State Legislation Affecting Your Profession That Has Passed

1. **Naloxone Access:** House Bill (HB) 5407 was signed by Michigan Gov. Rick Snyder on Oct. 22, 2014. This bill allows pharmacists to dispense opioid antagonists to family and friends of individuals who may suffer an overdose provided that the purchaser has a prescription from a provider. HB 5405, which was also signed into law, provides immunity for individuals prescribing, dispensing, possessing or administering an opioid antagonist. These bills have immediate effect.

2. **Pharmacy Technician Licensure:** Senate Bill (SB) 92 was signed by Gov. Snyder on Sept. 30, 2014, as Public Act 285 of 2014. SB 92 requires licensure and certification for pharmacy technicians and will take effect on Dec. 22, 2014. An amendment passed in December 2014 that postpones the enforcement date of technician licensure to June 30, 2015. Although there is a gap in the effective date and the enforcement date, we have received confirmation from the Department that enforcement will not occur until June 30, 2015.

3. **Compounding Regulations:** SB 704 and SB 904 were signed by Gov. Snyder on July 3, 2014. SB 704 addresses credentialing of pharmacies that perform sterile compounding services as well as regulation and policy enforcement. The bill defines “pharmacist in charge” and clarifies the responsibilities associated with that position. SB 904 (tie-barred) identifies criminal offenses associated with the willful and knowing violation of compounding regulations. SB 704 went into effect on Sept. 30, 2014.

4. **Pseudoephedrine Regulations:** SB 535, SB 756, HB 5089 and HB 5090 were signed by Gov. Snyder on July 3, 2014. The bills will generate “stop-sale” alerts in the National Precursor Log Exchange system for individuals with methamphetamine-related convictions. Those patients will need a prescription for 10 years to acquire the drug. This act takes effect on Jan. 1, 2015.

5. **MAC Pricing Legislation:** SB 656, which includes measures to increase Maximum Allowable Cost (MAC) pricing transparency, was signed by Gov. Snyder on June 12, 2014. It will likely take effect on April 1, 2015.

6. **Expedited Partner Therapy (EPT):** Introduced by Rep. George Darany (D-Dearborn), once signed into law by Gov. Snyder, this act will authorize EPT for treatment of sexually transmitted infections, allowing for physicians to prescribe infected individuals and their partners and for pharmacists to fill those prescriptions. This bill takes effect Jan. 1, 2015.

7. **License Revocation Bill Package:** Once signed, HB 5839-5842 give permission to the health professional Boards to permanently revoke licensure from health professionals for certain conduct if the person engaged in a pattern of intentional fraudulent acts for personal gain and, in so doing, harmed patients under his or her care. These bills also make certain assaultive crimes including first- and second-degree murder, grounds for license or registration sanctions (including permanent revocation) and that for certain crimes individuals may not reapply for licensure. These bills will go into effect 90 days after they are signed.
State Legislation Recently Introduced

Note: Legislation listed below did not pass during the 2013-2014 legislative session. All of the bills listed below have a chance at being re-introduced during the next session.

1. Pharmacy Audit: Rep. Phil Cavanagh (D-Redford Township) introduced HB 5981. This bill identifies pharmacy audit practices and eliminates the use of extrapolation.

2. Medication Synchronization: Sen. Dave Hildenbrand (R-Lowell) introduced SB 1145 on Nov. 13, 2014. This bill would allow for patients to participate in medication synchronization programs offered by pharmacies and have their copays be prorated for quantities smaller than the typical 30-day supply. Dispensing fees would not be prorated. This bill also mandates that plans cannot deny coverage of the medication should the patient want it to be synchronized.

3. PBM Regulation: Sen. Tom Casperson (R-Escanaba) and Sen. Tonya Schuitmaker (R-Lawton) introduced bills (SB 999-1002) in June that would require pharmacy benefit managers (PBMs) to register as third-party administrators, and provides standards for audit practices and standards for MAC pricing. Additionally, they would deny the ability of health plans and PBMs to limit networks and/or require mail-order pharmacy. Rep. John Walsh (R-Livonia) introduced HB 5876 to amend the “Prudent Purchaser Act” to allow a pharmacy agreeing to terms and conditions to participate as an in-network pharmacy. MPA testified on this bill, but it has yet to be voted on.

4. Biosimilars: HB 5598 allows pharmacists to substitute U.S. Food and Drug Administration (FDA)-approved interchangeable biosimilar products for biologic products when necessary.

5. Out-of-Pocket Expense Limits: SB 1083 establishes a limit for out-of-pocket expenses paid by patients for medication costs.

6. Hepatitis C Testing: Sen. James Marleau (R-Lake Orion) introduced SB 1101, which mandates that primary care providers offer a hepatitis C screening test in their office.

Federal Legislation

1. Drug Enforcement Administration (DEA) Final Rule on Controlled Substance Take-back: Pharmacies that collect unused medications as part of take-back initiatives may now accept controlled substances. More information regarding the specifics of the take-back rules for each practice setting can be found at https://www.federalregister.gov/articles/2014/09/09/2014-20926/disposal-of-controlled-substances.

2. Hydrocodone Moved to Schedule 2: On Aug. 22, the DEA issued a final rule that moved all hydrocodone combination products (HCPs) to Schedule 2 of the Controlled Substances Act. All regulatory requirements of Schedule 2 substances (records, inventory, etc.) will apply to HCPs as of Oct. 6, 2014. All refills for HCPs written before the Oct. 6 date are still valid for six months, until April 8, 2015.

3. House Resolution (HR) 4190 (Provider Status): Congresswoman Candice Miller, Congressman Mike Rogers, Congressman Kerry Bentivolio and Congressman Gary Peters have signed on to support this bill, which was introduced in the U.S. House of Representatives. The bill will allow for pharmacists to bill Medicare Part B for cognitive services provided to patients in medically underserved areas. There are now more than 120 Congressional leaders who have signed as co-sponsors in support of the bill.

4. HR 4577 (Open Networks): This bill would give pharmacists the opportunity to provide services in currently restricted networks in a targeted manner such as: One or more of their stores is located in a health professional shortage area, a medically underserved area or among a medically underserved population, and if they can meet terms and conditions that are comparable to those of in-network pharmacies.
5. **HR 4437 (PBM Regulations):** The Generic Drug Pricing Fairness Act amends part D (Voluntary Prescription Drug Benefit Program) of title XVIII (Medicare) of the Social Security Act to require each contract entered into with a prescription drug plan (PDP) sponsor from entering into a contract with any pharmacy benefits manager (PBM) to manage the prescription drug coverage provided under such plan, or to control the costs of the prescription drug coverage under it, unless the PBM adheres to specified criteria when handling personally identifiable utilization and claims data or other sensitive patient data.

6. **HR 4709 (Controlled Substances):** HR 4709 passed the House on July 29, 2014. Introduced by Tom Marino, representing Pennsylvania’s 10th Congressional District, the bill aims to increase drug safety while maintaining access for those patients who need it for legitimate reasons.