February 2, 2018

VPhA LEGISLATIVE TRACKER

Bills that are still being tracked:

HB 313 Prescription Monitoring Program; prescriber and dispenser patterns, annual review, report.
Chief patron: Head
Summary as introduced:
Prescription Monitoring Program; notification of top prescribers. Provides that the Director of the Department of Health Professions shall annually review data collected by the Prescription Monitoring Program to identify those prescribers who, based on such data, fall within the top 10 percent of prescribers by quantity of covered substances prescribed and shall notify such prescribers thereof.
01/31/18 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)
01/31/18 House: VOTE: BLOCK VOTE PASSAGE (99-Y 0-N)
01/31/18 House: Impact statement from VDH (HB313H1)
02/01/18 Senate: Constitutional reading dispensed
02/01/18 Senate: Referred to Committee on Education and Health

HB 520 Nonresident warehousers and nonresident third-party logistics providers; Board of Pharmacy.
Chief patron: Hodges
Summary as introduced:
Board of Pharmacy; nonresident warehousers and nonresident third-party logistics providers. Requires warehouser or third-party logistics providers that are located outside the Commonwealth and that ship prescription drugs or devices into the Commonwealth to register with the Board of Pharmacy. The bill requires such nonresident warehousers and nonresident third-party logistics providers to maintain a license, permit, or registration in the resident state and to retain records in a certain manner. The bill authorizes the Board of Pharmacy to promulgate regulations related to the storage, handling, and distribution of prescription drugs or devices by nonresident warehousers and nonresident third-party logistics providers.
01/23/18 House: Read second time and engrossed
01/24/18 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)
01/24/18 House: VOTE: BLOCK VOTE PASSAGE (98-Y 0-N)
01/25/18 Senate: Constitutional reading dispensed
01/25/18 Senate: Referred to Committee on Education and Health

HB 860 Prescription drugs; delivery of orders.
Chief patron: Peace
Summary as introduced:
Delivery of prescription drug orders. Provides that whenever any pharmacy delivers a prescription drug order for which refrigeration is required by mail, common carrier, or delivery service, when the drug order is not personally hand delivered directly, to the

patient or his agent at the person's residence or other designated location, the shipment shall include a means for the (i) detection of temperature variations that may cause chemical degradation of the drugs and (ii) notification of the patient of the variation.
01/09/18 House: Prefiled and ordered printed; offered 01/10/18 18104457D
01/09/18 House: Referred to Committee on Health, Welfare and Institutions
01/12/18 House: Impact statement from VDH (HB860)
01/17/18 House: Assigned HWI sub: Subcommittee #3

HB 1177 Health insurance; covered services provided pharmacies and pharmacists.
Chief patron: Pillion
Summary as introduced:
Pharmacists and pharmacy practices. Prohibits a pharmacy benefits manager from (i) prohibiting a pharmacist or pharmacy from providing an enrollee individual information on the amount of the enrollee's cost share for the enrollee's prescription drug and the clinical efficacy of a more affordable alternative drug if one is available; (ii) prohibiting a pharmacist or pharmacy from offering and providing store direct delivery services to an enrollee as an ancillary service of the pharmacy; (iii) charging or collecting from an enrollee a cost sharing payment that exceeds the total submitted charges by the pharmacy for which the pharmacy is paid; (iv) charging or holding a pharmacist or pharmacy responsible for a fee relating to the adjudication of a claim; (v) recouping funds from a pharmacy in connection with claims for which the pharmacy has already been paid without first complying with applicable law; and (vi) penalizing or retaliating against a pharmacist or pharmacy for exercising its rights. The measure prohibits provider contracts from including provisions that bar pharmacists from discussing lower-cost alternative drugs with consumers and selling lower-cost alternative drugs to consumers or using contract terms to prevent pharmacies from providing store direct delivery services. The measure applies to any provider contract entered into, renewed, or amended on or after October 1, 2018.
01/12/18 House: Impact statement from VDH (HB1177)
01/18/18 House: Referred from Health, Welfare and Institutions
01/18/18 House: Referred to Committee on Commerce and Labor
02/01/18 House: Reported from Commerce and Labor with substitute (19-Y 0-N)
02/01/18 House: Committee substitute printed 18106486D-H1

HB 1251 CBD oil and THC-A oil; certification for use, dispensing.
Chief patron: Cline
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 determined by the practitioner to benefit from such use. Under current law, a practitioner may only issue such certification for the treatment or to alleviate the symptoms of intractable epilepsy. This bill is a recommendation of the Joint Commission on Health Care.
01/31/18 House: Read first time
02/01/18 House: Read second time

02/01/18 House: Committee amendments agreed to
02/01/18 House: Engrossed by House as amended HB1251E
02/01/18 House: Printed as engrossed 18102110D-E

HB 1556 Prescription Monitoring Program; adds controlled substances included in Schedule V and naloxone.
Chief patron: Pillion
Summary as introduced:
Prescription Monitoring Program; covered substances. Adds controlled substances included in Schedule V for which a prescription is required and naloxone to the list of covered substances the dispensing of which must be reported to the Prescription Monitoring Program.
01/19/18 House: Referred to Committee on Health, Welfare and Institutions
01/22/18 House: Assigned HWI sub: Subcommittee #2
01/23/18 House: Impact statement from VDH (HB1556)
01/30/18 House: Subcommittee recommends reporting (10-Y 0-N)
02/01/18 House: Reported from Health, Welfare and Institutions (21-Y 0-N)

SB 293 Controlled substances and devices, certain; dispensing.
Chief patron: McClellan
Summary as introduced:
Dispensing of certain controlled substances and devices. Authorizes a prescriber to dispense controlled substances and devices without obtaining a license from the Board of Pharmacy, provided that such controlled substances and devices have been prescribed for the purposes of reproductive health and are dispensed in good faith within the course of his professional practice. The bill provides that facilities from which prescribers dispense only such controlled substances and devices are not required to obtain a permit from the Board. The bill requires the Board to establish a list of controlled substances and devices that may be so dispensed that includes controlled substances and devices used for contraception, maternal health, hormone replacement therapy, and sexually transmitted and reproductive tract infections.
01/08/18 Senate: Prefiled and ordered printed; offered 01/10/18 18103370D
01/08/18 Senate: Referred to Committee on Education and Health
01/16/18 Senate: Assigned Education sub: Health Professions
02/01/18 Senate: Reported from Education and Health with substitute (12-Y 1-N 1-A)
02/01/18 Senate: Committee substitute printed 18106251D-S1

SB 370 Prescription drugs; delivery of orders.
Chief patron: Newman
Summary as introduced:
Delivery of prescription drug orders. Provides that whenever any pharmacy delivers a prescription drug order for which refrigeration is required by mail, common carrier, or delivery service, when the drug order is not personally hand delivered directly, to the patient or his agent at the person's residence or other designated location, the shipment

shall include a means for the (i) detection of temperature variations that may cause chemical degradation of the drugs and (ii) notification of the patient of the variation.
01/09/18 Senate: Prefiled and ordered printed; offered 01/10/18 18104456D
01/09/18 Senate: Referred to Committee on Education and Health
01/12/18 Senate: Impact statement from VDH (SB370)
01/16/18 Senate: Assigned Education sub: Health Professions

SB 632 Controlled substances; limits on prescriptions containing opioids.
Chief patron: Dunnavant
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.
01/25/18 Senate: Reported from Education and Health (15-Y 0-N)
01/26/18 Senate: Constitutional reading dispensed (35-Y 0-N)
01/29/18 Senate: Read second time and engrossed
01/30/18 Senate: Read third time and passed Senate (39-Y 0-N)
02/01/18 Senate: Impact statement from VDH (SB632)

SB 726 CBD oil and THC-A oil; certification for use, dispensing.
Chief patron: Dunnavant
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 determined by the practitioner to benefit from such use. Under current law, a practitioner may only issue such certification for the treatment or to alleviate the symptoms of intractable epilepsy. This bill is a recommendation of the Joint Commission on Health Care.
01/29/18 Senate: Incorporates SB597 (Vogel)
01/29/18 Senate: Incorporates SB788 (Marsden)
01/29/18 Senate: Rereferred to Finance
01/31/18 Senate: Reported from Finance (16-Y 0-N)
02/01/18 Senate: Constitutional reading dispensed (40-Y 0-N)

SB 728 Prescription Monitoring Program; prescriber and dispenser patterns.
Chief patron: Dunnavant
Summary as introduced:
Prescription Monitoring Program; prescriber and dispenser patterns. Requires the Director of the Department of Health Professions to annually review controlled substance prescribing and dispensing patterns. The bill requires the Director to conduct such review in

consultation with an advisory panel consisting of representatives from the relevant health regulatory boards, the Department of Health, the Department of Medical Assistance Services, and the Department of Behavioral Health and Developmental Services. The bill requires the Director to make any necessary changes to the criteria for unusual patterns of prescribing and dispensing and report any findings and recommendations for best practices to the Joint Commission on Health Care by November 1 of each year.
01/29/18 Senate: Read second time
01/29/18 Senate: Reading of substitute waived
01/29/18 Senate: Committee substitute agreed to 18105239D-S1
01/29/18 Senate: Engrossed by Senate - committee substitute SB728S1
01/30/18 Senate: Read third time and passed Senate (39-Y 0-N)

SB 735 Prescription Monitoring Program; DHP to disclose information.
Chief patron: Dunnavant
Summary as introduced:
Prescription Monitoring Program; disclosure of information; Department of Medical Assistance Services. Allows the Director of the Department of Health Professions to disclose information about a specific recipient of covered substances who is a recipient of medical assistance services to a physician or pharmacist licensed in the Commonwealth or his designee who holds a multistate licensure privilege to practice nursing or a license issued by a health regulatory board within the Department of Health Professions and is employed by the Department of Medical Assistance Services, for the purpose of determining eligibility for and managing the care of the recipient in a Patient Utilization Management Safety or similar program.
01/25/18 Senate: Reported from Education and Health (15-Y 0-N)
01/26/18 Senate: Constitutional reading dispensed (35-Y 0-N)
01/29/18 Senate: Read second time and engrossed
01/30/18 Senate: Read third time and passed Senate (39-Y 0-N)
02/01/18 Senate: Impact statement from VDH (SB735)

SB 832 Prescription Monitoring Program; adds controlled substances included in Schedule Vaud naloxone.
Chief patron: Carrico
Summary as introduced:
Prescription Monitoring Program; covered substances. Adds controlled substances included in Schedule V for which a prescription is required and naloxone to the list of covered substances the dispensing of which must be reported to the Prescription Monitoring Program.
01/15/18 Senate: Presented and ordered printed 18101582D
01/15/18 Senate: Referred to Committee on Education and Health
01/23/18 Senate: Impact statement from VDH (SB832)

SB 882 Prescription refill; protocol.
Chief patron: DeSteph

Summary as introduced:
Prescription refill; protocol. Provides that a prescriber may authorize a registered nurse or licensed practical nurse to initiate a protocol for a prescription refill for Schedule VI controlled substances, provided that (i) the practitioner has established a bona-fide practitioner-patient relationship with the individual to receive the refill provided; (ii) there is a standing protocol written and maintained by the prescriber; (iii) there is a written order by the prescriber for the registered nurse or licensed practical nurse to initiate the protocol; (iv) the prescription refill is for a maintenance medication prescribed for chronic, long-term conditions and the medication is taken on a regular, recurring basis; (v) the prescription refill is for no more than 90 consecutive days; (vi) documentation sufficient to the Board of Pharmacy is maintained; and (vii) other requirements established by the Board of Pharmacy are met.
01/18/18 Senate: Referred to Committee on Education and Health
01/23/18 Senate: Impact statement from VDH (SB882)
01/26/18 Senate: Assigned Education sub: Health Professions
02/01/18 Senate: Reported from Education and Health with substitute (14-Y 0-N)
02/01/18 Senate: Committee substitute printed 18106481D-S1

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
01/28/18 Senate: Impact statement from SCC (SB933)

Bills being monitored:

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.
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)
01/30/18 House: Reported from Commerce and Labor with amendment (22-Y 0-N)
02/01/18 House: Read first time

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.
01/26/18 House: Engrossed by House - committee substitute HB501H1
01/29/18 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)
01/29/18 House: VOTE: BLOCK VOTE PASSAGE (99-Y 0-N)
01/30/18 Senate: Constitutional reading dispensed
01/30/18 Senate: Referred to Committee on Education and Health

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.
01/25/18 House: Impact statement from DPB (HB816)
01/30/18 House: Subcommittee recommends reporting with amendments (10-Y 0-N)
02/01/18 House: Reported from Health, Welfare and Institutions with amendments (21-Y 0-N)
02/01/18 House: Referred to Committee on Appropriations
02/02/18 House: Assigned App. sub: Health & Human Resources

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.
EMERGENCY
01/31/18 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)
01/31/18 House: VOTE: BLOCK VOTE PASSAGE (99-Y 0-N)
02/01/18 House: Impact statement from DPB (HB842E)
02/01/18 Senate: Constitutional reading dispensed
02/01/18 Senate: Referred to Committee on Education and Health

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, warehouser, 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, warehouser, 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.
01/26/18 House: Engrossed by House - committee substitute HB878H1
01/29/18 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)
01/29/18 House: VOTE: BLOCK VOTE PASSAGE (99-Y 0-N)
01/30/18 Senate: Constitutional reading dispensed
01/30/18 Senate: Referred to Committee on Education and Health

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.
01/30/18 House: Read second time and engrossed
01/31/18 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)
01/31/18 House: VOTE: BLOCK VOTE PASSAGE (99-Y 0-N)
02/01/18 Senate: Constitutional reading dispensed
02/01/18 Senate: Referred to Committee on Education and Health

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.
01/30/18 House: Read second time and engrossed
01/31/18 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)
01/31/18 House: VOTE: BLOCK VOTE PASSAGE (99-Y 0-N)
02/01/18 Senate: Constitutional reading dispensed
02/01/18 Senate: Referred to Committee on Education and Health

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)

HJ 118 Independent living communities; Department of Social Services to study regulation.
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
02/01/18 House: Subcommittee recommends reporting (7-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.
01/29/18 Senate: Read second time
01/29/18 Senate: Reading of substitute waived
01/29/18 Senate: Committee substitute agreed to 18105233D-S1
01/29/18 Senate: Engrossed by Senate - committee substitute SB226S1
01/30/18 Senate: Read third time and passed Senate (39-Y 0-N)

SB 413 Schedule VI; delivery of prescription devices.
Chief patron: McDougle
Summary as introduced:
Delivery of Schedule VI prescription devices. Provides that a permitted manufacturer, wholesale distributor, warehouser, 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, warehouser, 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: Referred to Committee on Education and Health
01/22/18 Senate: Assigned Education sub: Health
01/29/18 Senate: Impact statement from VDH (SB804)
02/01/18 Senate: Reported from Education and Health (15-Y 0-N)
02/01/18 Senate: Rereferred to Finance

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
01/28/18 Senate: Impact statement from SCC (SB933)

Bills that have died:

Tracking:

HB 572 Pharmacy contracts; disclosures by pharmacists.
Chief patron: Hodges
Summary as introduced:
Pharmacy contracts; disclosures by pharmacists. Requires contracts between a carrier and its intermediary regarding the provision of pharmacy services by participating pharmacy providers and any provider contract between a carrier and a participating pharmacy provider or its contracting agent to contain specific provisions that prohibit the carrier or intermediary from restricting a participating pharmacy provider's disclosure of any relevant information to an individual purchasing a prescribed drug. Information that a pharmacist is allowed to disclose to an individual includes the cost to the provider of the prescribed drug, actual reimbursement to the provider for the prescribed drug, efficacy of the prescribed drug, and the availability of a therapeutically equivalent drug that is less expensive for the patient than the prescribed drug. Such contracts are also required to contain provisions that prohibit the carrier or intermediary from terminating the contractual relationship with a participating pharmacy provider due to the provider's making such a disclosure.
01/08/18 House: Prefiled and ordered printed; offered 01/10/18 18102637D
01/08/18 House: Referred to Committee on Commerce and Labor
01/25/18 House: Impact statement from VDH (HB572)
02/01/18 House: Stricken from docket by Commerce and Labor (19-Y 0-N)

HB 573 Health insurance rate reviews; pharmacy benefit price spread.
Chief patron: Hodges
Summary as introduced:
Health insurance rate reviews; pharmacy benefit price spread. Requires the State Corporation Commission (Commission) to treat the price spread on any contract between the issuer of a health benefit plan and its pharmacy benefit manager as an administrative cost of the issuer. The issuer's administrative costs are required to be excluded from the amount of benefits provided under a health benefit plan when the Commission determines the health benefit plan's anticipated loss ratio. The measure codifies portions of the Commission's regulations promulgated to implement the requirement that it review and approve the premium rates for health benefit plans, including the requirement that the benefits provided by a health benefit plan are reasonable in relation to the premiums charged.
01/08/18 House: Prefiled and ordered printed; offered 01/10/18 18100315D
01/08/18 House: Referred to Committee on Commerce and Labor
01/24/18 House: Impact statement from SCC (HB573)
02/01/18 House: Passed by indefinitely in Commerce and Labor (19-Y 0-N)

HB 1302 Health insurance; copayments for prescription drugs, disclosures.
Chief patron: Byron

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 least 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.
01/10/18 House: Presented and ordered printed 18100640D
01/10/18 House: Referred to Committee on Commerce and Labor
01/25/18 House: Impact statement from SCC (HB1302)
02/01/18 House: Tabled in Commerce and Labor (19-Y 0-N)

SB 223 Prescription drugs; price gouging prohibited.
Chief patron: Edwards
Summary as introduced:
Prescription drug price gouging prohibited. Prohibits unconscionable price increases in the price of essential off-patent or generic drugs, authorizes the Secretary of Health and Human Resources to designate drugs as essential drugs, and establishes an enforcement mechanism.
01/03/18 Senate: Prefiled and ordered printed; offered 01/10/18 18101608D
01/03/18 Senate: Referred to Committee on Education and Health
01/16/18 Senate: Assigned Education sub: Health Professions
01/24/18 Senate: Impact statement from DPB (SB223)
02/01/18 Senate: Passed by indefinitely in Education and Health (15-Y 0-N)

SB 635 Prescribers; notice of administration of naloxone.
Chief patron: Dunnavant
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 Senate: Prefiled and ordered printed; offered 01/10/18 18102855D
01/10/18 Senate: Referred to Committee on Education and Health
01/18/18 Senate: Impact statement from VDH (SB635)

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 862 Pharmacy drug disposal program; each pharmacy required to participate in a program.
Chief patron: Vogel
Summary as introduced:
Pharmacy drug disposal program. Requires that each pharmacy participate in a pharmacy drug disposal program in order to properly dispose of unwanted prescription drugs. Under current law, participation in such program is voluntary.
01/17/18 Senate: Presented and ordered printed 18104343D
01/17/18 Senate: Referred to Committee on Education and Health
01/23/18 Senate: Impact statement from VDH (SB862)
01/26/18 Senate: Assigned Education sub: Health Professions
02/01/18 Senate: Passed by indefinitely in Education and Health with letter (15-Y 0-N)

Monitoring:
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 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)
01/30/18 House: Subcommittee recommends striking from docket (10-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
02/01/18 House: Subcommittee recommends striking from docket (9-Y 0-N)