

## **BILL ANALYSIS**

Senate Research Center

S.B. 1056  
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Health & Human Services  
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As Filed

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

Collaborative practice is an advanced healthcare approach that shifts from a single-provider care model to a team-based care model. A collaborative practice agreement (CPA) creates a formal practice relationship between a pharmacist and a physician. The agreement specifies what medication management activities the collaborating physician delegates to the pharmacist to treat their patients, such as the ability to initiate or modify medication therapy and extend refills of a patient's medication. The goal of collaborative practice is to optimize patient outcomes, improve medication adherence, reduce delays in receiving therapy, and reduce healthcare costs for the benefit of patients, healthcare systems, and the taxpayer.

Pharmacists and physicians have engaged in collaborative practice in Texas since 1999. In 2009 the legislature unintentionally passed confusing and conflicting statutory language. The bill provided pharmacists in a hospital, hospital-based clinic, or academic healthcare institution with the authority to sign prescriptions for dangerous drugs. Unfortunately, that language caused confusion and took precedence over the previous language, which allowed pharmacists to work collaboratively with physicians to modify non-dangerous drug treatments.

S.B. 1056 would clarify that under the delegation of a physician, pharmacists have the authority to implement or modify a patient's non-dangerous drug therapy regardless of whether they practice in a hospital setting.

As proposed, S.B. 1056 amends current law relating to the authority of physicians to delegate to certain pharmacists the implementation and modification of a patient's drug therapy.

### **RULEMAKING AUTHORITY**

Rulemaking authority previously granted to Texas State Board of Pharmacy is modified in SECTION 2 (Section 554.057, Occupations Code) of this bill.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Sections 157.101(b) and (b-1), Occupations Code, as follows:

(b) Authorizes a physician to delegate to a properly qualified and trained pharmacist acting under adequate physician supervision the performance of specific acts of drug therapy management authorized by the physician through the physician's order, standing medical order, standing delegation order, or other order or protocol as defined by Texas Medical Board (TMB) rule, including the implementation or modification of a patient's drug therapy.

(b-1) Authorizes a delegation under Subsection (b) to include the implementation or modification of a patient's drug therapy under a protocol that calls for dangerous drugs, which delegation includes the authority to sign a prescription drug order, rather than under a protocol including the authority to sign a prescription drug order for dangerous drugs, only if certain criteria are met.

SECTION 2. Amends Section 554.057, Occupations Code, as follows:

Sec. 554.057. RULEMAKING; IMPLEMENTATION OF DRUG THERAPY UNDER PROTOCOL. Requires the Texas State Board of Pharmacy (TSBP), with the advice of TMB, to adopt rules that allow a pharmacist to implement or modify a patient's drug therapy pursuant to a physician's delegation under Section 157.101(b) or (b-1), rather than under Section 157.101(b-1).

SECTION 3. Requires TSBP, not later than January 1, 2020, to adopt rules under Section 554.057, Occupations Code, as amended by this Act.

SECTION 4. Effective date: September 1, 2019.