South Carolina Pharmacy Association

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2019-2020 South Carolina *Active* Legislative Bill Summaries

SCPhA Legislative Committee Updates

Last Updated 05-14-19

H. 3832 – *Reschedule Controls*

Sponsor: *Hon. Norrell, et. al.*
A bill to amend sections 44-53-210, 44-53-230, and 44-53-250, code of laws of South Carolina, 1976.

- ***Reschedules*** flunitrazepam and gamma hydroxybutyric acid as *Schedule II* controlled-substances.

Actions:
Referred to House ***Judiciary*** Committee
Dead for this session.

H.4355 – *Methadone Dispensing by RNs and LPNs*

Sponsor: Rep. Russell Frye (Prime); **Co-sponsors:** Reps. Dillard; Wooten; Weeks; Hewitt; Pendarvis; Yow; Erickson; Bailey
A bill to amend §44-53-720 by adding a new paragraph (3) (B) which authorizes RNs and LPNs to "administer or dispense" Methadone "if employed by the program (MAP); hospital or pharmacy dispensing the treatment medication."
Actions:
Referred to House 3 M Committee, introduced and read the first time.
Dead for this session.

H. 4348 – *Medical Marijuana Prohibition Until Deemed "Safe and Effective" by the FDA*

Sponsor: Rep. Micajah Caskey, IV (Prime)
A bill to amend Article 1, Chapter 53, Title 44 by 'adding' a new §44-53-361 that states that marijuana can only be approved for medical use if first approved as a 'safe and effective' drug as part of the FDA review process.
Actions:
Referred to House ***Judiciary*** Committee.
Dead for this session

S. 16 – *Emergency Refill Law (as amended)*

Sponsor: *Senator Luke A. Rankin (R)*

Summary:

- Amends §40-43-86, (P) by extending the current 10-day Emergency refill limited to 30-days if a pharmacist is unable to fill a ten-day prescription, for example: due to *package size*.

Actions:
December 12, 2018 - Referred to ***Committee on Medical Affairs;***
January 17, 2019 - Referred to Full Medical Affairs Committee w/amendment;
January 24, 2019 – Full Committee reports bill out w/amendment;
January 25, 2019 – Scriver's error corrected;
January 29, 2019 – Passes Senate 43-0;
January 30, 2019 – Referred to House 3M Committee
May 07, 2019 – Passed House 106-0, as amended
May 08, 2019 – Senate did not concur with House amendment. Either the bill will be negotiated in Conference or wil die until next session.

S. 132 – PA Scope Act

Sponsor: *Senator Tom Davis (R)*

Cosponsors: *Senator Thomas C. Alexander (R); Senator Floyd Nicholson (D); Senator Brad Hutto (D); Senator Marlon E. Kimpson (D); Senator Margie Bright Matthews (D)*

Summary:

Known as the ***PA ACT*** (Physician Assistant's Scope Expansion Act). Amends Article 7, Chapter 7, Title 40 of the 1976

- **Sec. 40-47-965 (A) (1) –**
- **(6)** the PA may authorize prescriptions for an orally administered Schedule II controlled substance, as defined in the federally controlled Substances Act, pursuant to the following requirements:
    - (a) the authorization to prescribe is expressly approved by the supervising physician as set forth in the PA's written scope of practice guidelines;
    - (b) the PA has directly evaluated the patient, provided, however, that the PA may authorize a prescription if the PA is assigned to take calls for the supervising physician or alternate supervising physician treating the patient;

- (c) the authority to prescribe a Schedule II narcotic controlled substance si limited to an initial prescription not to exceed a five-day supply;
- (d) any subsequent prescription authorization for a Schedule II narcotic after the initial prescription must be in conjunction with and approved by the supervising physician, and such approval must be documented in the patient's chart; and
- (e) any prescription for continuing drug therapy must include consultation with the supervising physician and must be documented to the patient's chart.

Actions:
December 12, 2018 - Referred to ***Committee on Medical Affairs***
Passed Senate March 20, 2019 – 42-0 (as amended)
Passed House May 7, 105-0
Ratified May 9, 2019 – R45
Signed into Law by Governor – May 13, 2019.

S. 136 – *e-Prescribing Act for Controlled Substances*

Sponsor: *Senator Tom Davis (R)*
Cosponsor: *Senator Katrina Frye Shealy (R)*
Summary:

- Amends §44-53-360 by adding a new subparagraph (j) as it relates to controlled substance prescription dispensing;
- Requires *"targeted"* **C-II and C-III** controlled substance prescriptions be e-prescribed unless otherwise exempted;
- ***Exemptions include:***
  - CS is to be administered in a hospital, nursing home, hospice facility, outpatient dialysis facility, or residential care facility;
  - Practitioners who experience a temporary technological or electrical failure or other extenuating circumstances that prevent the prescription from being transmitted electronically;
  - The CS was written for a prescription to be dispensed by a pharmacy on federal property. *(Practitioner must document the reason for this exception)*.
  - Veterinarian CS prescriptions;
  - ***Does not require pharmacist (dispenser) to verify that the practitioner qualifies for an exemption from using e-prescription***;
  - Provides both criminal and civil immunity for the dispensing pharmacist if prescription was written by a prescriber in violation of this act.

Note: *SCPhA supported this legislation last session. §44-53-360 refers to C-II's – C-V's.*
Actions:
December 12, 2018 - Referred to ***Committee on Medical Affairs***
March 20, 2019 – Passed Senate **43-0**
March 26, 2019 - Referred to House 3 M Committee
Dead for this session

S. 187 - *Similar to (H. 3279) 12-month Contraception Drug Refill Act*

Sponsor: *Sen. Shealy*
Summary:

- Amends Article 1, chapter 71, title 38 of the 1976 code, relating to accident and health insurance, by adding section 38-71-120, to establish:
  - that an individual or group health insurance policy providing coverage for contraceptive drugs must provide reimbursement for a twelve-month refill of contraceptive drugs obtained at one time, and;

- Amends Article 2, Chapter 6, title 44 of the 1976 code, relating to medically indigent assistance aid, by adding §44-6-120, to authorize:
  - That DHHS arrange for all Medicaid programs offered through managed care plans or fee-for-service programs to require the dispensing of contraceptive drugs with a twelve-month supply provided at one time.

Actions:
12/12/18 Senate Referred to ***Committee on Banking and Insurance***
Dead for this session

S.359 – *PRIORITY - PBM Licensure & Regulations Act – (as amended 01-30-19)

Sponsor: *Sen. Gambrell*

Summary:

Pharmacy Benefits Managers

Section 38-71-2200. Definitions: As used in this article:

- (1) **'Claim'** means a request from a pharmacy or pharmacist to be reimbursed for the cost of administering, filling or refilling a prescription for a drug or for providing a medical supply or device.
- (2) **'Claims processing services'** means the administrative services performed in connection with the processing and adjudicating of claims relating to pharmacist services that include:
  - (a) receiving payments for pharmacist services;
  - (b) making payments to pharmacists or pharmacies for pharmacist services; or
  - (c) both receiving and making payments.
- (3) **'Health benefit plan'** means any individual, blanket, or group plan, policy, or contract for health care services issued or delivered by a health care insurer in this State as defined in Section 38-71-670(6) and 38-71-840 (14), including the state health plan, as defined in Section 38-71-243(4).
- (4) **'Health care insurer'** means an entity that provides health insurance coverage in this State as defined in Section 38-71-670(7) and Section 38-71-840 (16).
- (5) **'Maximum Allowable Cost List'** means a listing of drugs used by a pharmacy benefits manager to set the maximum allowable cost at which reimbursement to a pharmacy or pharmacist may be made.
- (6) '**Other prescription drug or device services'** means services other than claims processing services, provided directly or indirectly by a pharmacy benefits manager, whether in connection with or separate from claims processing services, including without limitation:
  - (a) negotiating rebates, discounts, or other financial incentives and arrangements with drug companies;
  - (b) disbursing or distributing rebates;
  - (c) managing or participating in incentive programs or arrangements for pharmacist services;
  - (d) negotiating or entering into contractual arrangements with pharmacists or pharmacies, or both;
  - (e) developing formularies;
  - (f) designing prescription benefit programs; or
  - (g) advertising or promoting services.
- (7) **'Pharmacist'** has the same meaning as provided in Section40-43-30(65).
- (8) **'Pharmacist services'** means products, goods, and services, or any combination of products, goods, and services, provided as a part of the practice of pharmacy.
- (9) **'Pharmacy'** has the same meaning as provided in Section40-43-30(67).
- (10) '**Pharmacy benefits manager affiliate'** means an entity that contracts with a pharmacist or pharmacy on behalf of an insurer, third party administrator, or PEBA to:
  - (a) process claims for prescription drugs or medical supplies or provide retail network management for pharmacies or pharmacists;
  - (b) pay pharmacies or pharmacists for prescription drugs or medical supplies;
  - (c) negotiate rebates with manufactures for prescription drugs paid for or procured as described I this article.

  (11) "Pharmacy Benefits Manager Affiliate means a pharmacy or pharmcists that directly or indirectly, through one or more intermediaries, owns or controls, is owned or controlled by, or is under common ownership or control with a PBM.

Section 38-71-2210. (A) – Licensure & Regulation

- (1) A person or organization may not establish or operate as a pharmacy benefits manager in this State for health benefit plans without obtaining a license from the Director of the Department of Insurance.
- (2) The director shall prescribe the application for a license to operate in this State as a pharmacy benefits manager and may charge an initial application fee of one thousand dollars and an annual renewal fee of five hundred dollars, provided the pharmacy benefits manager application form must collect the following information:
  - (a) the name, address, and telephone contact number of the pharmacy benefits manager;
  - (b) the name and address of the pharmacy benefits manager's agent for service of process in the State;
  - (c) the name and address of each person with management or control over the pharmacy benefits manager;
  - (d) the name and address of each person with a beneficial ownership interest in the pharmacy benefits manager;
  - (e) a signed statement indicating that no individual with management or control of the pharmacy benefit manager has been convicted of a felony or has violated any of the requirements of state law applicable to

pharmacy benefits managers, or, if the applicant cannot provide such a statement, a signed statement describing the relevant conviction or violation; and

- (f) in the case of a pharmacy benefits manager applicant that is a partnership or other unincorporated association, limited liability company, or corporation, and has five or more partners, members, or stockholders:
  - (i) the applicant shall specify its legal structure and the total number of its partners, members, or stockholders who, directly or indirectly, own, control, hold with the power to vote, or hold proxies representing ten percent or more of the voting securities of any other person; and
  - (ii) the applicant shall agree that, upon request by the department, it shall furnish the department with information regarding the name, address, usual occupation, and professional qualifications of any other partners, members, or stockholders who, directly or indirectly, own, control, hold with the power to vote, or hold proxies representing ten percent or more of the voting securities of any other person.

- (3) An applicant or a pharmacy benefits manager that is licensed to conduct business in the State shall, unless otherwise provided for in this chapter, file a notice describing any material modification of this information.

(B) The director may promulgate regulations establishing the licensing and reporting requirements of pharmacy benefits managers consistent with the provisions of this article. (C) The fees and penalties assessed pursuant to this article must be retained by the department for the administration of this chapter.

Section 38-71-2220. – Gag Order Removal

(A) In any participation contracts between pharmacy benefits managers and pharmacists or pharmacies providing prescription drug coverage for health benefit plans, no pharmacy or pharmacist may be prohibited, restricted, or penalized in any way from disclosing to any covered person any health care information that the pharmacy or pharmacist deems appropriate regarding the nature of treatment, risks, or alternatives thereto, the availability of alternate therapies, consultations, or tests, the decision of utilization reviewers or similar persons to authorize or deny services, the process that is used to authorize or deny health care services or benefits, or information on financial incentives and structures used by the insurer.

(B) A pharmacy or pharmacist may provide to an insured information regarding the insured's total cost for pharmacist services for a prescription drug.

(C) A pharmacy or pharmacist must not be proscribed by a pharmacy benefits manager from discussing information regarding the total cost for pharmacist services for a prescription drug or from selling a more affordable alternative to the insured if a more affordable alternative is available.

(D) A pharmacy benefits manager contract with a participating pharmacist or pharmacy may not prohibit, restrict, or limit disclosure of information to the director, law enforcement, or state and federal governmental officials investigating or examining complaint or conducting a review of a pharmacy benefits manager's compliance with the requirements pursuant to this act. (added by amendment) The information or data acquired during an examination or review pursuant to this action is considered proprietary and confidential and is not subject to the South Carolina Freedom of Information Act.

Section 38-71-2230. PBM Prohibitions – Deceptive Advertising, Anti-Competitive Actions, Price Gag Order

(A) A pharmacy benefits manager or representative of a pharmacy benefits manager shall not:

- (1) cause or knowingly permit the use of any advertisement, promotion, solicitation, representation, proposal, or offer that is untrue, deceptive, or misleading;
- (2) charge a pharmacist or pharmacy a fee related to the adjudication of a claim other than a reasonable fee for the receipt and processing of a pharmacy claim;
- (3) engage, with the express intent or purpose of driving out competition or financially injuring competitors, in a pattern or practice of reimbursing independent pharmacies or pharmacist in this State consistently less than the amount that the pharmacy benefit manager reimburses a pharmacy benefits manager affiliate for providing the same pharmacist services;
- (4) collect or require a pharmacy or pharmacist to collect from an insured a copayment for a prescription drug at the point of sale in an amount that exceeds the lesser of:
  - The contracted copayment amount;
  - The amount an individual would pay for a prescription drug if that individual was paying cash; or
  - The contracted amount of the drug.
- (5) require the use of mail order for filling prescriptions unless required to do so by the health benefit plan or the health benefit plan design;
- (6) charge a fee related to the adjudication of a claim without providing the cause for each adjustment or fee;
- (7) penalize or retaliate against a pharmacist or pharmacy for exercising rights provided pursuant to the provisions of this chapter;

- (8) prohibit a pharmacist or pharmacy from offering and providing direct and limited delivery services including incidental mailing services, to an insured as an ancillary service of the pharmacy; or
- (9) any combination thereof.

(B) A claim for pharmacist services may not be retroactively denied or reduced after adjudication of the claim unless the:

- (1) original claim was submitted fraudulently;
- (2) original claim payment was incorrect because the pharmacy or pharmacist had already been paid for the pharmacist services;
- (3) pharmacist services were not properly rendered by the pharmacy or pharmacist; or
- (4) adjustment was agreed upon by the pharmacy prior to the denial or reduction. A pharmacy may not be subject to a charge-back or recoupment for a clerical or recordkeeping error in a required document or record, including a typographical or computer error, unless the error resulted in overpayment to the pharmacy.

(C) This subsection may not be construed to limit overpayment recovery efforts as set forth in Sec. 38-59-250.

- A pharmacy may not be subject to a charge-back or recoupment for a clerical or recordkeeping error in a required document or record, including a typographical or computer error, unless the error resulted in overpayment to the pharmacy.

(D) Termination of a pharmacy or pharmacist from a pharmacy benefits manager network does not release the pharmacy benefits manager from the obligation to make any payment due to the pharmacy or pharmacist for pharmacist services properly rendered according to the contract.

(E) A PBM may maintain more than one network for different services. Each individual network may require different pharmacy accreditation standards or certification requirements for participating in the network provided that the pharmacy accreditation standards or certification requirements are applied without regard to a pharmacy's or pharmacist's status as an independent pharmacy or PBM affiliate. Each individual pharmacy location as identified by their NCPDP identification number may have access to more than one network so long as the pharmacy location meets the pharmacy accreditation standards or certification requirements of each network.

(F) Nothing in this article abridges the right of a pharmacist to refuse to fill or refill a prescription as referenced in Sec. 40-43-86 € (6) of the SC Pharmacy Practice Act.

Section 38-71-2240. – MAC Transparency Law Updates

(A) Before a pharmacy benefits manager places or continues to place a particular drug on a Maximum Allowable Cost List, the drug must:

- (1) be listed as 'A' or 'B' rated in the most recent version of the Food and Drug Administration's Approved Drug Products with Therapeutic Equivalence Evaluations, also known as the Orange Book, or has an 'NR' or 'NA" rating, or a similar rating, by a nationally recognized reference;
- (2) be available for purchase in the state from national or regional wholesalers operating in this State;
- (3) not be obsolete,

(B) A pharmacy benefits manager shall:

- (1) provide access to its Maximum Allowable Cost List teach pharmacy subject to the Maximum Allowable Cost List;
- (2) update its Maximum Allowable Cost List at least once every seven calendar days;
- (3) provide a process for each pharmacy subject to the Maximum Allowable Cost List to access any updates to the Maximum Allowable Cost List;
- (4) ensure that dispensing fees are not included in the calculation of maximum allowable cost; and
- (5) establish a reasonable administrative appeal procedure tallow pharmacy to appeal maximum allowable costs and reimbursements made under a maximum allowable cost for a specific drug or drugs as not meeting the requirements of this section or being below the pharmacy acquisition cost. The reasonable administrative appeal procedure must include:
    - (a) a dedicated telephone number and email address or website for the purpose of submitting administrative appeals;
    - (b) the ability to submit an administrative appeal directly to the pharmacy benefits manager regarding the pharmacy benefits plan or program or through a pharmacy service administrative organization.

(C) A pharmacy must be allowed no less than ten calendar days to file an administrative appeal.

(D) If an appeal is initiated, the pharmacy benefits managers hall within ten calendar days after receipt of notice of the appeal either:

(1) if the appeal is upheld:

- (a) notify the pharmacy or pharmacist or his designee of the decision;
- make the change in the maximum allowable cost-effective as of the date the appeal is resolved;
- (b) permit the appealing pharmacy or pharmacist to reverse and rebill the claim in question;
- (d) make the change effective for each similarly situated pharmacy as defined by the payor subject to the Maximum Allowable Cost List effective as of the date the appeal is resolved;

- (2) if the appeal is denied, provide the appealing pharmacy or pharmacist the reason for the denial, the National Drug Code number, and the name of the national or regional pharmaceutical wholesalers operating in this State.
- (F) The provisions of this section:
- (1) do not apply to the Maximum Allowable Cost List maintained by the State Medicaid Program, the Medicaid Managed Care organizations under contract with SC DHHS or the South Carolina Public Employee Benefit Authority; and (added with amendment)
- (2) apply to the pharmacy benefits manager employed by the State Medicaid Program or the South Carolina Public Employee Benefit Authority if, at any time, the State Medicaid Program or the South Carolina Public Employee Benefit Authority engages the services of a pharmacy benefits manager to maintain the Maximum Allowable Cost List.

Section 38-71-2250 (A) (B) (1). – Insurance Director's Right to Audit PBM Books

The director shall enforce this article.

- (1) The director may examine or audit the books and records of a pharmacy benefits manager providing claims processing services or other prescription drug or device services for a health benefit plan to determine if the pharmacy benefits manager is incompliance with this act. The pharmacy benefits manager shall pay the charges incurred in the examination, including the expenses of the director or his designee and the expenses and compensation of his examiners and assistants. The director or his designee promptly shall institute a civil action to recover the expenses of examination against a pharmacy benefits manager which refuses or fails to pay.
- (2) The information or data acquired during an examination pursuant to this section is considered proprietary and confidential and is not subject to the South Carolina Freedom of Information Act.

(C) Violations of this article are subject to the penalties provided in Sections 38-2-10 through 38-2-30.
(D) The director may promulgate regulations regarding pharmacy benefits managers that are not inconsistent with this article.
(E) <u>New (E)</u> – formally (F) – <u>adds **Medicaid Managed Care**</u> to subparagraphs (1) and (2) to the list or organizations Medicaid and PEBA who these **MAC laws do not apply.**

Section 38-71-2250.

(A) The director shall enforce this article.

(B)

- (1) The director may examine or audit the books and records of a pharmacy benefits manager providing claims processing services or other prescription drug or device services for a health benefit plan to determine if the pharmacy benefits manager is incompliance with this act. The pharmacy benefits manager shall pay the charges incurred in the examination, including the expenses of the director or his designee and the expenses and compensation of his examiners and assistants. The director or his designee promptly shall institute a civil action to recover the expenses of examination against a pharmacy benefits manager which refuses or fails to pay.
- (2) The information or data acquired during an examination pursuant to this section is considered proprietary and confidential and is not subject to the South Carolina Freedom of Information Act.

(C) Violations of this article are subject to the penalties provided in Sections 38-2-10 through 38-2-30.
(D) The director may promulgate regulations regarding pharmacy benefits managers that are not inconsistent with this article.

Section 38-71-2260. – Medicaid, Medicaid Managed Care Exclusions

(A) Nothing in this act is intended or may be construed to be in conflict with existing relevant federal law.
(B) This article does not apply to DHHS's Title XIX and XXI of the SS Act or two the MMCO programs.

SECTION2. Section 38-2-10 of the 1976 Code, as last amended by Act 219 of 2018, is further amended to read:
Section 38-2-10. – Penalties for PBMs Violating the Law

(A) Unless otherwise specifically provided by law, the following administrative penalties apply for each violation of the insurance laws of this State or federal insurance laws subject to enforcement by the Department of Insurance:

- (1) If the violator is an insurer, pharmacy benefits manager, or a health maintenance organization licensed in this State, the director or his designee shall fine the violator in an amount not to exceed fifteen thousand dollars, suspend or revoke the violator's authority to do business in this State, or both. If the violation unwilful, the director or his designee shall fine the violator in an amount not to exceed thirty thousand dollars, suspend or revoke the violator's authority to do business in this State, or both.
- (2) If the violator is a person, other than an insurer, **pharmacy benefits manager**, or a health maintenance organization, licensed by the director or his designee in this State, the director or his designee shall fine the person in an amount not to exceed two thousand five hundred dollars, suspend or revoke the license of the

person, or both. If the violation is willful, the director or his designee shall fine the person in an amount not to exceed five thousand dollars, suspend or revoke the license of the person, or both.

(B) The penalties in subsection (A) are in addition to any criminal penalties provided by law or any other remedies provided by law. The administrative proceedings in subsection (A) do not preclude civil or criminal proceedings from taking place before, during, or after the administrative proceeding.

SECTION 3. A. Section 38-71-1810 (B) (3), (5), (13) of the 1976 is amended to read: Fair Audit Law Updates

(B) If a managed care organization, insurer, third-party performer any entity that represents a responsible party conducts an audit of the records of a pharmacy, then, with respect to this audit, the pharmacy has a right to:

- (3) not have clerical or record-keeping errors, including typographical errors, scrivener's errors and computer errors, on a required document or record considered fraudulent in the absence of any other evidence or serve as the sole basis of rejection of a claim; however, the provisions of this item do not prohibit recoupment of fraudulent payments
- (5) submit records related to the audit in ***electronic format*** or by certified mail;
- (13) have the option of providing documentation in ***electronic format*** or by certified mail;
- (B. The provisions of this section are effective upon approval by the Governor.

Actions:

January 09, 2019 - Referred to Senate Committee on Banking and Insurance;
January 16, 2019 – Sub-committee hearing on S.359;
January 30, 2019 – Sub-committee hearing w/vote on S.359 – Referred to Full Committee
March 07, 2019 – Passed Senate 38-0
March 13, 2019 – Referred to House Committee on Labor, Commerce and Industry.
May 09, 2019 – Passed House 99-0
May 13, 2019 – **Ratified – R68** – Sent to Governor

S. 448 – *Pharmacists Prescribing Hormonal Contraceptives*

Sponsor: Sen. Davis

Summary:

- Authorizes pharmacists to prescribe and administer hormonal contraceptives under protocol.

Actions:

January 29, 2019 – Referred to Senate Committee on Medical Affairs

Dead for this session

SCPhA Position: *SUPPORT*

S. 463 – *Maintenance Meds 90-Day Fill Option*

Sponsor: *Sen. Martin*

Section 1.

§40-43-86 of the 1976 Code is amended by adding an appropriately lettered new subsection at the end to read:

- Unless a prescriber has specified on a prescription that dispensing the prescription for a *maintenance medication* in an initial amount followed by periodic refills is medically necessary, a pharmacist may exercise his professional judgment, in consultation with the patient, *to dispense up to* ***a ninety-day supply of medication per refill up to the total number of dosage units as authorized by the prescriber on the original prescription****.* In consulting with the patient, the pharmacist must utilize readily available, existing mechanisms such as online claim adjudication and inform the patient of any cost changes of the proposed dispensing change.

- *If the pharmacist is presenting the patient with an option to not use an available benefit plan, then the pharmacist must inform the patient that any amounts paid would potentially not apply to the deductibles or other out-of-pocket calculations of his benefit plan.*
- This does *not apply to scheduled medications reported to SCRIPTS program,* or any medications for which a report is required under the prescription monitoring program.

- This section *shall not be construed to supersede or invalidate any third-party payor agreement*, in whole or in part, between a third-party payor and a retail pharmacy.

Section 2. This act takes effect upon approval by the Governor

Actions:

January 30, 2019 – Referred to ***Committee on Medical Affairs***
March 14, 2019 – Passed Senate 37-0
March 20, 2019 – Referred to House 3 M Committee
May 07, 2019 – Passed House 106-0
May 13, 2019 – ***Signed by Governor***