BILL ANALYSIS

Senate Research Center 81R19520 NC-D H.B. 1924 By: Heflin (Seliger) Health & Human Services 5/18/2009 Engrossed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

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.

H.B. 1924 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

Rulemaking authority previously granted to the Texas State Board of Pharmacy is modified in SECTION 1 (Section 562.1011, Occupations Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter C, Chapter 562, Occupations Code, by adding Section 562.1011, as follows:

Sec. 562.1011. OPERATION OF CLASS C PHARMACY IN CERTAIN RURAL HOSPITALS. (a) Defines "nurse" and "rural hospital."

(b) Authorizes a nurse or practitioner, 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, to withdraw the drug or device from the pharmacy in sufficient quantity to fill the order.

(c) Requires the nurse or practitioner, at the time the nurse or practitioner withdraws a drug or device from an institutional pharmacy under Subsection (b), to make a record of the withdrawal that contains the name of the patient; the name of the device or drug; the dosage of the drug, strength of the drug, and dosage form; the quantity withdrawn; the time and date of the withdrawal; and the signature of the person making the withdrawal.

(d) Provides that the original medication order or a copy of the order is authorized to be substituted for the record of withdrawal if the medication order contains all of the information required by Subsection (c).

(e) Requires the hospital pharmacist to verify the withdrawal of a drug or device under Subsection (b) and perform a drug regimen review not later than the seventh day after the date of the withdrawal.

(f) 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.

(g) Requires the nurse or practitioner, at the time a nurse or practitioner withdraws a drug or device from an institutional pharmacy under Subsection (f), 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 of the drug or device withdrawn; the location of the floor stock; the time and date of the withdrawal; and the signature of the person making the withdrawal.

(h) Requires the hospital pharmacist to verify the withdrawal of a drug or device under Subsection (f) and perform a drug regimen review not later than the seventh day after the date of the withdrawal.

(i) Provides that this section does 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.

(j) Provides that this section expires January 1, 2012.

SECTION 2. Effective date: upon passage or September 1, 2009.