

2SSB 5195 - H AMD 680

By Representative Davis

ADOPTED 04/09/2021

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** (1) The legislature finds that:

4 (a) Opioid use disorder is a treatable brain disease from which
5 people recover;

6 (b) Individuals living with opioid use disorder are at high risk
7 for fatal overdose;

8 (c) Overdose deaths are preventable with lifesaving opioid
9 overdose reversal medications like naloxone;

10 (d) Just as individuals with life-threatening allergies should
11 carry an EpiPen, individuals with opioid use disorder should carry
12 opioid overdose reversal medication;

13 (e) There are 53,000 individuals in Washington enrolled in apple
14 health, Washington's medicaid program, that have a diagnosis of
15 opioid use disorder and yet there are alarmingly few medicaid claims
16 for opioid overdose reversal medication; and

17 (f) Most of the opioid overdose reversal medication distributed
18 in Washington is currently paid for with flexible federal and state
19 dollars and distributed in bulk, rather than appropriately billed to
20 a patient's insurance. Those finite flexible funds should instead be
21 used for nonmedicaid eligible expenses or for opioid overdose
22 reversal medication distributed in nonmedicaid eligible settings or
23 to nonmedicaid eligible persons. The state's current methods for
24 acquisition and distribution of opioid overdose reversal medication
25 are not sustainable and insufficient to reach all Washingtonians
26 living with opioid use disorder.

27 (2) Therefore, it is the intent of the legislature to increase
28 access for all individuals with opioid use disorder to opioid
29 overdose reversal medication so that if they experience an overdose,
30 they will have a second chance. As long as there is breath, there is
31 hope for recovery.

1 **Sec. 2.** RCW 70.41.480 and 2019 c 314 s 18 are each amended to
2 read as follows:

3 (1) The legislature finds that high quality, safe, and
4 compassionate health care services for patients of Washington state
5 must be available at all times. The legislature further finds that
6 there is a need for patients being released from hospital emergency
7 departments to maintain access to emergency medications when
8 community or hospital pharmacy services are not available, including
9 medication for opioid overdose reversal and for the treatment for
10 opioid use disorder as appropriate. It is the intent of the
11 legislature to accomplish this objective by allowing practitioners
12 with prescriptive authority to prescribe limited amounts of
13 prepackaged emergency medications to patients being discharged from
14 hospital emergency departments when access to community or outpatient
15 hospital pharmacy services is not otherwise available.

16 (2) A hospital may allow a practitioner to prescribe prepackaged
17 emergency medications and allow a practitioner or a registered nurse
18 licensed under chapter 18.79 RCW to distribute prepackaged emergency
19 medications to patients being discharged from a hospital emergency
20 department in the following circumstances:

21 (a) During times when community or outpatient hospital pharmacy
22 services are not available within fifteen miles by road; or

23 (b) When, in the judgment of the practitioner and consistent with
24 hospital policies and procedures, a patient has no reasonable ability
25 to reach the local community or outpatient pharmacy(~~(; or~~

26 ~~(c) When, in the judgment of the practitioner and consistent with~~
27 ~~hospital policies and procedures, a patient is at risk of opioid~~
28 ~~overdose and the prepackaged emergency medication being distributed~~
29 ~~is an opioid overdose reversal medication. The labeling requirements~~
30 ~~of RCW 69.41.050 and 18.64.246 do not apply to opioid overdose~~
31 ~~reversal medications dispensed, distributed, or delivered pursuant to~~
32 ~~a prescription, collaborative drug therapy agreement, standing order,~~
33 ~~or protocol issued in accordance with this section. The individual or~~
34 ~~entity that dispenses, distributes, or delivers an opioid overdose~~
35 ~~reversal medication as authorized by this section must ensure that~~
36 ~~directions for use are provided)).~~

37 (3) A hospital may only allow this practice if: The director of
38 the hospital pharmacy, in collaboration with appropriate hospital
39 medical staff, develops policies and procedures regarding the
40 following:

1 (a) Development of a list, preapproved by the pharmacy director,
2 of the types of emergency medications to be prepackaged and
3 distributed;

4 (b) Assurances that emergency medications to be prepackaged
5 pursuant to this section are prepared by a pharmacist or under the
6 supervision of a pharmacist licensed under chapter 18.64 RCW;

7 (c) Development of specific criteria under which emergency
8 prepackaged medications may be prescribed and distributed consistent
9 with the limitations of this section;

10 (d) Assurances that any practitioner authorized to prescribe
11 prepackaged emergency medication or any nurse authorized to
12 distribute prepackaged emergency medication is trained on the types
13 of medications available and the circumstances under which they may
14 be distributed;

15 (e) Procedures to require practitioners intending to prescribe
16 prepackaged emergency medications pursuant to this section to
17 maintain a valid prescription either in writing or electronically in
18 the patient's records prior to a medication being distributed to a
19 patient;

20 (f) Establishment of a limit of no more than a forty-eight hour
21 supply of emergency medication as the maximum to be dispensed to a
22 patient, except when community or hospital pharmacy services will not
23 be available within forty-eight hours. In no case may the policy
24 allow a supply exceeding ninety-six hours be dispensed;

25 (g) Assurances that prepackaged emergency medications will be
26 kept in a secure location in or near the emergency department in such
27 a manner as to preclude the necessity for entry into the pharmacy;
28 and

29 (h) Assurances that nurses or practitioners will distribute
30 prepackaged emergency medications to patients only after a
31 practitioner has counseled the patient on the medication.

32 (4) The delivery of a single dose of medication for immediate
33 administration to the patient is not subject to the requirements of
34 this section.

35 (5) Nothing in this section restricts the authority of a
36 practitioner in a hospital emergency department to distribute opioid
37 overdose reversal medication under RCW 69.41.095.

38 (6) A practitioner in a hospital emergency department must
39 dispense or distribute opioid overdose reversal medication in
40 compliance with section 3 of this act.

1 (7) For purposes of this section:

2 (a) "Emergency medication" means any medication commonly
3 prescribed to emergency department patients, including those drugs,
4 substances or immediate precursors listed in schedules II through V
5 of the uniform controlled substances act, chapter 69.50 RCW, as now
6 or hereafter amended.

7 (b) "Distribute" means the delivery of a drug or device other
8 than by administering or dispensing.

9 (c) "Opioid overdose reversal medication" has the same meaning as
10 provided in RCW 69.41.095.

11 (d) "Practitioner" means any person duly authorized by law or
12 rule in the state of Washington to prescribe drugs as defined in RCW
13 18.64.011(29).

14 (~~(d)~~) (e) "Nurse" means a registered nurse as defined in RCW
15 18.79.020.

16 NEW SECTION. **Sec. 3.** A new section is added to chapter 70.41
17 RCW to read as follows:

18 (1) A hospital shall provide a person who presents to an
19 emergency department with symptoms of an opioid overdose, opioid use
20 disorder, or other adverse event related to opioid use with opioid
21 overdose reversal medication upon discharge, unless the treating
22 practitioner determines in their clinical and professional judgment
23 that dispensing or distributing opioid overdose reversal medication
24 is not appropriate or the practitioner has confirmed that the patient
25 already has opioid overdose reversal medication. If the hospital
26 dispenses or distributes opioid overdose reversal medication it must
27 provide directions for use.

28 (2) The opioid overdose reversal medication may be dispensed with
29 technology used to dispense medications.

30 (3) A person who is provided opioid overdose reversal medication
31 under this section must be provided information and resources about
32 medication for opioid use disorder and harm reduction strategies and
33 services which may be available, such as substance use disorder
34 treatment services and substance use disorder peer counselors. This
35 information should be available in all languages relevant to the
36 communities that the hospital serves.

37 (4) The labeling requirements of RCW 69.41.050 and 18.64.246 do
38 not apply to opioid overdose reversal medications dispensed or
39 distributed in accordance with this section.

1 (5) Until the opioid overdose reversal medication bulk purchasing
2 and distribution program established in section 7 of this act is
3 operational:

4 (a) If the patient is enrolled in a medical assistance program
5 under chapter 74.09 RCW, the hospital must bill the patient's
6 medicaid benefit for the patient's opioid overdose reversal
7 medication utilizing the appropriate billing codes established by the
8 health care authority. This billing must be separate from and in
9 addition to the payment for the other services provided during the
10 hospital visit.

11 (b) If the patient has available health insurance coverage other
12 than medical assistance under chapter 74.09 RCW, the hospital must
13 bill the patient's health plan for the cost of the opioid overdose
14 reversal medication.

15 (c) For patients who are not enrolled in medical assistance and
16 do not have any other available insurance coverage, the hospital must
17 bill the health care authority for the cost of the patient's opioid
18 overdose reversal medication.

19 (6) This section does not prohibit a hospital from dispensing
20 opioid overdose reversal medication to a patient at no cost to the
21 patient out of the hospital's prepurchased supply.

22 (7) Nothing in this section prohibits or modifies a hospital's
23 ability or responsibility to bill a patient's health insurance or to
24 provide financial assistance as required by state or federal law.

25 (8) A hospital, its employees, and its practitioners are immune
26 from suit in any action, civil or criminal, or from professional or
27 other disciplinary action, for action or inaction in compliance with
28 this section.

29 (9) For purposes of this section:

30 (a) "Opioid overdose reversal medication" has the meaning
31 provided in RCW 69.41.095.

32 (b) "Practitioner" has the meaning provided in RCW 18.64.011.

33 NEW SECTION. **Sec. 4.** A new section is added to chapter 71.24
34 RCW to read as follows:

35 (1) For any client presenting with symptoms of an opioid use
36 disorder, or who reports recent use of opioids outside legal
37 authority, all licensed or certified behavioral health agencies that
38 provide individuals treatment for mental health or substance use
39 disorder, withdrawal management, secure withdrawal management,

1 evaluation and treatment, or opioid treatment programs must during
2 the client's intake, discharge, or treatment plan review, as
3 appropriate:

4 (a) Inform the client about opioid overdose reversal medication
5 and ask whether the client has opioid overdose reversal medication;
6 and

7 (b) If a client does not possess opioid overdose reversal
8 medication, unless the behavioral health provider determines using
9 clinical and professional judgment that opioid overdose reversal
10 medication is not appropriate, the behavioral health provider must:

11 (i) Prescribe the client opioid overdose reversal medication or
12 utilize the statewide naloxone standing order; and

13 (ii) Assist the client in directly obtaining opioid overdose
14 reversal medication as soon as practical by:

15 (A) Directly dispensing the opioid overdose reversal medication,
16 if authorized by state law;

17 (B) Partnering with a pharmacy to obtain the opioid overdose
18 reversal medication on the client's behalf and distributing the
19 opioid overdose reversal medication to the client;

20 (C) Assisting the client in utilizing a mail order pharmacy or
21 pharmacy that mails prescription drugs directly to the behavioral
22 health agency or client and distributing the opioid overdose reversal
23 medication to the client, if necessary;

24 (D) Obtaining and distributing opioid overdose reversal
25 medication through the bulk purchasing and distribution program
26 established in section 7 of this act; or

27 (E) Using any other resources or means authorized by state law to
28 provide opioid overdose reversal medication.

29 (2) Until the opioid overdose reversal medication bulk purchasing
30 and distribution program established in section 7 of this act is
31 operational, if a behavioral health agency listed in subsection (1)
32 of this section dispenses, distributes, or otherwise assists the
33 client in directly obtaining the opioid overdose reversal medication
34 such that the agency is the billing entity, the behavioral health
35 agency must:

36 (a) For clients enrolled in medical assistance under chapter
37 74.09 RCW, bill the client's medicaid benefit for the client's opioid
38 overdose reversal medication utilizing the appropriate billing codes
39 established by the health care authority.

1 (b) For clients with available health insurance coverage other
2 than medical assistance under chapter 74.09 RCW, bill the client's
3 health plan for the cost of the opioid overdose reversal medication.

4 (c) For clients who are not enrolled in medical assistance under
5 chapter 74.09 RCW and do not have any other available health
6 insurance coverage, bill the health care authority for the cost of
7 the client's opioid overdose reversal medication.

8 (3) A pharmacy that dispenses opioid overdose reversal medication
9 through a partnership or relationship with a behavioral health agency
10 as described in subsection (1) of this section must bill the health
11 care authority for the cost of the client's opioid overdose reversal
12 medication for clients that are not enrolled in medical assistance
13 under chapter 74.09 RCW and do not have any other available health
14 insurance coverage.

15 (4) The labeling requirements of RCW 69.41.050 and 18.64.246 do
16 not apply to opioid overdose reversal medication dispensed or
17 delivered in accordance with this section.

18 (5) A person who is provided opioid overdose reversal medication
19 under this section must be provided information and resources about
20 medication for opioid use disorder and harm reduction strategies and
21 services which may be available, such as substance use disorder
22 treatment services and substance use disorder peer counselors. This
23 information should be available in all languages relevant to the
24 communities that the behavioral health agency serves.

25 (6) The individual or entity that dispenses, distributes, or
26 delivers an opioid overdose reversal medication in accordance with
27 this section shall ensure that the directions for use are provided.

28 (7) Actions taken in compliance with subsection (1) of this
29 section by an entity that provides only mental health treatment may
30 not be construed as the entity holding itself out as providing or in
31 fact providing substance use disorder diagnosis, treatment, or
32 referral for treatment for purposes of state or federal law.

33 (8) A behavioral health agency, its employees, and providers are
34 immune from suit in any action, civil or criminal, or from
35 professional or other disciplinary action, for action or inaction in
36 compliance with this section.

37 (9) For purposes of this section, "opioid overdose reversal
38 medication" has the meaning provided in RCW 69.41.095.

1 NEW SECTION. **Sec. 5.** A new section is added to chapter 74.09
2 RCW to read as follows:

3 Until the opioid overdose reversal medication bulk purchasing and
4 distribution program established in section 7 of this act is
5 operational:

6 (1) Upon initiation or renewal of a contract with the authority
7 to administer a medicaid managed care plan, a managed care
8 organization must reimburse a hospital or behavioral health agency
9 for dispensing or distributing opioid overdose reversal medication to
10 a covered person under sections 3 and 4 of this act.

11 (2) If the person is not enrolled in a medicaid managed care plan
12 and does not have any other available insurance coverage, the
13 authority must reimburse a hospital, behavioral health agency, or
14 pharmacy for dispensing or distributing opioid overdose reversal
15 medication under sections 3 and 4 of this act.

16 NEW SECTION. **Sec. 6.** A new section is added to chapter 74.09
17 RCW to read as follows:

18 (1) The authority, in consultation with the department of health,
19 the office of the insurance commissioner, and the addictions, drug,
20 and alcohol institute at the University of Washington, shall provide
21 technical assistance to hospitals and licensed or certified,
22 behavioral health agencies to assist these entities, practitioners,
23 and providers in complying with sections 3 and 4 of this act. The
24 technical assistance provided to behavioral health agencies must
25 include:

26 (a) Training nonmedical providers on distributing and providing
27 client education and directions for use of opioid overdose reversal
28 medication;

29 (b) Providing written guidance for billing for opioid overdose
30 reversal medication; and

31 (c) Analyzing the cost of additional behavioral health agency
32 staff time to carry out the activities in section 4 of this act, and
33 providing written guidance no later than January 1, 2022, for funding
34 and billing direct service activities related to assisting clients to
35 obtain opioid overdose reversal medication.

36 (2) The authority shall develop written materials in all relevant
37 languages for each hospital and applicable licensed or certified
38 behavioral health agency to comply with sections 3 and 4 of this act,
39 including directions for the use of opioid overdose reversal

1 medication, and provide them to all hospitals and behavioral health
2 agencies by January 1, 2022.

3 NEW SECTION. **Sec. 7.** A new section is added to chapter 70.14
4 RCW to read as follows:

5 (1) As soon as reasonably practicable, the health care authority
6 shall establish a bulk purchasing and distribution program for opioid
7 overdose reversal medication. The health care authority is authorized
8 to:

9 (a) Purchase or enter into contracts as necessary to purchase and
10 distribute opioid overdose reversal medication, collect an
11 assessment, and administer the program;

12 (b) Bill, charge, and receive payment from health carriers,
13 managed health care systems, and to the extent that any self-insured
14 health plans choose to participate, self-insured health plans; and

15 (c) Perform any other functions as may be necessary or proper to
16 establish and administer the program.

17 (2) To establish and administer the opioid overdose reversal
18 medication bulk purchasing and distribution program, the health care
19 authority may adopt rules providing the following:

20 (a) A dosage-based assessment and formula to determine the
21 assessment for each opioid overdose reversal medication provided to
22 an individual through the program that includes administrative costs
23 of the program;

24 (b) The mechanism, requirements, and timeline for health
25 carriers, managed health care systems, and self-insured plans to pay
26 the dosage-based assessments;

27 (c) The types of health care facilities, health care providers,
28 or other entities that are required to or are permitted to
29 participate in the program;

30 (d) The billing procedures for any participating health care
31 facility, health care provider, or other entity participating in the
32 program; and

33 (e) Any other rules necessary to establish, implement, or
34 administer the program.

35 (3) The following agencies, health plans, and insurers must
36 participate in the bulk purchasing and distribution program:

37 (a) Health carriers;

38 (b) Managed health care systems administering a medicaid managed
39 care plan; and

1 (c) The health care authority for purposes of:

2 (i) Health plans offered to public employees and their
3 dependents;

4 (ii) Individuals enrolled in medical assistance under chapter
5 74.09 RCW that are not enrolled in a managed care plan; and

6 (iii) Uninsured individuals.

7 (4) The health care authority may establish an interest charge
8 for late payment of any assessment under this section. The health
9 care authority shall assess a civil penalty against any health
10 carrier, managed health care system, or self-insured health plan that
11 fails to pay an assessment within three months of billing. The civil
12 penalty under this subsection is 150 percent of such assessment. The
13 health care authority is authorized to file liens and seek judgment
14 to recover amounts in arrears and civil penalties, and recover
15 reasonable collection costs, including reasonable attorneys' fees and
16 costs. Civil penalties so levied must be deposited in the opioid
17 overdose reversal medication account created in section 8 of this
18 act.

19 (5) The health care authority in coordination with the office of
20 the insurance commissioner may recommend to the appropriate
21 committees of the legislature the termination of the bulk purchasing
22 and distribution mechanism for opioid overdose reversal medication if
23 it finds that the original intent of its formation and operation has
24 not been achieved.

25 (6) By January 1, 2022, the health care authority shall submit a
26 report to the legislature on the progress towards establishing the
27 bulk purchasing and distribution program. The health care authority
28 shall submit an updated report on the progress towards establishing
29 the bulk purchasing and distribution program by January 1, 2023.

30 (7) By July 1, 2025, the health care authority shall submit
31 recommendations to the appropriate committees of the legislature on
32 whether and how the opioid overdose reversal medication bulk
33 purchasing and distribution program may be expanded to include other
34 prescription drugs.

35 (8) "Opioid overdose reversal medication" has the same meaning as
36 provided in RCW 69.41.095.

37 NEW SECTION. **Sec. 8.** A new section is added to chapter 70.14
38 RCW to read as follows:

1 The opioid overdose reversal medication account is created in the
2 custody of the state treasurer. All receipts from collections under
3 section 7 of this act must be deposited into the account.
4 Expenditures from the account may be used only for the operation and
5 administration of the opioid overdose reversal medication bulk
6 purchasing and distribution program identified in section 7 of this
7 act. Only the director of the health care authority or the director's
8 designee may authorize expenditures from the account. The account is
9 subject to allotment procedures under chapter 43.88 RCW, but an
10 appropriation is not required for expenditures.

11 **Sec. 9.** RCW 39.26.125 and 2012 c 224 s 14 are each amended to
12 read as follows:

13 All contracts must be entered into pursuant to competitive
14 solicitation, except for:

- 15 (1) Emergency contracts;
- 16 (2) Sole source contracts that comply with the provisions of RCW
17 39.26.140;
- 18 (3) Direct buy purchases, as designated by the director. The
19 director shall establish policies to define criteria for direct buy
20 purchases. These criteria may be adjusted to accommodate special
21 market conditions and to promote market diversity for the benefit of
22 the citizens of the state of Washington;
- 23 (4) Purchases involving special facilities, services, or market
24 conditions, in which instances of direct negotiation is in the best
25 interest of the state;
- 26 (5) Purchases from master contracts established by the department
27 or an agency authorized by the department;
- 28 (6) Client services contracts;
- 29 (7) Other specific contracts or classes or groups of contracts
30 exempted from the competitive solicitation process when the director
31 determines that a competitive solicitation process is not appropriate
32 or cost-effective;
- 33 (8) Off-contract purchases of Washington grown food when such
34 food is not available from Washington sources through an existing
35 contract. However, Washington grown food purchased under this
36 subsection must be of an equivalent or better quality than similar
37 food available through the contract and must be able to be paid from
38 the agency's existing budget. This requirement also applies to
39 purchases and contracts for purchases executed by state agencies,

1 including institutions of higher education as defined in RCW
2 28B.10.016, under delegated authority granted in accordance with this
3 chapter or under RCW 28B.10.029;

4 (9) Contracts awarded to companies that furnish a service where
5 the tariff is established by the utilities and transportation
6 commission or other public entity;

7 (10) Intergovernmental agreements awarded to any governmental
8 entity, whether federal, state, or local and any department,
9 division, or subdivision thereof;

10 (11) Contracts for services that are necessary to the conduct of
11 collaborative research if the use of a specific contractor is
12 mandated by the funding source as a condition of granting funds;

13 (12) Contracts for architectural and engineering services as
14 defined in RCW 39.80.020, which shall be entered into under chapter
15 39.80 RCW;

16 (13) Contracts for the employment of expert witnesses for the
17 purposes of litigation; (~~and~~)

18 (14) Contracts for bank supervision authorized under RCW
19 (~~(30.38.040)~~) 30A.38.040; and

20 (15) Contracts for the purchase of opioid overdose reversal
21 medication authorized under section 7 of this act.

22 NEW SECTION. Sec. 10. A new section is added to chapter 41.05
23 RCW to read as follows:

24 A health plan offered to public employees and their covered
25 dependents under this chapter that is issued or renewed on or after
26 January 1, 2023, must participate in the bulk purchasing and
27 distribution program for opioid overdose reversal medication
28 established in section 7 of this act once the program is operational.

29 NEW SECTION. Sec. 11. A new section is added to chapter 48.43
30 RCW to read as follows:

31 For health plans issued or renewed on or after January 1, 2023,
32 health carriers must participate in the opioid overdose reversal
33 medication bulk purchasing and distribution program established in
34 section 7 of this act once the program is operational. A health plan
35 may not impose enrollee cost sharing related to opioid overdose
36 reversal medication provided through the bulk purchasing and
37 distribution program established in section 7 of this act.

1 NEW SECTION. **Sec. 12.** A new section is added to chapter 74.09
2 RCW to read as follows:

3 (1) Upon initiation or renewal of a contract with the authority
4 to administer a medicaid managed care plan, a managed health care
5 system must participate in the opioid overdose reversal medication
6 bulk purchasing and distribution program established in section 7 of
7 this act once the program is operational.

8 (2) The health care authority must participate in the opioid
9 overdose reversal medication bulk purchasing and distribution program
10 established in section 7 of this act once the program is operational
11 for purposes of individuals enrolled in medical assistance under this
12 chapter that are not enrolled in a managed care plan and are
13 uninsured individuals.

14 NEW SECTION. **Sec. 13.** (1) The health care authority may adopt
15 rules necessary to implement sections 7 through 12 of this act.

16 (2) The insurance commissioner may adopt rules necessary to
17 implement sections 7 and 11 of this act.

18 NEW SECTION. **Sec. 14.** Sections 2 through 4 of this act take
19 effect January 1, 2022."

20 Correct the title.

EFFECT: (1) Requires the Health Care Authority (HCA) to establish an opioid overdose reversal medication (medication) bulk purchasing and distribution program. Requires health carriers, health plans offered to public employees, managed health care systems administering Medicaid managed care plans, and the HCA for individuals enrolled in Medicaid, but not a managed care plan and uninsured individuals to participate in the program. Authorizes the HCA and the Insurance Commissioner to adopt rules to implement the provisions of the Act related to the program. Creates an opioid overdose reversal medication account.

(2) Modifies the situations in which a treating practitioner in an emergency department may not dispense or distribute the medication by removing the provision allowing a practitioner to determine it is not needed and adding a provision permitting the practitioner to confirm if the patient already has the medication.

(3) Requires hospitals that distribute or dispense the medication under the act to bill the health care authority for the cost of the medication for patients that are not enrolled in medical assistance or other health insurance coverage until the bulk purchasing and distribution program is operational.

(4) Modifies the behavioral health agencies and providers that must comply with the act by applying to behavioral health agencies that provide certain treatment or care in specified settings rather than to different types of behavioral health providers.

(5) Specifies that for purposes of existing laws allowing hospitals to distribute prepackaged emergency medications under certain circumstances, a practitioner in a hospital emergency department must distribute the medication in compliance with the act.

(6) Modifies the requirement that a behavioral health agency confirm that the client has the medication and instead requires the agency to inform the client about the medication and ask if the client has the medication and clarifies that a behavioral health agency provider covered by the act must: (1) Prescribe the medication or utilize the naloxone standing order; and (2) assist the client in directly obtaining the medication.

(7) Requires behavioral health agencies that dispense, distribute, or otherwise assist the client in obtaining the medication such that the agency is the billing entity to bill the client's Medicaid benefit if the client is enrolled in Medicaid, the patient's health insurance, if available, and the HCA if the client is not enrolled in Medicaid and does not have any insurance coverage until the bulk purchasing and distribution program is operational.

(8) Adds the Addictions, Drug, and Alcohol Institute at the University of Washington to the entities that the HCA must consult in providing technical assistance to entities and providers covered by the Act.

(9) Requires the HCA to provide behavioral health agencies with technical assistance that includes training for nonmedical providers on distributing the medication, guidance on billing for the medication, and analyzing the cost of staff time to carry out the requirements of the act and provide guidance by January 1, 2022, for funding and billing services activities related to assisting clients to obtain the medication.

(10) Requires the HCA to develop written materials in all relevant languages for certified behavioral health agencies in addition to hospitals, which must be provided to individuals that receive the medication.

(11) Specifies that actions taken in compliance with the bill by entities that provide only mental health treatment may not be construed as the entity holding itself out as providing or in fact providing substance use disorder diagnosis, treatment, or referral for treatment for purposes of state or federal law.

(12) Adds an effective date of January 1, 2022, for the sections relating to hospital emergency departments and behavioral health agencies.

(13) Requires a pharmacy that dispenses the medication through a partnership or relationship with a behavioral health agency to bill the HCA for the cost of a client's medication for individuals who do not have health insurance coverage.

(14) Makes technical changes such as changing "shall" to "must" and moving provisions in the underlying bill into other RCW titles.

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