

## Utah Society of Health-System Pharmacists (USHP)

### Legislative Bill Tracking List

Bill (linked)/Sponsor(s)	Summary	Status	USHP Position
<b>State</b>			
<a href="#">HB51: Medical Specialty Practice Act Amendments</a>  Chief Sponsor: Rep. Evan J. Vickers	Amends the duties and functions of boards that govern certain medical professions; requires a person who wants to amend certain medical practice acts to submit the proposed amendment to the board; and permits the board to make a recommendation to the Legislature concerning the proposed amendment.	12/19/11: Bill numbered, available, and sent to agencies for fiscal input	
<a href="#">HB54: Prescription Drug Access in Rural Areas</a>  Chief Sponsor: Rep. Dixon M. Pitcher	Amends provisions of the Pharmacy Practice Act to prohibit a third party payer of prescription drug benefits from charging a patient higher copayments for a prescription drug if the patient resides in a rural area of the state and chooses not to use an out-of-state mail order pharmacy.	12/19/11: Bill numbered, available, and sent to agencies for fiscal input	
<a href="#">HB55: Health Care Associated Infections</a>  Chief Sponsor: Rep. Jack R. Draxler	This bill amends the Utah Communicable Disease Control Act by requiring certain health care facilities to share with the Department of Health data that the facility is required to report under federal law regarding health care associated infections and requiring the Department of Health to release a public report on health care associated infections.	12/20/11: Bill numbered, available, and sent to agencies for fiscal input	
<b>State Potential Bills (these Bills have not made it to the official State Website)</b>			
Psychologist Prescribing Bill  Chief Sponsor: Rep. Merlynn Newbold	The intent of this Bill is to allow psychologists the ability to prescribe medication related to their practice. It will require additional education and hopefully defines list of what can be prescribed.	Unknown, not listed as of yet	
Pharmacist Reporting of Suspected Fraudulent Prescriptions  Sponsor: Sen. Patricia Jones	The intent of this bill is to require pharmacists/pharmacies to report fraudulent prescriptions to law enforcement. It does not allow for pharmacist judgment for risk to staff and patients. Missy Duke, USHP Board Member and Advocacy committee liaison, contacted Senator Jones and shared our concerns. She has postponed this Bill as we have further discussion. The premise of this Bill is good, as it tries to tackle the growing epidemic of controlled substance abuse and fraudulent prescriptions. We just need to ensure that our pharmacists can have some leeway for judgment on the situation.	Unknown, not listed as of yet	

Federal			
<p><a href="#">HR147: Prescription Drug Affordability Act</a></p> <p>Sponsor: Rep. Ron Paul (TX)</p>	<p>Amends the Federal Food, Drug, and Cosmetic Act (FFDCA) to repeal provisions restricting the importation of prescription drugs. Allows a person who meets applicable legal requirements to be an importer of prescription drugs upon application to the Secretary of Health and Human Services (HHS). Requires the Secretary to approve such an application if the drug meets all FFDCA requirements for admission into the United States, including that the drug has been approved by the Food and Drug Administration (FDA) and is not adulterated or misbranded.</p>	<p>2/1/2011: Referred to the Subcommittee on Health.</p>	
<p><a href="#">HR338: Protecting Our Kids' Medicine Act</a></p> <p>Sponsor: Rep. Steve Israel (NY)</p>	<p>Protecting Our Kids' Medicine Act - Amends the Federal Food, Drug, and Cosmetic Act to require a liquid formulation of an over-the-counter drug to be packaged with a dosage delivery device meeting specified requirements. Defines "dosage delivery device" as an object that is designed to measure the dosage of a drug in liquid form and deliver that drug to an individual and includes calibrated cups, droppers, syringes, and spoons.</p> <p>Sets forth requirements for such a dosage delivery device, which include that such device: (1) is calibrated in units of measure specified in the dosage directions on the outside packaging of the drug, the bottle, or written instructions on the label; (2) uses the same abbreviations as the directions and conforms to international or national standards for abbreviations; (3) has clearly printed decimals or fractions; (4) contains leading zeros before decimal points to avoid tenfold dosing errors; (5) has smaller font sizes for numerals in fractions compared to the size of the font used for numerals not in fractions; (6) contains no extraneous or unnecessary markings that may be confusing to consumers; and (7) uses markings that are clearly visible when the drug is added to the device.</p>	<p>2/1/2011: Referred to the Subcommittee on Health.</p>	
<p><a href="#">HR891: Medication Therapy Management Benefits Act of 2011</a></p> <p>Sponsor: Rep. Cathy McMorris Rodgers (WA) Cosponsors: <a href="#">42</a> (none from Utah)</p>	<p>Amends part D (Voluntary Prescription Drug Benefit Program) of title XVIII (Medicare) of the Social Security Act (SSA) to require that the annual comprehensive medication review include creation of a personal medication record and a recommended medication action plan in consultation with the individual and the prescriber.</p> <p>Requires medication therapy management (MTM) services to include targeted medication reviews furnished person-to-person by a licensed pharmacist offered at least once every quarter to: (1) assess medication use since the last annual comprehensive medication review, (2) monitor unresolved issues, or (3) identify problems with new drug therapies or if the individual has experienced a transition in care.</p> <p>Increases the number of diseases and conditions for which beneficiaries may be targeted for medication therapy management (MTM) services.</p>	<p>3/14/2011: Referred to the Subcommittee on Health.</p>	

	<p>Requires a prescription drug plan (PDP) sponsor to identify a process, subject to approval by the Secretary of Health and Human Services (HHS), that allows licensed pharmacists or other qualified providers to identify potential enrollees for MTM interventions where such individuals are not targeted beneficiaries or are not otherwise offered MTM services.</p> <p>Requires any MTM program to offer both comprehensive and targeted medication reviews to individuals dually eligible for both Medicare and Medicaid (under SSA title XIX), regardless of whether they are MTM-targeted beneficiaries.</p> <p>Requires a PDP sponsor to offer any willing pharmacy in its network the ability to provide MTM services.</p> <p>Requires the PDP sponsor to reimburse pharmacists and other entities furnishing MTM services based on the resources used and the time required to provide such services.</p>		
<p><a href="#">HR3699: Research Works Act</a>, <a href="#">Article in New York Times</a> that explains the issue very well.  Sponsor: Rep Darrell E. Issa (CA), Co-Sponsor: Rep. Carolyn B. Maloney (NY)</p>	<p>SEC. 2. LIMITATION ON FEDERAL AGENCY ACTION.</p> <p>No Federal agency may adopt, implement, maintain, continue, or otherwise engage in any policy, program, or other activity that— (1) causes, permits, or authorizes network dissemination of any private-sector research work without the prior consent of the publisher of such work; or (2) requires that any actual or prospective author, or the employer of such an actual or prospective author, assent to network dissemination of a private-sector research work.</p>	<p>12/16/2011:  Referred to the House Committee on Oversight and Government Reform.</p>	