(c) A municipality shall adopt an ordinance to establish minimum habitability standards for multi-family rental buildings, including requiring maintenance of proper operating conditions.

(d) A municipality may establish other standards as necessary to reduce material risks to the physical health or safety of tenants of multi-family rental buildings.

(e) A municipality shall establish a program for the inspection of multi-family rental buildings to determine if the buildings meet the minimum required habitability standards. The program shall include inspections under the direction of:

1. the municipality’s building official, as defined by the International Building Code or by a local amendment to the code under Section 214.216;
2. the chief executive of the municipality’s fire department; and
3. the municipality’s health authority, as defined by Section 121.021, Health and Safety Code.

(f) A municipality may not order the closure of a multi-family rental building due to a violation of an ordinance adopted by the municipality relating to habitability unless the municipality makes a good faith effort to locate housing with comparable rental rates in the same school district for the residents displaced by the closure.

(g) The owner of a multi-family rental building commits an offense if the owner violates an ordinance adopted under this section. An offense under this subsection is a Class C misdemeanor. Each day the violation continues constitutes a separate offense.

(h) A municipality may impose a civil penalty under Section 54.017 for a violation of this section.

SECTION 2. A municipality shall adopt the minimum habitability standards required by Section 214.219, Local Government Code, as added by this Act, not later than December 31, 2010.

SECTION 3. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2009.

Passed by the House on April 7, 2009: Yeas 129, Nays 15, 1 present, not voting; the House concurred in Senate amendments to H.B. No. 1819 on May 29, 2009: Yeas 124, Nays 12, 2 present, not voting, passed by the Senate, with amendments, on May 27, 2009: Yeas 31, Nays 0.

Approved June 19, 2009.

CHAPTER 1128
H.B. No. 1924
AN ACT
relating to the performance of pharmacy services in certain rural areas.

Be it enacted by the Legislature of the State of Texas:

SECTION 1. Subchapter C, Chapter 562, Occupations Code, is amended by adding Section 562.1011 to read as follows:

Sec. 562.1011. OPERATION OF CLASS C PHARMACY IN CERTAIN RURAL HOSPITALS. (a) In this section:
1. “Nurse” has the meaning assigned by Section 301.002. The term includes a nurse who is also registered as a pharmacy technician.
2. “Rural hospital” means a licensed hospital with 75 beds or fewer that:
(A) is located in a county with a population of 50,000 or less; or
(B) has been designated by the Centers for Medicare and Medicaid Services as a critical access hospital, rural referral center, or sole community hospital.

(b) If a practitioner orders a prescription drug or device for a patient in a rural hospital when the hospital pharmacist is not on duty or when the institutional pharmacy is closed, a nurse or practitioner may withdraw the drug or device from the pharmacy in sufficient quantity to fill the order.

(c) The hospital pharmacist shall verify the withdrawal of a drug or device under Subsection (b) and perform a drug regimen review not later than the seventh day after the date of the withdrawal.

(d) In a rural hospital that uses a floor stock method of drug distribution, a nurse or practitioner may withdraw a prescription drug or device from the institutional pharmacy in the original manufacturer's container or a prepackaged container.

(e) The hospital pharmacist shall verify the withdrawal of a drug or device under Subsection (d) and perform a drug regimen review not later than the seventh day after the date of the withdrawal.

(f) A rural hospital may allow a pharmacy technician to perform the duties specified in Subsection (g) if:

1. the pharmacy technician is registered and meets the training requirements specified by the board;
2. a pharmacist is accessible at all times to respond to any questions and needs of the pharmacy technician or other hospital employees, by telephone, answering or paging service, e-mail, or any other system that makes a pharmacist accessible; and
3. a nurse or practitioner or a pharmacist by remote access verifies the accuracy of the actions of the pharmacy technician.

(g) If the requirements of Subsection (f) are met, the pharmacy technician may, during the hours that the institutional pharmacy in the hospital is open, perform the following duties in the pharmacy without the direct supervision of a pharmacist:

1. enter medication order and drug distribution information into a data processing system;
2. prepare, package, or label a prescription drug according to a medication order if a licensed nurse or practitioner verifies the accuracy of the order before administration of the drug to the patient;
3. fill a medication cart used in the rural hospital;
4. distribute routine orders for stock supplies to patient care areas;
5. access and restock automated medication supply cabinets; and
6. perform any other duty specified by the board by rule.

(h) The pharmacist-in-charge of an institutional pharmacy in a rural hospital shall develop and implement policies and procedures for the operation of the pharmacy when a pharmacist is not on-site.

(i) On or after September 1, 2011, the board may establish, by rule, a requirement for prospective and retrospective drug use review by a pharmacist for each new drug order. A drug use review is not required when a delay in administration of the drug would harm the patient in an urgent or emergency situation, including sudden changes in a patient's clinical status.

(j) Rural hospitals may establish standing orders and protocols, to be developed jointly by the pharmacist and medical staff, that may include additional exceptions to instances in which prospective drug use review is required.

(k) This section does not restrict or prohibit the board from adopting a rule related to authorizing the withdrawal of a drug or device by a nurse or practitioner from, or the supervision of a pharmacy technician in, an institutional pharmacy not located in a rural hospital. As part of the rulemaking process, the board shall consider the effect that a proposed rule, if adopted, would have on access to pharmacy services in hospitals that are not rural hospitals.
The board shall adopt rules to implement this section, including rules specifying:

1. the records that must be maintained under this section;
2. the requirements for policies and procedures for operation of a pharmacy when a pharmacist is not on-site; and
3. the training requirements for pharmacy technicians.

SECTION 2. Chapter 568, Occupations Code, is amended by adding Section 568.008 to read as follows:

Sec. 568.008. TECHNICIANS IN HOSPITALS WITH CLINICAL PHARMACY PROGRAM. (a) In this section, "clinical pharmacy program" means a program that provides pharmaceutical care services as specified by board rule.

(b) A Class C pharmacy that has an ongoing clinical pharmacy program may allow a pharmacy technician to verify the accuracy of work performed by another pharmacy technician relating to the filling of floor stock and unit dose distribution systems for a patient admitted to the hospital if the patient's orders have previously been reviewed and approved by a pharmacist.

(c) The pharmacist-in-charge of the clinical pharmacy program shall adopt policies and procedures for the verification process authorized by this section.

(d) A hospital must notify the board before implementing the verification process authorized by this section.

(e) The board shall adopt rules to implement this section, including rules specifying:

1. the duties that may be verified by another pharmacy technician;
2. the records that must be maintained for the verification process; and
3. the training requirements for pharmacy technicians who verify the accuracy of the work of other pharmacy technicians.

SECTION 3. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2009.

Passed by the House on April 24, 2009: Yeas 140, Nays 0, 1 present, not voting; that the House refused to concur in Senate amendments to H.B. No. 1924 on May 29, 2009, and requested the appointment of a conference committee to consider the differences between the two houses; the House adopted the conference committee report on H.B. No. 1924 on May 31, 2009: Yeas 145, Nays 0, 1 present, not voting; passed by the Senate, with amendments, on May 25, 2009: Yeas 31, Nays 0; at the request of the House, the Senate appointed a conference committee to consider the differences between the two houses; the Senate adopted the conference committee report on H.B. No. 1924 on May 31, 2009: Yeas 31, Nays 0.

Approved June 19, 2009.

CHAPTER 1129

H.B. No. 2000

AN ACT
relating to health benefit plan coverage for certain amino acid-based elemental formulas.

Be it enacted by the Legislature of the State of Texas:

SECTION 1. Subtitle E, Title 8, Insurance Code, is amended by adding Chapter 1377 to read as follows: