HB 4043 Rep. Whiteford (R-Casco) has introduced HB 4043 which includes language that would prohibit the selling, marketing, promoting advertising, or otherwise distributing any card or purchasing mechanism that is not insurance that purports to offer discounts or access to discounts from pharmacies. Unless that following conditions are met:
   1) The card has bold print that states it is not a form of insurance.
   2) The discounts are specifically authorized by an individual and separate contract with each pharmacy is listed.
   3) The discounts or access to discounts are not misleading, deceptive, or fraudulent.

HB 4099: Rep. Rendon (R-Lake City) has introduced HB 4099 which includes language that would provide equal treatment for insurance coverage (copays) for orally administered anticancer chemotherapy as intravenously administered or injected anticancer chemotherapy.

HB 4154: Rep. Vaupel (R-Fowlerville) has introduced HB 4154 which includes language that would require a manufacturer to file an annual report with DHHS on costs associated with a prescription drug that has a whole sale acquisition price of $10,000 or more, or has a wholesale acquisition price that has increased by 25% or more in the preceding 5 years or by 5% or more in the previous year. The report to DHHS must also include the costs paid for R&D, marketing, and aggregate rebates paid to PBMs.

HB 4155: Rep. Vaupel (R-Fowlerville) has introduced HB 4155 which includes language that would require PBMs to register with DIFS, and submit an annual report to the department. The report would require information be disclosed on rebates provided and the report would be published on the department’s website. The legislation would also prohibit retaliation against a pharmacist who disclosed cost savings on drugs.

HB 4217/SB 248/SB 254/PA 134/PA 136/PA 135: Rep. Bellino (R-Monroe), Sen. Johnson (R- Holly) and Sen. Zorn (R -Ida) have introduced legislation which includes language that would require prescribers to electronically submit all prescriptions including controlled substances beginning on October 1, 2021. However, there are a number of ways to receive an exemption from having to electronically submit prescriptions. The bill also authorizes LARA to delay the implementation data if the federal Centers for Medicare and Medicaid Services delayed the Medicare requirement for electronic transmission of controlled substance prescriptions beyond October 1, 2021. The delay cannot exceed the implementation date of the Medicare requirement.
SB 128/PA 42: Senator Hertel (D-Lansing) introduced legislation which would codify the definition of a bona fide prescriber-patient relationship.

HB 4225/PA 43: Representative Kahle (R-Adrian) introduced legislation which would require a prescriber to perform only an initial check of MAPS when a patient is admitted to a hospice setting.

HB 4293: Rep. Garza (D-Taylor) has introduced legislation that would require an insurance company that provides prescription drug coverage to fill a 90-day supply of a maintenance drug through the end of the calendar year as long as the remaining duration of coverage for the insured is at least 90 days.

SB 170: Sen. McBroom (R-Vulcan) has introduced legislation that would limit the amount of ephedrine or pseudoephedrine a person could purchase in a 30 day period from 9 grams down to 7.2 grams. The bill would also limit a person to 61.2 grams of ephedrine or pseudoephedrine purchased in a calendar year. Status: In House Health Policy.

SB 200/PA 36: Senator Wojno (D-Centerline) introduced legislation that would allow trained library employees to administer opioid antagonists without fear of repercussions.

SB 282/PA 37: Senator VanderWall (R-Frankfort) introduced legislation that would allow trained emergency medical services employees to administer opioid antagonists without fear of repercussions.

SB 283/PA 38: Senator Lucido (R-Shelby Twp.) introduced legislation that would allow trained school employees to administer opioid antagonists without fear of repercussions.

HB 4367/PA 39: Representative Sheppard (R-Monroe) has introduced legislation that would allow governmental agencies to purchase and possess opioid antagonists and distribute them to employees with proper training.

HB 4412/PA 123: Rep. Kahle (R-Adrian) has introduced legislation that would prohibit the sale of cough syrup with dextromethorphan in it to anyone under the age of 18 beginning on July 1, 2020.

HB 4450: Rep. Johnson (R-Wayland) has introduced legislation that would remove gabapentin from the list of controlled substances.

HB 4451/PA 139: Rep. Calley (R-Portland) has introduced legislation that would require an insurer that covers eye drops to allow for a refill if the patient has used 75% of the eye drops or it has been 23 days since the prescription was filled.
SB 340/PA 4: Sen. Vanderwall (R-Frankfort) has introduced legislation that would allow the use of telepharmacy in the state. The bill would allow for a remote pharmacy to be established as long as there is at least 10 miles between the remote location and another pharmacy. A remote location would only be allowed to dispense 150 scripts per day per 90 day average. Additionally, the 10-mile distance restriction is able to be waived by the Board of Pharmacy. The bill also limits the number of pharmacies a pharmacist in charge (PIC) or supervising pharmacist can be designated to oversee three pharmacies. A technician working in a remote location must have 1,000 hours of experience, be fully licensed, and nationally certified.

HB 4701: Rep Cambensy (D-Marquette) has introduced legislation that would cap the co-pay amount for a 30-day supply of insulin at $100. This bill only applies to patients with insurance and does not apply to cash pay patients.

SB 417: Sen. Lucido (R-Shelby Twp) has introduced legislation that would allow a pharmacist to dispense an epi-pen to a police officer or firefighter. In House Health Policy.

SB 418: Sen. MacDonald (R-Sterling Heights) has introduced legislation that would allow a police officer or firefighter who has been trained properly to administer epinephrine through an epi-pen without the fear of repercussions. In House Health Policy.

HB 4935: Rep. Allor (R-Alpena) has introduced legislation that would allow classify etizolam as a schedule 1 controlled substance.

HB 4943: Rep. Pohutsky (D-Livonia) has introduced legislation that would require an insurer to cover the cost for a medically necessary epi-pen.

HB 4978: Rep. Brann (R-Wyoming) has introduced legislation that would allow the importation of prescription drugs from Canada as long as the importation program is approved by the USDA and meets their safety and effectiveness standards. This bill would not allow controlled substances, biological products, infused drugs, IV drugs, drugs inhaled during surgery, and prenatal drugs to be imported into the state.

HB 4979: Rep. Johnson (R-Wayland) has introduced legislation that would allow the importation of prescription drugs from Canada as long as the importation program is approved by the USDA and meets their safety and effectiveness standards. This bill lays out what rules MDHHS must follow and allows them to promulgate their own rules as well.

HB 5045: Representative Vaupel (R-Fowlerville) has introduced legislation that would exempt a provider from checking MAPS if they are prescribing a controlled substance for the treatment of epilepsy or a seizure disorder.

HB 5107: Representative Camilleri (D-Trenton) has introduced legislation that would allow MDHHS to create a program to allow the importation of prescription drugs from Canada as long as the importation program is approved DHHS and meets the USDA safety and effectiveness standards.
HB 5108: Representative Witwer (D-Grand Ledge) has introduced legislation that would require a drug manufacturer that increases the cost of any prescription drug that has an acquisition price of $40 or more by more than 12% in a 2 year term to notify the commission, for the reason of the increase, a $100,000 per day fine will be levied on any manufacturer who fails to follow these procedures.

SB 525: Sen. Johnson (R-Holly) has introduced legislation that would allow the importation of prescription drugs from Canada as long as they meet the USDA safety and effectiveness standards.

SB 526: Sen. McBroom (R-Vulcan) has introduced legislation that would classify benzodiazepines and thiendiazepines used as research chemicals as schedule 1 controlled substances.

SB 599: Sen. McBroom (R-Vulcan) has introduced legislation that would limit the amount of ephedrine or pseudoephedrine a business could sell to a person in a 30 day period from 9 grams down to 7.2 grams. Status: In House Health Policy.

SB 612: Senator Curt VanderWall (R-Frankfort) has introduced legislation that would require insurers to post information on prior authorization requirements on the website and provide stats on approval and denial rates. For denials, the health professional would have to be notified of the reason for the denial and provided with a remedy for steps moving forward on future requests. Urgent PA requests would be required to be dealt with within 24 hours and non-urgent would have 48 hours to be acted on. In Senate Health Policy.

SB 630: Senator John Bizon (R-Battle Creek) has introduced legislation that would create a wholesale distributor-broker license in order to do business in the state, not required for an out of state qualified pharmacy. An applicant for this license must demonstrate to the BoP that they facilitate trades or deliveries for at least 50 qualified pharmacies. This legislation was created in response to LARA believing that MatchRx was not allowed to operate under state law. Sent to Governor.

SB 845: Senator Ruth Johnson (R-Holly) has introduced legislation that would require pharmacists to require the lot number of every prescription medication that they dispense. In the event of a manufacturer recall or recall by the FDA, the pharmacists must contact any patients whose medication lot number was included in the recall. This bill is currently in the Senate Health Policy Committee.

SB 899: Senator Michael MacDonald (R-Sterling Heights) has introduced legislation that would grant immunity from liability to individuals licensed as a health care professional during a declared state of emergency. The immunity would be granted for civil and criminal liability for harm or damages sustained when providing health care services. This bill is on the House Floor.

SB 900: Senator Roger Victory (R-Hudsonville) has introduced legislation that would allow qualified healthcare workers, working during the COVID-19 crisis, to receive a “state tax holiday” for $12,500 per month for four months. Pharmacists are currently included in the definition of qualified healthcare workers. This bill is currently in the Senate Finance Committee.

SB 920: Senator Peter MacGregor (R – Rockford) has introduced language that would codify Executive Order 2020-124, which allows pharmacists to dispense emergency refills of up to a 60 day supply, perform therapeutic substitution, and allow pharmacists to work at a location not listed on the pharmacy license.
**HB 5938**: Representative Frank Liberati (D – Allen Park) has introduced language that would require pharmacy benefit managers (PBMs) to be licensed within the state, additionally the bill would require parity between a PBM-owned pharmacy and a pharmacy not under their ownership, a prohibition on gag clauses is also included.

**HB 5941**: Representative Jason Wentworth (R – Clare) has introduced language that would require 340B entities to be reimbursed at the same rate that other pharmacies are being reimbursed.

**HB 5942**: Representative Bronna Kahle (R – Lenawee) has introduced language that would prohibit pharmacy benefit managers (PBMs) from offering contracts that contain gag clauses to 340B pharmacies.

**Board of Pharmacy – General Draft Rules**: The draft rules have been reorganized and substantially rewritten. Major changes include:

1. Additional licensing requirements for virtual manufacturers.
2. Sterile compounding rules.

**Board of Pharmacy – Continuing Education Draft Rules**: The draft rules have been reorganized and substantially rewritten to include additional methods to approve continuing education courses and acceptable continuing education activities.

**Board of Pharmacy – Pharmacy Technician Draft Rules**: New rules are being drafted by the Board of Pharmacy on pharmacy technicians. Major changes include:

1. Employer based training programs to standardize the training programs across the state.
2. English language proficiency.
3. Technology assisted product verification delegated to a technician (bar-coding or other board approved error prevention technology). Would be allowed in all settings.

**MDHHS Proposed Policy Change**

**According to the proposed policy:**

- Outpatient prescriptions will no longer be covered as part of the Medicaid Health Plan (MHP) Benefit. All outpatient prescription drug coverage will be transitioned to FFS Medicaid. All prescriptions drugs should be billed at point-of-sale directly to MDHHS’ PBM (Magellan). 
  
  *Note: According to the current FFS policy, beneficiaries over 21 years old may have a copayment for each prescription dispensed.*

- The state will begin negotiating rebates and drug prices as a single unit, which is projected to save the state millions.

- MDHHS plans to partner with MHP and Magellan to utilize recent past claims and prior authorizations to ensure a smooth transition for the patient and pharmacy.

MDHHS has announced they will not be implementing the change above
COVID

Executive Order 2020-82 – Allows LARA to renew a license to practice even if the continuing education requirements haven’t been met yet. Additionally, LARA may recognize hours worked during the COVID crisis and count them towards continuing education courses required for licensure. This order was rescinded on June 3rd.

Executive Order 2020-100 - permits pharmacists to provide care for routine health maintenance, chronic disease states, or similar conditions according to their education without physician supervision. Additionally, the department has suspended the requirement for health care professionals to renew their license while the emergency order is in effect. This order has been rescinded, but LARA is giving providers until August 31, 2020 to return to normal order.

Executive Order 2020-104 – In order to increase testing in the state of Michigan EO 104 authorizes licensed pharmacists, physician assistants and nurse practitioners the authority to establish and administer a COVID testing service in the state, using FDA approved tests, without an additional state license or permit at any site. The EO also temporarily suspends regulations for strict compliance with the scope-of-practice, supervision, and delegation provisions.

Licensees administering a COVID-19 testing service or testing laboratory shall comply with the following:

a. Any specimen collected at a COVID-19 testing service shall be tested at a laboratory or entity in accordance with federal CLIA regulations as facilitated by the Department of Licensing and Regulatory Affairs. High-complexity tests, including PCR tests, must be tested at a laboratory that is CLIA certified. Waived tests, including rapid point-of-care diagnostic tests, must be tested at an entity that has obtained a CLIA waiver.

b. The licensee shall provide personnel with any training necessary to operate a COVID-19 testing service.

c. The licensee shall comply with any reporting requirements issued by DHHS.

d. COVID-19 testing service personnel shall use proper personal protective equipment when administering and conducting specimen collection and testing.

e. A licensee collecting specimens for testing who does not perform testing shall securely store specimens pending retrieval by the entity that will test the specimens.

f. A licensee shall refer patients to appropriate medical providers for follow-up, if not available through the entity conducting testing.

Note that unlicensed personnel working at one of these testing sites would have to be trained by the licensee, and can perform any of the tasks and functions of COVID-19 testing services, including screening of patients, observing self-swabbing, temporarily storing specimens pending transmittal to a laboratory, transmitting specimens to a laboratory, reporting test results to the Michigan Disease Surveillance System, and referring patients to appropriate medical providers for follow-up.
Executive Order 2020-124 - Was written with help from MPA and direct relates to pharmacists, it does the following:

1. Allows for pharmacists to dispense emergency refills up to a sixty day supply of non-controlled maintenance medication. When filling an emergency refill the pharmacist must a. inform the patient they are doing so under EO 2020-93, b. inform the prescriber in writing within a reasonable time of refills dispensed, c. make a reasonable effort to communicate with the prescriber regarding the refill, and make note of efforts to reach prescriber, d. prescriber will not incur any criminal or civil liability as a result of filled prescriptions.
2. Pharmacists may operate in an area that is not designated on the pharmacy license, but may not prepare sterile drugs in this area.
3. Pharmacists may dispense and/or administer drugs to treat COVID pursuant to protocols established by the CDC or the CME of DHHS.
4. Substitution of therapeutically equivalent medication is allowed when a critical shortage exists without authorization of a prescriber. Again, a pharmacist must inform a prescriber if such a substitution happens.
5. Preceptors may supervise student pharmacists remotely to fulfill eligibility for licensure and to avoid delaying graduation.
6. Insurers and HMOs must cover any emergency refills of covered prescription drugs dispensed by a pharmacist. Contract provisions governing out-of-network benefits and cost-sharing may still apply.
7. Pharmacists may supervise technicians and other staff remotely through a real time audiovisual camera system (telepharmacy) there must be a pharmacist present in the pharmacy during this time.
8. Pharmacists holding a license in good standing in a different state will be deemed to be licensed in this state to do business, they may not deliver controlled substances.
9. Wholesale Distributors holding a license in good standing in a different state will be deemed to be licensed in this state to do business, they may not deliver controlled substances.

This Executive Order has been rescinded, however, in regards to remote supervision, LARA is giving pharmacies until September 30, 2020 to make this transition.

Only piece of this EO still in effect is the training of student pharmacists and the ability of preceptors to remain remote.

Executive Order 2020-178 - Any individual who enters a pharmacy who is able to medically tolerate a face covering must wear a covering over his or her nose and mouth, such as a homemade mask, scarf, bandana, or handkerchief. Additionally, Pharmacies must create at least two hours per week of dedicated shopping time for vulnerable populations, which for purposes of this order are people over 60, pregnant people, and those with chronic conditions, including heart disease, diabetes, and lung disease. This emergency order is in effect until September 30th at 11:59pm.