

HB 100 Method of execution; lethal injection drugs.

Chief patron: Simon

Summary as introduced:

Method of execution; lethal injection drugs. Eliminates the provision making the identities of (i) any pharmacy or outsourcing facility that enters into a contract with the Department of Corrections for the compounding of drugs necessary to carry out an execution by lethal injection, (ii) any officer or employee of such pharmacy or outsourcing facility, and (iii) any person or entity used by such pharmacy or outsourcing facility to facilitate the compounding of such drugs confidential, exempt from the Freedom of Information Act (§ 2.2-3700 et seq.), and not subject to discovery or introduction as evidence in any civil proceeding unless good cause is shown.

12/13/17 House: Prefiled and ordered printed; offered 01/10/18 18101192D

12/13/17 House: Referred to Committee for Courts of Justice

01/15/18 House: Impact statement from DPB (HB100)

01/16/18 House: Assigned Courts sub: Subcommittee #1

01/19/18 House: Subcommittee recommends passing by indefinitely (5-Y 3-N)

HB 131 Health insurance; coverage for alternative pain management prescription drugs.

Chief patron: Bell, John J.

Summary as introduced:

Health insurance; coverage for alternative pain management prescription drugs. Requires health insurers, health maintenance organizations, and corporations providing health care coverage subscription contracts, whose policy, contract, or plan includes coverage for prescription drugs, to provide coverage for alternative pain management prescription drugs that are prescribed to a covered individual with an opioid dependence disorder. "Alternative pain management prescription drugs" are defined as either abuse-deterrent opioid analgesic drugs or non-opioid analgesic drugs. Alternative pain management prescription drugs are required to be on a tier that has cost-sharing requirements that do not exceed those of opioid analgesic drugs. The requirement applies to analgesics prescribed in connection with an acute medical condition but not for a chronic medical condition. The measure applies to policies, contracts, and plans delivered, issued for delivery, or renewed on or after January 1, 2019.

12/19/17 House: Prefiled and ordered printed; offered 01/10/18 18101286D

12/19/17 House: Referred to Committee on Commerce and Labor

01/14/18 House: Impact statement from SCC (HB131)

01/17/18 House: Assigned C & L sub: Subcommittee #1

01/18/18 House: Subcommittee recommends continuing to 2019

HB 185 Health insurance; coverage for limited drug refills.

Chief patron: Hayes

Summary as introduced:

Health insurance; coverage for limited drug refills. Requires health benefit plans to cover a limited refill for up to a five days' supply of a Schedule VI drug that is dispensed by a pharmacist for a covered person whose dispensed drugs are lost, destroyed, or otherwise rendered unusable as a consequence of a natural or man-made disaster that displaces the person from his residence.

12/26/17 House: Prefiled and ordered printed; offered 01/10/18 18103606D

12/26/17 House: Referred to Committee on Commerce and Labor

01/17/18 House: Assigned C & L sub: Subcommittee #1

01/19/18 House: Impact statement from SCC (HB185)

01/25/18 House: Subcommittee recommends striking from docket (8-Y 0-N)

HB 234 Health insurance; synchronization of medications.

Chief patron: Hope

Summary as introduced:

Health insurance; synchronization of medications. Requires any health plan providing prescription drug coverage to permit and apply a prorated daily cost-sharing rate to prescriptions that are dispensed by a network pharmacy for a partial supply if the prescribing provider or the pharmacist determines the fill or refill to be in the best interest of the enrollee and the enrollee requests or agrees to a partial supply for the purpose of synchronizing the enrollee's medications. The measure also prohibits such a health plan from denying coverage for the dispensing of a medication that is dispensed by a network pharmacy on the basis that the dispensing is for a partial supply if the prescribing provider or the pharmacist determines the fill or refill is in the best interest of the enrollee and the enrollee requests or agrees to a partial supply for the purpose of synchronizing his medications. The measure requires health plans to allow a pharmacy to override denial codes indicating that a prescription is being refilled too soon for the purpose of synchronizing the enrollee's medications. The measure prohibits health plans from using payment structures incorporating prorated dispensing fees and requires that dispensing fees for partially filled or refilled prescriptions be paid in full for each prescription dispensed regardless of any prorated copay or fee paid for synchronization services.

12/31/17 House: Prefiled and ordered printed; offered 01/10/18 18100454D

12/31/17 House: Referred to Committee on Commerce and Labor

01/18/18 House: Assigned C & L sub: Subcommittee #1

01/24/18 House: Impact statement from DPB (HB234)

01/25/18 House: Subcommittee recommends reporting with amendment (8-Y 0-N)

HB 501 Home hospice programs; disposal of drugs.

Chief patron: Hodges

Summary as introduced:

Home hospice programs; disposal of drugs. Provides that the Board of Health, in consultation with the Board of Pharmacy, shall promulgate regulations requiring a hospice program to establish a process for mitigating the risk of diversion of drugs dispensed to a hospice patient residing at home and for disposition of any unneeded dispensed drugs by an employee of the hospice program in a manner that is witnessed by the patient, patient's family member, or another employee of the hospice program and documented.

01/25/18 House: Read first time

01/25/18 House: Impact statement from VDH (HB501H1)

01/26/18 House: Read second time

01/26/18 House: Committee substitute agreed to 18105770D-H1

01/26/18 House: Engrossed by House - committee substitute HB501H1

HB 816 Governor's Secretaries; reporting substance abuse data and information.

Chief patron: Hope

Summary as introduced:

Governor's Secretaries; reporting substance abuse data and information. Requires every Secretary to identify an agency within his secretariat to receive such data and information related to substance abuse as the Secretary may specify and requires every agency in a secretariat to report such data and information to the identified agency.

01/09/18 House: Referred to Committee on General Laws

01/23/18 House: Referred from General Laws

01/23/18 House: Referred to Committee on Health, Welfare and Institutions

01/25/18 House: Assigned HWI sub: Subcommittee #2

01/25/18 House: Impact statement from DPB (HB816)

HB 842 Controlled paraphernalia; possession or distribution, hypodermic needles and syringes, naloxone.

Chief patron: LaRock

Summary as introduced:

Possession or distribution of controlled paraphernalia; hypodermic needles and syringes; naloxone. Provides that a person who is authorized by the Department of Behavioral Health and Developmental Services to train individuals on the administration of naloxone for use in opioid overdose reversal and who is acting on behalf of an organization that provides services to individuals at risk of experiencing an opioid overdose or training in the administration of naloxone for overdose reversal and that has obtained a controlled substances registration from the Board of Pharmacy may dispense or distribute hypodermic needles and syringes in conjunction with such dispensing of naloxone and that a person to whom naloxone has been distributed by such individual may possess hypodermic needles and syringes in conjunction with such possession of naloxone.

01/09/18 House: Referred to Committee on Health, Welfare and Institutions

01/17/18 House: Assigned HWI sub: Subcommittee #2

01/17/18 House: Impact statement from DPB (HB842)

01/23/18 House: Subcommittee recommends reporting with amendments (10-Y 0-N)

01/25/18 House: Reported from Health, Welfare and Institutions with amendments (22-Y 0-N)

HB 878 Schedule VI; delivery of prescription devices on behalf of medical equipment supplier.

Chief patron: Orrock

Summary as introduced:

Delivery of Schedule VI prescription devices. Provides that a permitted manufacturer, wholesale distributor, warehouse, or third-party logistics provider or registered nonresident manufacturer or nonresident wholesale distributor may distribute Schedule VI prescription devices directly to a patient on behalf of a medical equipment supplier, provided that (i) such delivery occurs at the direction of a medical equipment supplier that has received a valid order for such controlled device for the patient from a prescriber and (ii) the manufacturer, nonresident manufacturer, wholesale distributor, nonresident wholesale distributor, warehouse, or third-party logistics provider has entered into an agreement with the medical equipment supplier for such delivery. The bill directs the Board of Pharmacy to promulgate regulations to implement the provisions of the measure within 280 days.

01/25/18 House: Read first time

01/25/18 House: Impact statement from VDH (HB878H1)

01/26/18 House: Read second time

01/26/18 House: Committee substitute agreed to 18104824D-H1

01/26/18 House: Engrossed by House - committee substitute HB878H1

HB 882 Prescribers; notice of administration of naloxone.

Chief patron: Stolle

Summary as introduced:

Prescribers; notice of administration of naloxone. Requires every hospital that operates an emergency department to develop and implement a protocol for (i) identifying every prescriber who has prescribed opioids to a patient to whom naloxone is administered for the purpose of reversing an opioid overdose in the emergency department or by emergency medical services personnel or a law-enforcement officer prior to admission to the emergency department in the twelve month period immediately preceding the administration of naloxone and (ii) notifying each such prescriber that the patient has been treated with naloxone for the purpose of reversing an opioid overdose. Such notification shall be made in each case in which naloxone is administered for the purpose of reversing an opioid overdose by a health care provider in a hospital emergency department, emergency medical services personnel, or a law-enforcement officer to a patient to whom opioids have been prescribed by a prescriber.

01/09/18 House: Prefiled and ordered printed; offered 01/10/18 18102094D
01/09/18 House: Referred to Committee on Health, Welfare and Institutions
01/17/18 House: Assigned HWI sub: Subcommittee #2
01/18/18 House: Impact statement from VDH (HB882)

HB 1173 Controlled substances; limits on prescriptions containing opioids.

Chief patron: Pillion

Summary as introduced:

Limits on prescription of controlled substances containing opioids. Eliminates the surgical or invasive procedure treatment exception to the requirement that a prescriber request certain information from the Prescription Monitoring Program (PMP) when initiating a new course of treatment that includes prescribing opioids for a human patient to last more than seven days. Under current law, a prescriber is not required to request certain information from the PMP for opioid prescriptions of up to 14 days to a patient as part of treatment for a surgical or invasive procedure. The provisions of the bill will expire on July 1, 2022.

01/10/18 House: Referred to Committee on Health, Welfare and Institutions
01/12/18 House: Impact statement from VDH (HB1173)
01/18/18 House: Assigned HWI sub: Subcommittee #2
01/23/18 House: Subcommittee recommends reporting (10-Y 0-N)
01/25/18 House: Reported from Health, Welfare and Institutions (22-Y 0-N)

HB 1175 Prescribers; notice of administration of naloxone.

Chief patron: Pillion

Summary as introduced:

Prescribers; notice of administration of naloxone. Requires every hospital that operates an emergency department to develop and implement a protocol for (i) identifying every prescriber who has prescribed opioids to a patient to whom naloxone is administered for the purpose of reversing an opioid overdose in the emergency department or by emergency medical services personnel or a law-enforcement officer prior to admission to the emergency department and (ii) notifying each such prescriber that the patient has been treated with naloxone for the purpose of reversing an opioid overdose. Such notification shall be made in each case in which naloxone is administered for the purpose of reversing an opioid overdose by a health care provider in a hospital emergency department, emergency medical services personnel, or a law-enforcement officer to a patient to whom opioids have been prescribed by a prescriber.

01/10/18 House: Prefiled and ordered printed; offered 01/10/18 18103279D
01/10/18 House: Referred to Committee on Health, Welfare and Institutions
01/18/18 House: Impact statement from VDH (HB1175)
01/18/18 House: Assigned HWI sub: Subcommittee #1

HB 1194 Schedule I controlled substances; adds various drugs to list.

Chief patron: Garrett

Summary as introduced:

Schedule I controlled substances. Adds drugs to the list of Schedule I controlled substances.

01/10/18 House: Prefiled and ordered printed; offered 01/10/18 18101626D
01/10/18 House: Referred to Committee on Health, Welfare and Institutions
01/11/18 House: Impact statement from VCSC (HB1194)
01/12/18 House: Impact statement from VDH (HB1194)
01/25/18 House: Reported from Health, Welfare and Institutions (22-Y 0-N)

HB 1222 Controlled paraphernalia; dispensing or distributing.

Chief patron: Boysko

Summary as introduced:

Possession or distribution of controlled paraphernalia; hypodermic needles and syringes; naloxone. Provides that a person who is authorized by the Department of Behavioral Health and Developmental Services to train individuals on the administration of naloxone for use in opioid overdose reversal and who is acting on behalf of an organization that provides services to individuals at risk of experiencing an opioid overdose or training in the administration of naloxone for overdose reversal and that has obtained a controlled substances registration from the Board of Pharmacy may dispense or distribute hypodermic needles and syringes in conjunction with such dispensing of naloxone and that a person to whom naloxone has been distributed by such individual may possess hypodermic needles and syringes in conjunction with such possession of naloxone. This bill includes an emergency clause.

EMERGENCY

01/10/18 House: Prefiled and ordered printed with emergency clause; offered 01/10/18 18104520D

01/10/18 House: Referred to Committee on Health, Welfare and Institutions

01/17/18 House: Impact statement from DPB (HB1222)

01/18/18 House: Assigned HWI sub: Subcommittee #2

01/23/18 House: Subcommittee recommends passing by indefinitely (10-Y 0-N)

HB 1347 Controlled substances; Reporting overdoses.

Chief patron: Webert

Summary as introduced:

Reporting of controlled substance overdoses. Requires the Office of the Chief Medical Examiner, state and local law-enforcement agencies, emergency medical services agencies, and hospitals to report information about overdoses of controlled substances within 120 hours of receiving such information to the Office of the Secretary of Health and Human Resources and for the Secretary to make such information available to public health, law-enforcement, and emergency medical service agencies and fire departments and companies within 120 hours of receiving the information. The bill also requires the Secretary to report this information quarterly to the Governor and for such report to be made available to all public health, law-enforcement, and emergency medical services agencies in the Commonwealth. The bill is a recommendation of the Joint Commission on Health.

01/11/18 House: Presented and ordered printed 18102988D

01/11/18 House: Referred to Committee on Health, Welfare and Institutions

01/19/18 House: Assigned HWI sub: Subcommittee #2

HB 1401 Naloxone; administration by correctional and probation officers.

Chief patron: Herring

Summary as introduced:

Administration of naloxone; correctional and probation officers. Adds correctional officers and probation officers who have completed a training program to the list of individuals who may possess and administer naloxone.

01/15/18 House: Presented and ordered printed 18104239D

01/15/18 House: Referred to Committee on Health, Welfare and Institutions

01/22/18 House: Assigned HWI sub: Subcommittee #3

01/26/18 House: Impact statement from DPB (HB1401)

HB 1422 CBD oil and THC-A oil; certification for use, dispensing.

Chief patron: Marshall

Summary as introduced:

CBD oil and THC-A oil; certification for use; dispensing. Provides that a practitioner may issue a written certification for the use of cannabidiol oil or THC-A oil for the treatment or to alleviate the symptoms of any diagnosed condition or disease, including epilepsy, cancer, glaucoma, human immunodeficiency virus, acquired immunodeficiency syndrome, amyotrophic lateral sclerosis, multiple sclerosis, post-traumatic stress disorder, traumatic brain injury, chronic pain, or other chronic or terminal condition or disease. Under current law, a practitioner may issue such certification only for the treatment or to alleviate the symptoms of intractable epilepsy.

01/23/18 House: Impact statement from VDH (HB1422)

01/23/18 House: Referred from Health, Welfare and Institutions

01/23/18 House: Referred to Committee for Courts of Justice

01/23/18 House: Assigned Courts sub: Subcommittee #1

01/24/18 House: Subcommittee recommends striking from docket (8-Y 0-N)

HJ 118 Department of Social Services to study regulation of independent living communities. Report.

Chief patron: Bell, Robert B.

Summary as introduced:

Study; Department of Social Services; regulations for independent living communities. Report. Requests the Department of Social Services to study regulations for independent living communities. The Department shall examine the operations of independent living communities and the level of services provided therein, including residential health care services coordinated through third-party providers and determine whether some or all independent living communities should be regulated and to what extent and by what agency. The Department shall also determine whether the Commonwealth should establish the Office of the Independent Living Community Ombudsman to receive, record, and respond to complaints submitted by residents and other citizens regarding the operations of independent living communities.

01/10/18 House: Prefiled and ordered printed; offered 01/10/18 18104845D

01/10/18 House: Referred to Committee on Rules

01/19/18 House: Assigned Rules sub: Subcommittee #1

SB 23 Health insurance; coverage for limited drug refills.

Chief patron: Spruill

Summary as introduced:

Health insurance; coverage for limited drug refills. Requires health benefit plans to cover a limited refill for up to a five days' supply of a Schedule VI drug that is dispensed by a pharmacist for a covered person whose dispensed drugs are lost, destroyed, or otherwise rendered unusable as a consequence of a natural or man-made disaster that displaces the person from his residence.

11/20/17 Senate: Prefiled and ordered printed; offered 01/10/18 18100155D

11/20/17 Senate: Referred to Committee on Commerce and Labor

01/19/18 Senate: Impact statement from SCC (SB23)

01/22/18 Senate: Stricken at request of Patron in Commerce and Labor (11-Y 0-N)

SB 25 Drug Control Act; dispensing drugs without a prescription.

Chief patron: Spruill

Summary as introduced:

Dispensing drugs without a prescription. Authorizes a pharmacist to dispense up to a five-day supply of a Schedule VI drug to an individual who has been displaced from his residence by a natural or man-made disaster; has had his supply of the drug lost, destroyed, or otherwise rendered unusable as a consequence of the disaster; and is unable to tell the pharmacist the identity of the

prescriber or his regular pharmacist or pharmacy. The bill also requires the individual to present evidence sufficient to establish, among other things, that the individual had been in lawful possession of the drug pursuant to a prescription provided to another pharmacist and that his health would be in danger without the benefits of the drug. Before prescribing the drug, the pharmacist is required to determine with a reasonable degree of certainty that the requested drug and dosage level are consistent with the drug and its dosage level that had been prescribed to the individual at the time of his displacement from his residence. During the period for which the drug has been dispensed, the pharmacist is required to diligently attempt to ascertain the identity of the prescriber and the identity of the pharmacist or pharmacy in possession of the prescriber's prescription. Upon obtaining such information, the pharmacist is required to take such additional reasonable action as will permit the individual to obtain a new or renewal prescription and resume obtaining the drug pursuant to his prescription.

11/20/17 Senate: Prefiled and ordered printed; offered 01/10/18 18100522D

11/20/17 Senate: Referred to Committee on Education and Health

01/10/18 Senate: Impact statement from VDH (SB25)

01/22/18 Senate: Assigned Education sub: Health Professions

01/25/18 Senate: Stricken at request of patron in Education and Health (15-Y 0-N)

SB 226 Prescription Monitoring Program; veterinarians.

Chief patron: Stanley

Summary as introduced:

Prescription Monitoring Program; veterinarians. Requires veterinarians who dispense controlled substances to report certain information about the animal and the owner of the animal to the Prescription Monitoring Program (PMP). The bill requires veterinarians to register with the PMP and, when issuing a prescription to an animal for opiates that will last more than seven days, to request certain information from the Director of the Department of Health Professions regarding both the animal and the owner of the animal.

01/22/18 Senate: Assigned Education sub: Health Professions

01/25/18 Senate: Impact statement from VDH (SB226)

01/25/18 Senate: Reported from Education and Health with substitute (15-Y 0-N)

01/25/18 Senate: Committee substitute printed 18105233D-S1

01/26/18 Senate: Constitutional reading dispensed (35-Y 0-N)

SB 413 Schedule VI; delivery of prescription devices.

Chief patron: McDougale

Summary as introduced:

Delivery of Schedule VI prescription devices. Provides that a permitted manufacturer, wholesale distributor, warehouse, or third-party logistics provider or registered nonresident manufacturer or nonresident wholesale distributor may distribute Schedule VI prescription devices directly to a patient on behalf of a medical equipment supplier, provided that (i) such delivery occurs at the direction of a medical equipment supplier that has received a valid order for such controlled device for the patient from a prescriber and (ii) the manufacturer, nonresident manufacturer, wholesale distributor, nonresident wholesale distributor, warehouse, or third-party logistics provider has entered into an agreement with the medical equipment supplier for such delivery. The bill directs the Board of Pharmacy to promulgate emergency regulations to implement the provisions of the bill.

01/23/18 Senate: Read third time and passed Senate (39-Y 0-N)

01/23/18 Senate: Impact statement from VDH (SB413S1)

01/29/18 House: Placed on Calendar

01/29/18 House: Read first time

01/29/18 House: Referred to Committee on Health, Welfare and Institutions

SB 459 Governor's Secretaries; reporting substance abuse data and information.

Chief patron: Edwards

Summary as introduced:

Governor's Secretaries; reporting substance abuse data and information. Requires every Secretary to identify an agency within his secretariat to receive such data and information related to substance abuse as the Secretary may specify and requires every agency in a secretariat to report such data and information to the identified agency.

01/09/18 Senate: Prefiled and ordered printed; offered 01/10/18 18104437D

01/09/18 Senate: Referred to Committee on General Laws and Technology

01/25/18 Senate: Impact statement from DPB (SB459)

01/25/18 Senate: Assigned GL&T sub: #2

SB 719 Substance Abuse Data Sharing and Analytics Clearinghouse; established, report.

Chief patron: Dunnavant

Summary as introduced:

Data sharing; substance abuse data. Establishes a Substance Abuse Data Sharing and Analytics Clearinghouse (the Clearinghouse), to be administered by the Secretary of Health and Human Resources in consultation with the Substance Abuse Data Sharing and Analytics Advisory Committee (the Advisory Committee), also created by the bill. To the extent allowed by federal law, state and local health and human services and public safety agencies are required to provide data to the Clearinghouse to be used for data analytics and analysis related to improving the efficiency and efficacy of the treatment and prevention of substance abuse, with a focus on opioid addiction and abuse. The Secretary of Health and Human Resources may also enter into agreements with private entities and public institutions of higher education to further the goals of the Clearinghouse. The bill requires the Secretary to report annually to the Governor and the General Assembly regarding the results achieved through the use of the Clearinghouse, including the identification of cost savings and policy recommendations.

The Advisory Committee shall have 14 members, consisting of three members of the House of Delegates, two members of the Senate, the Secretaries of Health and Human Resources, Public Safety and Homeland Security, and Technology, and six nonlegislative citizen members representing local government, the medical profession, and community services boards. The Advisory Committee is charged with advising on all matters related to the Clearinghouse.

The bill also makes changes to the Government Data Collection and Dissemination Practices Act to codify that data sharing among state and local agencies in certain circumstances is a proper use of personal data.

01/10/18 Senate: Prefiled and ordered printed; offered 01/10/18 18104822D

01/10/18 Senate: Referred to Committee on General Laws and Technology

01/23/18 Senate: Impact statement from DPB (SB719)

01/25/18 Senate: Assigned GL&T sub: #2

SB 804 Controlled substances; Reporting overdoses.

Chief patron: Carrico

Summary as introduced:

Reporting of controlled substance overdoses. Requires the Office of the Chief Medical Examiner, state and local law-enforcement agencies, emergency medical services agencies, and hospitals to report information about overdoses of controlled substances within 120 hours of receiving such information to the Office of the Secretary of Health and Human Resources and for the Secretary to make such information available to public health, law-enforcement, and emergency medical service agencies and fire departments and companies within 120 hours of receiving the information. The bill also requires the Secretary to report this information quarterly to the Governor and for such report to be made available to all public health, law-enforcement, and emergency medical services agencies in the Commonwealth. The bill is a recommendation of the Joint Commission on Health.

01/11/18 Senate: Presented and ordered printed 18103505D

01/11/18 Senate: Referred to Committee on Education and Health

01/22/18 Senate: Assigned Education sub: Health

SB 933 Health insurance; copayments for prescription drugs, disclosures.

Chief patron: Saslaw

Summary as introduced:

Health insurance; copayments for prescription drugs; disclosures. Prohibits any contract between a health carrier or its pharmacy benefits manager and a pharmacy or pharmacist from containing a provision that requires an enrollee to make a copayment for a covered prescription drug in an amount that exceeds the lesser of (i) the applicable copayment for the prescription drug or (ii) the cash price the enrollee would pay for the prescription drug if the enrollee purchased the prescription drug without using the enrollee's health plan. The measure applies to provider contracts entered into, amended, extended, or renewed on or after January 1, 2019.

01/19/18 Senate: Presented and ordered printed 18104784D

01/19/18 Senate: Referred to Committee on Commerce and Labor

Counts: HB: 16 HJ: 1 SB: 8