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### Amendment Floor Report for HB 2561- Monday, May 1, 2017

Author	Analysis	Recommendation
<b>Burkett</b> P. 2 850178	This amendment clarifies what “direct supervision” by a pharmacist means. It now includes: who directs the activities of a pharmacist intern, pharmacy technician, or pharmacy technician trainee. This amendment will help clear up any confusion around who should be included in the definition of direct supervision.	<b><u>Favorable</u></b>
<b>Krause</b> P. 3 850194	This amendment would prohibit the board from creating any regulation or rule that would be in violation of a person’s religiously held beliefs. The amendment does not outline a clear rationale or eligibility criteria for pharmacies to choose not to provide these products; it is dangerous to implement vague laws that allow medical facilities such as pharmacies to pick and choose what types of services they want to provide.	<b><u>Unfavorable</u></b>
<b>Shaheen</b> P. 4 850197	This amendment states that the Texas State Pharmacy Board may not retaliate or take adverse action against a pharmacy that makes a business decision to not stock, sell, or dispense certain prescription and non-prescription drugs. This amendment is ideologically driven and seeks to protect pharmacy owners who choose not to sell emergency contraceptives and other types of birth control. These products are vital to women’s reproductive autonomy and health; they should be available at a woman’s local pharmacy. The amendment does not outline a clear rationale or eligibility criteria for pharmacies to choose not to provide these products; it is dangerous to implement vague laws that allow medical facilities such as pharmacies to pick and choose what types of services they want to provide.	<b><u>Unfavorable</u></b>
<b>Krause</b> P. 5-6 850193	This amendment will not allow the board to reduce, withhold, exclude, or otherwise deny certain agreements with the Texas State Pharmacy Board. The different types of agreements would include: licenses, registrations, contracts, or agreements. This amendment also includes pharmacy technicians and seeks to protect them for not dispensing or selling a specific drug or product based on a person’s sincerely held religious beliefs or moral convictions.	<b><u>Unfavorable</u></b>

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<p><b>Shaheen</b> P. 7 850198</p>	<p>This amendment states that the Texas State Pharmacy Board may not retaliate or take adverse action against a pharmacy that makes a business decision to not stock, sell, or dispense contraceptives, drugs, or devices that are “potentially abortion inducing”. This amendment purely ideological, as “abortion inducing products” are already banned from distribution at pharmacies (emergency contraceptives do not induce an abortion - they prevent fertilization of an egg if taken properly). These products are vital to women’s reproductive autonomy and health; women should have the right to decide when and how they become pregnant, and the products they need to do so should be available at her local pharmacy. The amendment does not outline a clear rationale or eligibility criteria for pharmacies to choose not to provide these products; it is dangerous to implement vague laws that allow medical facilities such as pharmacies to pick and choose what types of services they want to provide.</p>	<p><u><b>Unfavorable</b></u></p>
<p><b>Schaefer</b> P. 8 850195</p>	<p>This amendment seeks to limit a women’s access to certain emergency contraceptives. It will bar women from purchasing any post intercourse product, like the well-known Plan B, without a prescription. Currently, these products are available to women over the age of 17.</p>	<p><u><b>Unfavorable</b></u></p>
<p><b>Schaefer</b> P. 9-16 850196</p>	<p>This amendment essentially protects pharmacists, pharmacy technicians, and pharmacy owners from having a licensing application denied or a license revoked due to refusal to provide patient counseling or dispense or administer drugs in situations that violate their sincerely held religious beliefs. It also stipulates that the Texas State Board of Pharmacy cannot discipline a license holder for refusing to provide patient counseling or dispense drugs or devices if doing so would violate the licensees’ religious beliefs. While religious freedom is a pillar of our society, protecting those freedoms seems to be selectively applied when it serves a specific political agenda. This amendment is rooted in anti-choice ideology, as its main focus is to protect pharmacists who refuse to provide vital reproductive health products such as emergency contraceptives and other types of birth control. <b>These products are vital to the maintenance of women’s reproductive health; if a woman lives in a small town and the only pharmacist refuses to administer contraceptives, she effectively loses all control over her reproductive freedom.</b> As with most other professions, pharmacists and pharmacy technicians should deliver the full spectrum of services needed by their patients regardless of their ideological or moral disagreement with the service. Additionally, offering this type of religious exemption dangerously opens up the door for other professionals, such as county clerks, to refuse to perform their job duties such as issuing marriage licenses to LGBT couples.</p>	<p><u><b>Unfavorable</b></u></p>
<p><b>Stickland</b> P. 17 850191</p>	<p>This amendment mandates that pharmacists must distribute informational materials (described by Health and Safety Code Section 171.016) about the anatomical and physiological characteristics of an ‘unborn child’ to women who purchase emergency contraceptives. This amendment is purely ideological and serves no public health or medical purpose. <b>In addition to the aforementioned information being biased and medically inaccurate, it is in no way relevant to the provision of emergency contraceptives which work by preventing the release, implantation, or fertilization of an egg;</b> women purchasing these products do not have an ‘unborn child’ to learn about and should not be subjected shame and stigma when accessing legal reproductive healthcare products.</p>	<p><u><b>Unfavorable</b></u></p>
<p><b>Stickland</b> P. 18 850190</p>	<p>This amendment stipulates that pharmacists practicing in Class A pharmacies must dispense Schedule II controlled substances if they are prescribed by an advance practice registered nurse or a physician assistant to whom a physician has delegated prescribing and ordering authority under Health and Safety Code Section 157.0511(b-1). APRNs and PAs were given limited prescriptive authority for Schedule II drugs in hospital and facility-based settings during the 83rd session, but the law is still ambiguous regarding whether prescriptions must be filled at that hospital or facility’s in-house pharmacy. <b>This amendment does not expand prescriptive authority for APRNs or PAs, but rather clarifies that local pharmacies can fill prescriptions written by PAs and APRNs within their current prescriptive authority.</b></p>	<p><u><b>Favorable</b></u></p>



<p><b>Schofield</b> P. 19 850192</p>	<p>This amendment instructs the Texas State Board of Pharmacy to conduct a review of current exemptions for dispensing prescription drugs without a pharmacy license. Additionally, the board is to make recommendations for any additional exemptions needed to better serve patients' needs in Texas. Current exemptions include physicians dispensing drugs in rural areas that do not have pharmacies or offering prescription samples in their office. Conducting a review of the effectiveness of these exemptions and potential expansions will improve healthcare access for Texans. It is imperative, however, that expanding exemptions does not result in increased access to Opioids or other commonly abused substances.</p>	<p><b><u>Favorable w/Concerns</u></b></p>
<p><b>Martinez, "Mando"</b> P. 20 850189</p>	<p>This amendment requests the LBB to conduct a study on whether their estimate of a savings to the state of \$467,628,328.00 through SB 7 during the 82<sup>nd</sup> Legislature was accurate. It details what should be included in the study and directs the LBB to focus on the amount of savings achieved through the changes in law regarding the expansion of Medicaid managed care. It would apply to all organizations under contract with the state for Medicaid managed care between March 1, 2012 to December 31, 2016.</p> <p>Certain areas of the state, such as the Rio Grande Valley, seem to have experienced negative implications as a result of the transition towards managed care including Medicaid patients losing access to care and pharmacy closures due to reduced reimbursement rates. Conducting this study will allow the Legislature to discern whether the shift toward managed care is accomplishing its intended cost savings and will identify geographic areas where Texans may have been negatively impacted by the transition.</p>	<p><b><u>Favorable</u></b></p>

