Senate pharmacy-related budget amendments

Senators have filed 1,167 proposed amendments to the senate version of the state budget for the fiscal year beginning July 1st. There are several pharmacy related amendments. Debate on these amendments begins today! To voice your support for one or more of these amendments contact your senator's office by phone immediately. The proposed amendments include:

Amendment 428 - Naloxone

Co-Prescription of Naxolone

Mr. Rush and Ms. Flanagan moved that the proposed new text be amended by inserting, after section __, the following new section:-

“SECTION __. Notwithstanding any rule, regulation, special or general law to the contrary, the Department of Public Health shall issue, not later than October 1, 2016, recommendations to encourage the co-prescription of naloxone to patients at risk who are taking opioid analgesics.”

Amendment 372 - Compounding

Timely Access to Emergency Medication for Companion Animals

Messrs. Welch, Moore, Ross, Brady and Timilty moved that the proposed new text be amended by inserting, after section 81, the following new section:-

"SECTION XX. Section 54A of chapter 112 of the General Laws, as appearing in the 2014 Official Edition, is hereby amended by adding after the definition of “Board” the following new definition:- “Companion animal”, any domesticated animal other than man including fowl, birds, fish or reptiles, except those animals intended for consumption or whose products are intended for consumption by humans or any other animals.

Chapter 112, as so appearing, is hereby further amended by adding, after section 39J, the following section:- Section 39K. (a) A veterinarian shall be authorized to dispense a compounded drug, distributed from a pharmacy, when the animal is his own patient within a valid veterinarian-client-patient relationship, or VCPR, as defined in the Principles of Veterinary Medical Ethics of the American Veterinary Medical Association; the animal is an animal companion; the quantity dispensed is no more than a 120 hour supply; the compounded drug is for the treatment of an emergency condition; and timely access to a
compounding pharmacy is not available, as determined by the prescribing veterinarian. (b) Pharmacists shall label all compounded products for companion animals and distributed to a veterinarian for either further distribution or sale to his own patient or administration to his own patient with the name and strength of the compounded medication or list of the active ingredients and strengths; the facility’s control number; an appropriate beyond-use date as determined by the pharmacist in compliance with USP-NF standards for pharmacy compounding; the name and address of the pharmacy; and the quantity."

Amendment 364 - Repeal of sections that sunsets co-pay assistance programs

Pharmacy Co-Pay Assistance

Messrs. Moore, Brady, Rush and Lewis, Ms. Flanagan, Ms. L'Italien, Messrs. Timilty and Ross moved that the proposed new text be amended by inserting, after section ____, the following new section:

“SECTION ____. Sections 131 and 226 of chapter 139 of the acts of 2012 are hereby repealed.”

Amendment 450 - Border state mid-level practitioner prescription study

DPH Pharmacists Study

Messrs. Rodrigues and Moore moved that the proposed new text be amended by inserting at the end thereof the following section:-

SECTION ___. The department of public health shall conduct a study relative to permitting pharmacists in the commonwealth to fill prescriptions for schedule II narcotics written by mid-level practitioners in contiguous states. The study shall examine the educational requirements for licensing such mid-level practitioners by the contiguous states and whether such standards are equivalent to those in the commonwealth for the licensing of similar professions. The department shall report the results of the study to the joint committee on mental health and substance abuse and the house and senate committees on ways and means on or before December 31, 2016.

Amendment 396 - Specialty Drug Study

Review of Specialty Drug Dispensing and Patient Safety

Messrs. Keenan and Lewis moved that the proposed new text be amended by inserting the following new section:-

SECTION ___. Notwithstanding any general or special law to the contrary, there is hereby established a task force to study and analyze health insurance payer practices that require certain categories of drugs, including those that are administered by injection or infusion, to be
dispensed by a third-party specialty pharmacy directly to a patient or to a health care provider with the designation that such drugs be used for a specific patient and not for the general use of the provider. The task force shall conduct an investigation and study of such practice including the extent to which it affects health care quality, patient safety, and health care cost containment goals, and whether such practice should be regulated or restricted. The task force shall prepare a report of its findings, including recommendations, if any, for statutory changes. The task force shall file the report with the house and senate committees on ways and means, the joint committee on health care financing and the joint committee on public health no later than July 1, 2017.

The task force shall consist of the following 11 members: the secretary of the executive office of health and human services or designee, who shall chair the task force; the commissioner of public health or designee; the commissioner of insurance or designee; the executive director of the health policy commission or designee; the executive director of the group insurance commission or designee; the president of Massachusetts Hospital Association; the executive director of the Massachusetts Council of Community Hospitals; a representative of the Massachusetts Society of Health-System Pharmacists; a representative of the Conference of Boston Teaching Hospitals; the president of the Massachusetts Association of Health Plans; and the president of Blue Cross and Blue Shield of Massachusetts, Inc., or designee.

Notwithstanding any general or special law to the contrary, until said findings and recommendations of the aforementioned task force are filed, no health insurance carrier shall require that a cancer-related or chronic-illness related drug be purchased and delivered to a patient, to a patient’s guardian or representative, or to a patient’s chosen provider only through a third-party specialty pharmacy; provided, however, that nothing in this section shall prohibit a patient or provider, including a home health agency or hospice, from choosing to receive such drugs from a third-party specialty pharmacy. For the purposes of this section the terms “cancer-related drug” and “chronic-illness related drug” shall mean a controlled substance that is indicated for the treatment of cancer or another chronic illness, or for managing the side effects of such treatment, and that must be administered by injection in a clinic, hospital, or physician’s office and which the patient’s treating healthcare provider has determined cannot be reasonably self-administered by a patient to whom the drug is prescribed or by an individual assisting the patient with self-administration; and the term “carrier” shall include those defined in section 1 of chapter 176O as well as health plans that are under contract to the group insurance commission established under Chapter 32A of the General Laws.

Amendment 76 - Auditing the Auditors!

Pharmacy Benefit Managers Audit

Mr. Tarr moved that the proposed new text be amended By inserting after section__, the following new section:-

Section __. Notwithstanding any general or special law to the contrary, the auditor of the Commonwealth, in consultation with the Secretary of Health and Human Service, shall develop a system and regulations to facilitate the comprehensive auditing of pharmacy benefit managers, so-called.