5/11/2009

HB 3270 D. Howard

SUBJECT: E-prescribing of "brand necessary" drugs in the state Medicaid program

COMMITTEE: Public Health — favorable, without amendment

VOTE: 8 ayes — Kolkhorst, Naishtat, Coleman, J. Davis, Gonzales, Laubenberg,

McReynolds, Zerwas

0 nays

3 absent — Hopson, S. King, Truitt

WITNESSES: For — James Merryman, Texas Medical Association; (Registered, but did

not testify: Kathy Barber, Texas Federation of Drug Stores; Marisa Finley, Scott & White Center for Healthcare Policy; Katherine Zackel, Texans

Care for Children)

Against — None

On — Kathleen Costello and Kay Ghahremani, Health and Human

**Services Commission** 

BACKGROUND: Pharmacists have the discretion to fill a prescription with a generic

medication unless the prescription is labeled "brand necessary" or "brand

medically necessary." For a pharmacist to receive Medicaid

reimbursement for the full cost of a name-brand drug, a Medicaid

prescription must contain the hand-written order of a doctor that indicates

that the brand is medically necessary.

DIGEST: HB 3270 would require the executive commissioner of the Health and

Human Services Commission (HHSC) to conduct a study of state and

federal laws relating to the electronic transmission of Medicaid

prescriptions. By March 31, 2010, the executive commissioner would submit a report to certain state and legislative officials regarding the results of the study. The study would include an analysis of laws relevant to electronically transmitted prescriptions and the changes in law that would be necessary to enable electronically transmitted Medicaid

prescriptions to indicate if the dispensing of a brand-name drug was

required or if a generic drug was allowed.

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The executive commissioner of HHSC, in consultation with the Texas State Board of Pharmacy, would seek a waiver from the Centers for Medicare and Medicaid Services or the U.S. secretary of health and human services to implement an electronic alternative for certifying that a drug was "brand medically necessary" for a Medicaid patient.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2009.