

Oklahoma Pharmacists Association
Major Goals and Efforts
for
2006 Legislative Session

1. **Goal:** Establish a close working relationship with the House Public Health Committee Chairman to be able to help identify critical health policy issues and how they would or would NOT be considered by committee.

Action: Worked closely on a daily basis with the Chairman and members of the House Public Health Committee.

Result: We were able to have an impact on health care legislation.

2. **Goal:** Insure that Pharmacists in Oklahoma are NOT competitively disadvantaged by proposed Drug Reimportation Legislation. Additionally, insure that Oklahoma Pharmacists do not get negative public related to high drug prices associated with the debate on proposed Drug Reimportation Legislation.

Action: **HB 2844 and SB 1434** by Rep. Kris Steele, R – Shawnee and Senator Tom Adelson, D – Tulsa Both create the Drug Reimportation Act that would provide among other things, that any licensed pharmacist in this state is authorized, with a valid prescription, to procure prescription drugs from a certified Canadian supplier or a certified permitted country supplier and to import those drugs into this state for dispensing to patients residing in this state.

Knowing that Federal Law supercedes anything done in Oklahoma, OPhA monitored this issue to make sure no bill created unintended consequences.

Result: We anticipate this issue may be addressed in Special Session.

3. **Goal:** Prevent OPhA and Oklahoma Pharmacists from becoming embroiled in legislation and debates related to issues of social conscience.

Action: **HB 2884** by Rep. Thad Balkman, R-Norman and Senator James Williamson, R-Tulsa, early on was proposed as the bill that would contain the language that we wanted to remove the cap on the salary of the Executive Director of the State Board of Pharmacy.

Later we learned that they wanted to use this bill for a proposal to be known as the “Pharmacist Conscience Act.” As proposed the legislation would have provided that pharmacists could chose to NOT dispense a prescription if dispensing would be contrary to the religious or moral convictions of the pharmacist.

When we were informed that they wanted to put Pharmacist Conscience language into the bill, we requested that our Board of Pharmacy language be removed. We made this request for 2 reasons:

- A. We did not expect that the bill would get a hearing in the Senate; and
- B. We did not want our issue embroiled with this social conscience issue.

Result: We decided that we would be better off finding another bill for the language that we wanted for the Board of Pharmacy.

HB 2884 was passed in the House but did not receive a hearing in the Senate Health and Human Resources Committee and died.

4. **Goal:** Increase legislative attention on the issue of Pharmacy Benefits Management.

Action: **HB 2392** by Rep. Wes Hilliard, D- Sulphur - dealing with Pharmacy Benefits Management. We worked with Rep. Hilliard to develop a strategy for pursuing this issue. It was ultimately decided that the best opportunity was by writing the legislation to create a task force to study the issue.

Result: Bill was not heard in House Public Health Committee.

5. **Goal:** Oppose legislation that would set mandatory age limits and proof of identification for all products containing Dextromethorphan (DXM) sold over the counter. Additionally oppose efforts to impose penalties and fines for the improper sales of DXM products.

Action: **HB 2485** by Representative John Nance, R-OKC and Senator Charlie Laster, D – Shawnee, became known as the “Cough Syrup Bill.” In its early form the bill was very business restrictive and proposed to make retail merchants the point of enforcement to prevent youth access.

We helped with organizing a coalition of business lobbyists who opposed the additional restrictions. Rep. Nance was not at all open to compromise -- until we stopped the bill in Conference Committee by lobbying the Senate Conferees to not sign anything that proposed more than creating a Task Force to study the issue and make recommendations.

Additionally, there was an effort by the bill’s proponents to oppose the naming of a retail pharmacist to serve on the DXM Task Force. We lobbied the Senate Conferees who required that the Executive Director of the State Board of Pharmacy or his designee would be named to the Task Force.

Result: The final Conference Committee Report language in HB 2485 was to create a Task Force and did name a Pharmacist to the Task Force. The bill passed and was signed by the Governor.

6. **Goal:** Closely monitor legislation that proposes to limit the promotion or advertising of drugs.

Action: **HB 2914** by Rep. Danny Morgan, D – Prague was introduced to impose limitations and stipulate criteria for New Drug and / or Clinical Trial Advertising during a television broadcast, radio broadcast, or printed material that originates in this state. For new advertising that meets established criteria, each advertiser would pay an additional \$500 to State Department of Health

Result: Bill was not heard in House Public Health Committee.

7. **Goal:** Insure that the interests and concerns of OPhA were understood by the House Interim Medicaid Reform Task Force.

Action I: Lobbied to make sure that a Pharmacist was named as a member of the House Interim Medicaid Reform Task Force.

Result: OPhA Legislative Committee Chairman Calvin Anthony was named as a member of the Task Force.

Action II: Lobbied to make sure that OPhA would be involved in making a presentation to the Task Force.

Result: We were able to schedule a private meeting with Task Force Chairman Rep. Kris Steele, R-Shawnee, and Vice Chairman Rep. Dr. Doug Cox, R-Grove, for members of the OPhA Board and Legislative Committee to hear their goals for the Task Force and for them to hear our feedback.

Additionally, we assisted with scheduling a presentation by OPhA to the full Task Force to insure that they understood the interests, needs and concerns of Pharmacists related to Medicaid Reforms.

8. **Goal:** Work to make sure that the proposed Medicaid Reform Legislation would appropriately address the involvement of Pharmacists in providing health care to Medicaid recipients.

Action: **HB 2824** by Rep. Kris Steele, R-Shawnee and Sen. Tom Adelson, D-Tulsa, the Medicaid Reform Bill was proposed to provide both major reforms and to cut costs of the program by at least \$100 million per year.

We worked closely with Rep. Steele to make sure that Pharmacists were not negatively impacted by the reforms and funding cuts. Additionally, we worked to help strengthen the language in the final bill to give recognition and provide for direct involvement of Pharmacists in disease and health management.

Result: Bill was passed and signed by the Governor.