacist may perform, as defined by the rules of the board;

13 (9) used alcohol or drugs in an intemperate manner  
14 that, in the board's opinion, could endanger a patient's life;

15 (10) engaged in negligent, unreasonable, or  
16 inappropriate conduct when working in a pharmacy;

17 (11) violated a disciplinary order;

18 (12) been convicted or adjudicated of a criminal  
19 offense that requires registration as a sex offender under  
20 Chapter 62, Code of Criminal Procedure; or

21 (13) been disciplined by a pharmacy or other health  
22 regulatory board of this state or another state [~~had a~~  
23 ~~registration as a pharmacy technician issued by another state~~  
24 ~~revoked, surrendered, or suspended~~] for conduct substantially  
25 equivalent to conduct described by this subsection [~~Subdivisions~~  
26 ~~(1)-(6)~~].

27 (b) A certified copy of the record of a state taking  
28 action described by Subsection (a)(13) [~~(a)(8)~~] is conclusive  
29 evidence of the action taken by the state.

30 SECTION \_\_. Section 568.0035, Occupations Code, is amended  
31 to read as follows:

1           Sec. 568.0035. DISCIPLINE AUTHORIZED; EFFECT ON TRAINEE.

2   (a) On a determination that a ground for discipline exists under  
3 Section 568.003, the board may:

4           (1) suspend the person's registration;

5           (2) revoke the person's registration;

6           (3) restrict the person's registration to prohibit  
7 the person from performing certain acts or from practicing as a  
8 pharmacy technician in a particular manner for a term and under  
9 conditions determined by the board;

10          (4) impose an administrative penalty under Chapter  
11 566;

12          (5) refuse to issue or renew the person's  
13 registration;

14          (6) place the offender's registration on probation  
15 and supervision by the board for a period determined by the  
16 board and impose a requirement that the registrant:

17               (A) report regularly to the board on matters  
18 that are the basis of the probation;

19               (B) limit practice to the areas prescribed by  
20 the board;

21               (C) continue or review professional education  
22 until the registrant attains a degree of skill satisfactory to  
23 the board in each area that is the basis of the probation; or

24               (D) pay the board a probation fee to defray the  
25 costs of monitoring the registrant during the period of  
26 probation;

27          (7) reprimand the person;

28          (8) retire the person's registration as provided by  
29 board rule; or

30          (9) impose more than one of the sanctions listed in  
31 this section.

1 (b) A disciplinary action affecting the registration of a  
2 pharmacy technician trainee remains in effect if the trainee  
3 obtains registration as a pharmacy technician.

4 SECTION \_\_\_\_ Chapter 568, Occupations Code, is amended by  
5 adding Section 568.0036 to read as follows:

6 Sec. 568.0036. SUBMISSION TO MENTAL OR PHYSICAL  
7 EXAMINATION. (a) This section applies to a pharmacy  
8 technician, pharmacy technician applicant, pharmacy technician  
9 trainee, or pharmacy technician trainee applicant.

10 (b) In enforcing Section 568.003(a)(5), the board, on  
11 probable cause, may request a person subject to this section to  
12 submit to a mental or physical examination by a physician or  
13 other health care professional designated by the board.

14 (c) If the person refuses to submit to the examination,  
15 the board shall:

16 (1) issue an order requiring the person to show cause  
17 why the person will not submit to the examination; and

18 (2) schedule a hearing on the order not later than  
19 the 30th day after the date notice of the order is served on the  
20 person under Subsection (d).

21 (d) The person shall be notified by either personal  
22 service or certified mail, return receipt requested.

23 (e) At the hearing, the person and the person's counsel  
24 may present testimony or other evidence to show why the person  
25 should not be required to submit to the examination.

26 (f) After the hearing, the board shall, by order:

27 (1) require the person to submit to the examination;  
28 or

29 (2) withdraw the request for examination.

30 SECTION \_\_\_\_ The changes in law made by this Act apply  
31 only to conduct occurring on or after the effective date of this

1 Act. Conduct occurring before the effective date of this Act is  
2 governed by the law in effect immediately before the effective  
3 date of this Act, and the former law is continued in effect for  
4 that purpose.

5 SECTION \_\_\_\_\_. This Act takes effect immediately if it  
6 receives a vote of two-thirds of all the members elected to each  
7 house, as provided by Section 39, Article III, Texas  
8 Constitution. If this Act does not receive the vote necessary  
9 for immediate effect, this Act takes effect September 1, 2009.

10





**LEGISLATIVE BUDGET BOARD  
Austin, Texas**

**FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION**

**May 28, 2009**

**TO:** Honorable Joe Straus, Speaker of the House, House of Representatives

**FROM:** John S. O'Brien, Director, Legislative Budget Board

**IN RE: HB1924** by Heflin (Relating to the performance of pharmacy services in certain rural areas.),  
**As Passed 2nd House**

**Estimated Two-year Net Impact to General Revenue Related Funds** for HB1924, As Passed 2nd House: an impact of \$0 through the biennium ending August 31, 2011.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

**General Revenue-Related Funds, Five-Year Impact:**

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2010	\$0
2011	\$0
2012	\$0
2013	\$0
2014	\$0

**All Funds, Five-Year Impact:**

Fiscal Year	Probable Savings/(Cost) from <i>General Revenue Fund</i> 1	Probable Revenue Gain/ (Loss) from <i>General Revenue Fund</i> 1	Change in Number of State Employees from FY 2009
2010	(\$72,947)	\$72,947	1.0
2011	(\$56,118)	\$56,118	1.0
2012	(\$56,118)	\$56,118	1.0
2013	(\$56,118)	\$56,118	1.0
2014	(\$56,118)	\$56,118	1.0

**Fiscal Analysis**

The bill would authorize a nurse, pharmacy technician, or practitioner working in a rural hospital to withdraw a drug or device order prescribed by a practitioner when the hospital's pharmacist is not on duty or when the institutional pharmacy is closed. The bill would authorize the Texas State Board of Pharmacy to establish the record requirements to be made at the time the nurse, pharmacy technician or practitioner withdraws a drug or device, to adopt rules specifying the duties that may be verified by another pharmacy technician, and to adopt training requirements for pharmacy technicians regarding these provisions. The bill would 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 would establish various provisions regarding the testing of compounded pharmaceutical products and confidentiality guidelines to be maintained by the Texas Board of Pharmacy. The bill would authorize the Board of Pharmacy to require a pharmacy to recall a compounded product and to release the results of the sample tests under certain circumstances. The Board of Pharmacy would be required to adopt rules to align existing rules with the provisions of the bill.

The bill would amend Section 568.003, Occupations Code, by adding 7 additional violations for which the Board of Pharmacy could take disciplinary action against a registered pharmacy technician or pharmacy technician trainee. The bill would also authorize the Board of Pharmacy to request, on probable cause, that a pharmacy technician, pharmacy technician applicant, or pharmacy technician trainee submit to a mental or physical examination.

The bill would take effect immediately if it receives a vote of two-thirds of all the members elected to each house. If not, the bill would take effect September 1, 2009.

### **Methodology**

The Board of Pharmacy currently registers 52,000 pharmacy technicians and pharmacy technician trainees. The Board anticipates there would be an increase in the number of disciplinary actions required to regulate the new violations established by the bill. Based on the analysis of the Board, it is assumed that the agency would need an additional 1.0 legal assistant III to address the increased number of disciplinary actions. Other operating costs in Fiscal Year (FY) 2010 include \$14,500 for office space remodeling to create room for the new employee, \$1,729 for computer equipment, and \$600 for furniture and equipment. Other operating costs for consumable supplies and other office expenditures are \$2,625 in FY 2010 and each subsequent year.

This analysis assumes that any increased costs to the agency, which is statutorily required to generate sufficient revenue to cover its costs of operation, would be offset by an increase in fee generated revenue.

### **Local Government Impact**

No fiscal implication to units of local government is anticipated.

**Source Agencies:** 515 Board of Pharmacy

**LBB Staff:** JOB, ES, CL, MW



**LEGISLATIVE BUDGET BOARD**

**Austin, Texas**

**FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION**

**May 20, 2009**

**TO:** Honorable Jane Nelson, Chair, Senate Committee on Health & Human Services

**FROM:** John S. O'Brien, Director, Legislative Budget Board

**IN RE: HB1924** by Heflin (Relating to the performance of pharmacy services in certain rural areas.),  
**Committee Report 2nd House, Substituted**

**No significant fiscal implication to the State is anticipated.**

The bill would authorize a nurse, pharmacy technician, or practitioner working in a rural hospital to withdraw a drug or device order prescribed by a practitioner when the hospital's pharmacist is not on duty or when the institutional pharmacy is closed. The bill would authorize the Texas State Board of Pharmacy to establish the record requirements to be made at the time the nurse, pharmacy technician or practitioner withdraws a drug or device, to adopt rules specifying the duties that may be verified by another pharmacy technician, and to adopt training requirements for pharmacy technicians regarding these provisions. The bill would 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.

Based on the analysis of the Texas State Board of Pharmacy, duties and responsibilities associated with implementing the provisions of the bill could be absorbed within current resources.

**Local Government Impact**

No significant fiscal implication to units of local government is anticipated.

**Source Agencies:** 405 Department of Public Safety, 515 Board of Pharmacy

**LBB Staff:** JOB, ES, CL



**LEGISLATIVE BUDGET BOARD**

**Austin, Texas**

**FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION**

**May 18, 2009**

**TO:** Honorable Jane Nelson, Chair, Senate Committee on Health & Human Services

**FROM:** John S. O'Brien, Director, Legislative Budget Board

**IN RE: HB1924** by Heflin (Relating to the performance of pharmacy services in certain rural areas.),  
**As Engrossed**

**No significant fiscal implication to the State is anticipated.**

The bill would authorize a nurse or practitioner working in a rural hospital to withdraw a drug or device order prescribed by a practitioner when the hospital's pharmacist is not on duty or when the institutional pharmacy is closed. The bill would establish the records that should be made at the time the nurse or practitioner withdraws a drug or device. The bill would require 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. The bill would 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 would require the Texas State Board of Pharmacy to adopt rules to conform existing rules to the provisions of the bill.

Based on the analysis of the Texas State Board of Pharmacy, duties and responsibilities associated with implementing the provisions of the bill could be absorbed within current resources.

**Local Government Impact**

No significant fiscal implication to units of local government is anticipated.

**Source Agencies:** 515 Board of Pharmacy

**LBB Staff:** JOB, ES, CL





**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION**

**April 2, 2009**

**TO:** Honorable Lois W. Kolkhorst, Chair, House Committee on Public Health

**FROM:** John S. O'Brien, Director, Legislative Budget Board

**IN RE: HB1924** by Heflin (Relating to the performance of pharmacy services in certain rural areas.),  
**Committee Report 1st House, Substituted**

**No significant fiscal implication to the State is anticipated.**

The bill would authorize a nurse or practitioner working in a rural hospital to withdraw a drug or device order prescribed by a practitioner when the hospital's pharmacist is not on duty or when the institutional pharmacy is closed. The bill would establish the records that should be made at the time the nurse or practitioner withdraws a drug or device. The bill would require 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. The bill would 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 would require the Texas State Board of Pharmacy to adopt rules to conform existing rules to the provisions of the bill.

Based on the analysis of the Texas State Board of Pharmacy, duties and responsibilities associated with implementing the provisions of the bill could be absorbed within current resources.

**Local Government Impact**

No significant fiscal implication to units of local government is anticipated.

**Source Agencies:** 515 Board of Pharmacy

**LBB Staff:** JOB, ES, CL



**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION**

**March 23, 2009**

**TO:** Honorable Lois W. Kolkhorst, Chair, House Committee on Public Health

**FROM:** John S. O'Brien, Director, Legislative Budget Board

**IN RE: HB1924** by Heflin (Relating to the performance of pharmacy services in certain rural hospitals.), **As Introduced**

**No significant fiscal implication to the State is anticipated.**

The bill would require the Texas State Board of Pharmacy to adopt rules to certify a pharmacy technician, to establish training standards for certified pharmacy technicians for the use of automated medication supply systems, and to authorize a rural hospital to allow a pharmacy technician who is certified to be employed by the hospital for specific duties.

Based on the analysis of the Texas State Board of Pharmacy, duties and responsibilities associated with implementing the provisions of the bill could be absorbed within current resources.

**Local Government Impact**

No significant fiscal implication to units of local government is anticipated.

**Source Agencies:** 515 Board of Pharmacy

**LBB Staff:** JOB, CL, ES

