

Budget item

Improve Transparency in Pharmacy Costs (language only)

Item 474 #5h

Central Appropriations

Central Appropriations

Language

Page 412, after line 51, insert:

"7. The Department of Human Resource Management shall include language in contracts with third party administrators of the state employee health plan requiring the third party administrators to: 1) maintain policies and procedures for transparency in their pharmacy benefit administration programs; 2) transparently provide information to state employees through an explanation of benefits regarding the cost of drug reimbursement; dispensing fees; copayments; coinsurance; the amount paid to the dispensing pharmacy for the claim; the amount charged to the third party administrator for the claim by the third party administrator's pharmacy benefit manager; and the amount charged by the third party administrator to the Commonwealth; and 3) provide a report to the Department of Human Resource Management of the aggregate difference in amounts between reimbursements made to pharmacies for claims covered by the state employee insurance plan, the amount charged to the third party administrator for the claim by the third party administrator's pharmacy benefit manager, and the amount charged by the third party administrator to the Commonwealth as well as an explanation for any difference. The department shall report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees on its implementation of this item by October 1, 2018."

Explanation

(This amendment is self-explanatory.)

VPhA LEGISLATIVE TRACKER

Bills that are still being tracked:

[HB 234](#) Health insurance; synchronization of medications.

Chief patron: Hope

Summary as passed House:

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. Such a proration shall not occur more frequently than annually. 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.

03/05/18 House: Enrolled

03/05/18 House: Bill text as passed House and Senate (HB234ER)

03/05/18 House: Impact statement from DPB (HB234ER)

03/05/18 House: Signed by Speaker

03/08/18 Senate: Signed by President

HB 313 Prescription Monitoring Program; prescriber and dispenser patterns, annual review, report.

Chief patron: Head

Summary as passed:

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. This bill is identical to SB 728.

02/26/18 House: Impact statement from VDH (HB313ER)

02/26/18 House: Signed by Speaker

02/28/18 Senate: Signed by President

03/02/18 House: Enrolled Bill communicated to Governor on March 2, 2018

03/02/18 Governor: Governor's Action Deadline Midnight, March 9, 2018

HB 520 Nonresident warehousemen and nonresident third-party logistics providers; Board of Pharmacy.

Chief patron: Hodges

Summary as introduced:

Board of Pharmacy; nonresident warehousemen and nonresident third-party logistics providers. Requires warehousemen 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 warehousemen 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 warehouse and nonresident third-party logistics providers.

02/21/18 House: Signed by Speaker

02/23/18 Senate: Signed by President

02/26/18 House: Enrolled Bill communicated to Governor on February 26, 2018

02/26/18 Governor: Governor's Action Deadline Midnight, March 5, 2018

03/02/18 Governor: Approved by Governor-Chapter 96 (effective 7/1/18)

HB 1177 Health insurance; contracts with pharmacies and pharmacists, etc.

Chief patron: Pillion

Summary as passed House:

Pharmacists and pharmacy practices. Provides that no provider contract between a health carrier or its pharmacy benefits manager and a pharmacy or its contracting agent shall contain a provision (i) authorizing the carrier or its pharmacy benefits manager to charge, (ii) requiring the pharmacy or pharmacist to collect, or (iii) requiring an enrollee to make, a copayment for a covered prescription drug in an amount that exceeds the least of the applicable copayment for the prescription drug that would be payable in the absence of this section or 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 requires provider contracts between a health carrier or its pharmacy benefits manager and a pharmacy or its contracting agent to contain specific provisions that allow a pharmacy to (a) disclose to an enrollee information relating to the provisions of this section and the availability of a more affordable therapeutically equivalent prescription drug; (b) sell a more affordable therapeutically equivalent prescription drug to an enrollee if one is available; and (c) offer and provide direct and limited delivery services to an enrollee as an ancillary service of the pharmacy. The measure applies to provider contracts entered into, amended, extended, or renewed on or after January 1, 2019. This bill is identical to SB 933.

02/26/18 House: Impact statement from VDH (HB1177ER)

02/26/18 House: Signed by Speaker

02/28/18 Senate: Signed by President

03/02/18 House: Enrolled Bill communicated to Governor on March 2, 2018

03/02/18 Governor: Governor's Action Deadline Midnight, March 9, 2018

HB 1251 CBD oil and THC-A oil; certification for use, dispensing.

Chief patron: Cline

Summary as passed:

CBD oil and THC-A oil; certification for use; dispensing. Provides that a practitioner may issue a written certification for the use of cannabidiol (CBD) 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. The bill increases the supply of CBD oil or THC-A oil a pharmaceutical processor may dispense from a 30-day supply to a 90-

day supply. The bill reduces the minimum amount of cannabidiol or tetrahydrocannabinol acid per milliliter for a dilution of the Cannabis plant to fall under the definition of CBD oil or THC-A oil, respectively. As introduced, this bill was a recommendation of the Joint Commission on Health Care. The bill contains an emergency clause. This bill is identical to SB 726.

EMERGENCY

02/26/18 House: Impact statement from VDH (HB1251ER)

02/26/18 House: Signed by Speaker

02/28/18 Senate: Signed by President

03/02/18 House: Enrolled Bill communicated to Governor on March 2, 2018

03/02/18 Governor: Governor's Action Deadline Midnight, March 9, 2018

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. This bill is identical to SB 832.

02/21/18 House: Signed by Speaker

02/23/18 Senate: Signed by President

02/26/18 House: Enrolled Bill communicated to Governor on February 26, 2018

02/26/18 Governor: Governor's Action Deadline Midnight, March 5, 2018

03/05/18 Governor: Approved by Governor-Chapter 185 (effective 7/1/18)

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 bill has an expiration date of July 1, 2022. This bill is identical to HB 1173.

02/22/18 House: Signed by Speaker

02/23/18 Senate: Signed by President

02/26/18 Senate: Enrolled Bill Communicated to Governor on February 26, 2018

02/26/18 Governor: Governor's Action Deadline Midnight, March 5, 2018

03/02/18 Governor: Approved by Governor-Chapter 106 (effective 7/1/18)

SB 726 CBD oil and THC-A oil; certification for use, dispensing.

Chief patron: Dunnavant

Summary as passed:

CBD oil and THC-A oil; certification for use; dispensing. Provides that a practitioner may issue a written certification for the use of cannabidiol (CBD) 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. The bill increases the supply of CBD oil or THC-A oil a pharmaceutical processor may dispense from a 30-day supply to a 90-day supply. The bill reduces the minimum amount of cannabidiol or tetrahydrocannabinol acid per milliliter for a dilution of the Cannabis plant to fall under the definition of CBD oil or THC-A oil, respectively. As introduced, this bill was a recommendation of the Joint Commission on Health Care. The bill contains an emergency clause. This bill incorporates SB 597, SB 788, and SB 795 and is identical to HB 1251.

EMERGENCY

03/05/18 Senate: Enrolled

03/05/18 Senate: Bill text as passed Senate and House (SB726ER)

03/05/18 Senate: Impact statement from VDH (SB726ER)

03/05/18 House: Signed by Speaker

03/08/18 Senate: Signed by President

[SB 728](#) Prescription Monitoring Program; prescriber and dispenser patterns, annual review, report.

Chief patron: Dunnavant

Summary as passed Senate:

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. This bill is identical to HB 313.

02/22/18 House: Signed by Speaker

02/23/18 Senate: Signed by President

02/26/18 Senate: Enrolled Bill Communicated to Governor on February 26, 2018

02/26/18 Governor: Governor's Action Deadline Midnight, March 5, 2018

03/05/18 Governor: Approved by Governor-Chapter 190 (effective 7/1/18)

[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.

02/22/18 House: Signed by Speaker

02/23/18 Senate: Signed by President

02/26/18 Senate: Enrolled Bill Communicated to Governor on February 26, 2018

02/26/18 Governor: Governor's Action Deadline Midnight, March 5, 2018

03/02/18 Governor: Approved by Governor-Chapter 108 (effective 7/1/18)

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. This bill is identical to HB 1556.

02/27/18 Senate: Impact statement from VDH (SB832ER)

02/27/18 House: Signed by Speaker

03/02/18 Senate: Signed by President

03/05/18 Senate: Enrolled Bill Communicated to Governor on March 5, 2018

03/05/18 Governor: Governor's Action Deadline Midnight, April 9, 2018

SB 882 Prescription refill; protocol.

Chief patron: DeSteph

Summary as passed Senate:

Prescription refill; approval. Provides that a prescriber may authorize a registered nurse or licensed practical nurse to approve additional refills of a prescribed drug for no more than 90 consecutive days, provided that (i) the drug is classified as a Schedule VI drug; (ii) there are no changes in the prescribed drug, strength, or dosage; (iii) the prescriber has a current written protocol, accessible by the nurse, that identifies the conditions under which the nurse may approve additional refills; and (iv) the nurse documents in the patient's chart any refills authorized for a specific patient pursuant to the protocol and the additional refills are transmitted to a pharmacist in accordance with the allowances for an authorized agent to transmit a prescription orally or by facsimile pursuant to current law and regulations of the Board of Pharmacy.

03/01/18 Senate: Impact statement from VDH (SB882ER)

03/01/18 House: Signed by Speaker

03/03/18 Senate: Signed by President

03/06/18 Senate: Enrolled Bill Communicated to Governor on March 6, 2018

03/06/18 Governor: Governor's Action Deadline Midnight, April 9, 2018

SB 933 Health insurance; contracts with pharmacies and pharmacists, etc.

Chief patron: Saslaw

Summary as passed Senate:

Pharmacists and pharmacy practices. Provides that no provider contract between a health carrier or its pharmacy benefits manager and a pharmacy or its contracting agent shall contain a provision (i) authorizing the carrier or its pharmacy benefits manager to charge, (ii) requiring the pharmacy or pharmacist to collect, or (iii) requiring an enrollee to make, a copayment for a covered prescription drug in an amount that exceeds the least of the applicable copayment for the prescription drug that would be payable in the absence of this section or 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 requires provider contracts between a health carrier or its pharmacy benefits manager and a pharmacy or its contracting agent to contain specific provisions that allow a pharmacy to (a) disclose to an enrollee information relating to the provisions of this section and the availability of a more affordable therapeutically equivalent prescription drug; (b) sell a more affordable therapeutically equivalent prescription drug to an enrollee if one is available; and (c) offer and provide direct and limited delivery services to an enrollee as an ancillary service of the pharmacy. The measure applies to provider contracts entered into, amended, extended, or renewed on or after January 1, 2019. This bill is identical to HB 1177.

02/27/18 House: Signed by Speaker

02/28/18 Senate: Impact statement from SCC (SB933ER)

03/02/18 Senate: Signed by President

03/05/18 Senate: Enrolled Bill Communicated to Governor on March 5, 2018

03/05/18 Governor: Governor's Action Deadline Midnight, April 9, 2018

Bills being monitored:

HB 501 Home hospice programs; disposal of drugs.

Chief patron: Hodges

Summary as passed House:

Home hospice programs; disposal of drugs. Requires every hospice to develop policies and procedures for the disposal of drugs dispensed as part of the hospice plan of care for a patient, which shall include requirements that such disposal be (i) performed in a manner that complies with all state and federal requirements for the safe disposal of drugs by a licensed nurse, physician assistant, or physician who is employed by or has entered into a contract with the hospice program; (ii) witnessed by a member of the patient's family or a second employee of the hospice program who is licensed by a health regulatory board within the Department of Health Professions; and (iii) documented in the patient's medical record.

02/21/18 House: Signed by Speaker

02/23/18 Senate: Signed by President

02/26/18 House: Enrolled Bill communicated to Governor on February 26, 2018

02/26/18 Governor: Governor's Action Deadline Midnight, March 5, 2018

03/02/18 Governor: Approved by Governor-Chapter 95 (effective 7/1/18)

[HB 842](#) Controlled paraphernalia; possession or distribution, hypodermic needles and syringes, naloxone.

Chief patron: LaRock

Summary as passed House:

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. The bill also allows the dispensing or distributing of hypodermic needles and syringes by persons authorized to dispense naloxone. The bill contains an emergency clause.

EMERGENCY

02/22/18 House: Impact statement from DPB (HB842ER)

02/23/18 Senate: Signed by President

02/26/18 House: Enrolled Bill communicated to Governor on February 26, 2018

02/26/18 Governor: Governor's Action Deadline Midnight, March 5, 2018

03/02/18 Governor: Approved by Governor-Chapter 97 (effective 3/2/18)

[HB 878](#) Schedule VI; delivery of prescription devices on behalf of medical equipment supplier.

Chief patron: Orrock

Summary as passed:

Delivery of Schedule VI prescription devices. Provides that a permitted manufacturer, wholesale distributor, warehouse, nonresident warehouse, third-party logistics provider, or nonresident third-party logistics provider or registered nonresident manufacturer or nonresident wholesale distributor (the provider) may deliver a Schedule VI prescription device directly to an ultimate user or consumer, provided that the provider is delivering on behalf of and has entered into an agreement with (i) a medical equipment supplier that has received a valid order from a prescriber authorizing the dispensing of the Schedule VI prescription device or (ii) a medical director of a home health agency, nursing home, assisted living facility, or hospice who has requested the distribution of the Schedule VI prescription device to be administered by persons authorized to administer such devices. The bill directs the Board of Pharmacy to promulgate regulations to implement the provisions of the measure within 280 days. This bill is identical to SB 413.

02/26/18 House: Impact statement from VDH (HB878ER)

02/26/18 House: Signed by Speaker

02/28/18 Senate: Signed by President

03/02/18 House: Enrolled Bill communicated to Governor on March 2, 2018

03/02/18 Governor: Governor's Action Deadline Midnight, March 9, 2018

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 bill has an expiration date of July 1, 2022. This bill is identical to SB 632.

02/21/18 House: Signed by Speaker

02/23/18 Senate: Signed by President

02/26/18 House: Enrolled Bill communicated to Governor on February 26, 2018

02/26/18 Governor: Governor's Action Deadline Midnight, March 5, 2018

03/02/18 Governor: Approved by Governor-Chapter 102 (effective 7/1/18)

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.

02/28/18 House: Signed by Speaker

03/03/18 Senate: Signed by President

03/06/18 House: Enrolled Bill communicated to Governor on March 6, 2018

03/06/18 Governor: Governor's Action Deadline Midnight, April 9, 2018

03/09/18 House: Impact statement from VCSC (HB1194ER)

HJ 118 Independent living communities; Department of Social Services to study regulation of communities.

Chief patron: Bell, Robert B.

Summary as passed House:

Study; Department of Social Services; regulation of independent living communities.

Report. Requests the Department of Social Services to study regulation of 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.

03/08/18 House: House acceded to request

03/08/18 House: Conferees appointed by House

03/08/18 House: Delegates: Bell, Robert B., Orrock, Aird

03/08/18 Senate: Conferees appointed by Senate

03/08/18 Senate: Senators: McDougle, Norment, Reeves

SB 226 Prescription Monitoring Program; veterinarians.

Chief patron: Stanley

Summary as passed:

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).

03/05/18 House: VOTE: PASSAGE (97-Y 1-N)

03/06/18 Senate: House amendments agreed to by Senate (40-Y 0-N)

03/08/18 Senate: Enrolled

03/08/18 Senate: Bill text as passed Senate and House (SB226ER)

03/08/18 Senate: Impact statement from VDH (SB226ER)

SB 413 Schedule VI; delivery of prescription devices on behalf of medical equipment supplier.

Chief patron: McDougle

Summary as passed:

Delivery of Schedule VI prescription devices. Provides that a permitted manufacturer, wholesale distributor, warehouse, nonresident warehouse, third-party logistics provider, or nonresident third-party logistics provider or registered nonresident manufacturer or nonresident wholesale distributor (the provider) may deliver a Schedule VI prescription device directly to an ultimate user or consumer, provided that the provider is delivering on behalf of and has entered into an agreement with (i) a medical equipment supplier that has received a valid order from a prescriber authorizing the dispensing of the Schedule VI prescription device or (ii) a medical director of a home health agency, nursing home, assisted living facility, or hospice who has requested the distribution of the Schedule VI prescription device to be administered by persons authorized to administer such devices. The bill directs the Board of Pharmacy to promulgate regulations to implement the provisions of the measure within 280 days. This bill is identical to HB 878.

02/26/18 Senate: Impact statement from VDH (SB413ER)

02/26/18 House: Signed by Speaker

02/28/18 Senate: Signed by President

03/02/18 Senate: Enrolled Bill Communicated to Governor on March 2, 2018

03/02/18 Governor: Governor's Action Deadline Midnight, March 9, 2018

SB 580 Government Data Collection and Dissemination Practices Act; amends Act to facilitate sharing data.

Chief patron: Hanger

Summary as passed Senate:

Data collection and dissemination; governance. Amends the Government Data Collection and Dissemination Practices Act (§ 2.2-3800 et seq.) to facilitate the sharing of data among agencies of the Commonwealth and between the Commonwealth and political subdivisions. The bill creates the position of Chief Data Officer of the Commonwealth (CDO), housed in the office of

the Secretary of Administration, to (i) develop guidelines regarding data usage, storage, and privacy and (ii) coordinate and oversee data sharing in the Commonwealth to promote the usage of data in improving the delivery of services. The bill also creates a temporary Data Sharing and Analytics Advisory Committee (Advisory Committee) to advise the CDO in the initial establishment guidelines and best practices, and to make recommendations to the Governor and General Assembly regarding a permanent data governance structure.

The bill directs the CDO and the Advisory Committee are directed to focus their initial efforts on developing a project for the sharing, analysis, and dissemination of data at a state, regional, and local level related to substance abuse, with a focus on opioid addiction, abuse, and overdose.

This bill incorporates SB 459, SB 710, SB 804, and SB 830.

03/07/18 House: Committee amendments agreed to

03/07/18 House: Engrossed by House as amended

03/07/18 House: Passed House with amendments BLOCK VOTE (98-Y 0-N)

03/07/18 House: VOTE: BLOCK VOTE PASSAGE (98-Y 0-N)

03/08/18 Senate: House amendments agreed to by Senate (37-Y 3-N)

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)

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 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

02/08/18 Senate: Continued to 2019 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)

SB 293 Controlled substances and devices, certain; Board of Pharmacy may issue limited license to dispense.

Chief patron: McClellan

Summary as passed Senate:

Dispensing of certain controlled substances and devices; limited license. Authorizes the Board of Pharmacy to issue a limited license at a reduced fee to a prescriber in a nonprofit facility to dispense controlled substances and devices for contraception or treatment of sexually transmitted disease. The bill provides that the non-profit facility from which a prescriber with such limited license dispenses such controlled substances and devices is required to obtain a limited-use permit from the Board and comply with relevant Board regulations and is exempt from associated fees. The bill requires the Board of Pharmacy to

promulgate regulations to implement its provisions to be effective within 280 days of its enactment.

02/08/18 House: Placed on Calendar

02/08/18 House: Read first time

02/08/18 House: Referred to Committee on Health, Welfare and Institutions

02/16/18 House: Assigned HWI sub: Subcommittee #1

02/21/18 House: Subcommittee failed to recommend reporting (4-Y 6-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 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)

2/02 – struck from docket

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

02/05/18 Senate: Incorporated by General Laws and Technology (SB580-Hanger) (14-Y 0-N)

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

02/05/18 Senate: Incorporated by General Laws and Technology (SB580-Hanger) (14-Y 0-N)

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.

01/22/18 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

02/08/18 Senate: Incorporated by Finance (SB580-Hanger) (16-Y 0-N)

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.

01/30/18 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

02/09/18 House: Subcommittee recommends laying on the table (5-Y 3-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)

HB 580 Driver privilege cards; authorizes issuance of new cards by DMV.

Chief patron: Bloxom

Summary as introduced:

Driver privilege cards. Authorizes the issuance of new driver privilege cards by the Department of Motor Vehicles to an individual who has (i) reported income from Virginia sources on an individual tax return filed with the Commonwealth in the preceding 12 months and (ii) is not in violation of the insurance requirements of Article 8 (§ 46.2-705 et seq.) (Registration of Uninsured Motor Vehicles) of Chapter 6 of Title 46.2. The bill provides that driver privilege cards shall confer the same privileges and shall be subject to the same provisions as driver's licenses and permits; however, driver privilege cards shall not (a) confer voting privileges, (b) permit an individual to waive any part of the driver examination, or (c) have their issuance be contingent upon the applicant's ability to produce proof of legal presence in the United States. The bill provides for the term "driver's license" to consistently refer to all driver's licenses, permits, driver privilege cards, and special identification cards issued by the Commonwealth or the comparable law of another jurisdiction. The bill allows the issuance of a limited-duration driver's license and special identification card to an applicant presenting valid documentary evidence that a federal court or federal agency having jurisdiction over immigration has authorized the applicant to be in the United States for a period of at least 30 days from the date of application. The bill authorizes the Tax Commissioner to provide to the Commissioner of the Department of Motor Vehicles information sufficient to verify that an applicant for a driver privilege card or permit has reported income from Virginia sources on an individual tax return filed with the Commonwealth in the preceding 12 months. The bill has a delayed effective date of January 1, 2019.

01/08/18 House: Prefiled and ordered printed; offered 01/10/18 18102473D

01/08/18 House: Referred to Committee on Transportation

01/09/18 House: Impact statement from VCSC (HB580)

01/26/18 House: Impact statement from DPB (HB580)

02/13/18 House: Left in Transportation

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.

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

02/09/18 House: Subcommittee recommends laying on the table (5-Y 3-N)

02/13/18 House: Left in Appropriations

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. This bill was incorporated into SB 580.

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

02/05/18 Senate: Incorporated by General Laws and Technology (SB580-Hanger) (14-Y 0-N)

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.

This bill was incorporated into SB 580.

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

02/05/18 Senate: Incorporated by General Laws and Technology (SB580-Hanger) (14-Y 0-N)

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. This bill was incorporated into SB 580.

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

02/08/18 Senate: Incorporated by Finance (SB580-Hanger) (16-Y 0-N)

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.

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
02/09/18 House: Subcommittee recommends laying on the table (5-Y 3-N)
02/13/18 House: Left in Appropriations

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. This bill was incorporated into SB 580.

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

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

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This bill was incorporated into SB 580.

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01/23/18 Senate: Impact statement from DPB (SB719)
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02/05/18 Senate: Incorporated by General Laws and Technology (SB580-Hanger) (14-Y 0-N)

[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. This bill was incorporated into SB 580.

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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
02/08/18 Senate: Incorporated by Finance (SB580-Hanger) (16-Y 0-N)