

FINAL BILL REPORT

SHB 2443

C 177 L 10
Synopsis as Enacted

Brief Description: Conforming the uniform controlled substances act to existing state and federal law.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Ericksen, Cody and Morrell; by request of Department of Health).

House Committee on Health Care & Wellness
Senate Committee on Health & Long-Term Care

Background:

Schedules I through V of the Washington Uniform Controlled Substances Act.

The Washington Uniform Controlled Substances Act organizes certain drugs, substances, and immediate precursors in Schedules I through V. An immediate precursor is a chemical compound that: (1) is commonly used in the manufacture of a drug which is itself a controlled substance; (2) is an immediate chemical intermediary; and (3) must be controlled to limit the manufacture of the resultant drug. Drugs, substances, and immediate precursors listed in Schedules I through IV are controlled substances.

The Board of Pharmacy (Board) is authorized to add, delete, or reschedule substances by rule. The Board may rely on findings of the federal Drug Enforcement Agency or the U.S. Food and Drug Administration (FDA) when adding, deleting, or rescheduling a substance. If a substance is designated, rescheduled, or deleted as a controlled substance under federal law, the Board must take similar action.

Schedules I through V of the Washington Uniform Controlled Substances Act were last updated in 1993. Consequently, the drugs and substances listed in the Washington Uniform Controlled Substances Act do not include any changes since 1993 to Schedules I through V as listed in the rules adopted by the Board or in federal law.

Definition of Practitioner.

The Washington Uniform Controlled Substances Act defines practitioner as a physician, physician's assistant, osteopathic physician, surgeon, optometrist, dentist, podiatric physician

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or surgeon, veterinarian, registered nurse, advanced registered nurse practitioner, licensed practical nurse, pharmacist, or scientific investigator. A practitioner may administer, dispense, manufacture, and prescribe certain controlled substances under the Washington Uniform Controlled Substances Act.

Both osteopathic physician assistants and naturopathic physicians are licensed pursuant to Title 18 RCW to practice medicine in Washington, including the prescription of certain controlled substances, but are not included in the definition of "practitioner" provided in the Washington Uniform Controlled Substances Act.

Multiple Sclerosis.

Multiple sclerosis is a neurological disease which may cause any number of different symptoms, including muscle spasms, speech problems, fatigue, and chronic pain. Since 2003 the disease has been included in the list of diseases for which the Board allows Schedule II non-narcotic stimulants to be prescribed.

Summary:

Schedules I through V of the Washington Uniform Controlled Substances Act.

Schedules I through V of the Washington Uniform Controlled Substances Act are updated to incorporate changes made to Board rules and federal law since 1993. The following 68 drugs, substances, and immediate precursors to drugs are added, removed, or rescheduled:

Schedule I

- 3,4-methylenedioxy-N-ethylamphetamine and N-hydroxy-3,4-methylenedioxyamphetamine are removed from Schedule I.
- Levo-alphaacetylmethadol is rescheduled from Schedule I to Schedule II.
- Alpha-ethyltryptamine; 4-Bromo-2,5-dimethoxyphenethylamine; 2,5-dimethoxy-4-ethylamphetamine; 2,5-dimethoxy-4-(n)-propylthiophenethylamine; 3,4-methylenedioxy-N-ethylamphetamine; N-hydroxy-3,4-methylenedioxyamphetamine; Alpha-methyltryptamine; 5-methoxy-N,N-diisopropyltryptamine; Gamma-hydroxybutyric acid; Aminorex; N-Benzylpiperazine; Cathinone; and Methcathinone are added to Schedule I.

Schedule II

- Thebaine-derived butorphanol is removed from Schedule II.
- Dronabinol is rescheduled from Schedule II to Schedule III.
- Dihydroetorphine, Oripavine, lisdexamfetamine, remifentanil and Tapentadol are added to Schedule II.

Schedule III

- Embutramide; FDA-approved products containing gamma-hydroxybutyric acid; and Ketamine are added to Schedule III.
- 31 substances are added to the list of Schedule III anabolic steroids, including: 3 β ,17-dihydroxy-5 α -androstane; 3 α ,17 β -dihydroxy-5 α -androstane; 5 α -androstane-3,17-dione; 1-androstenediol; 1-androstenediol; 4-androstenediol; 5-androstenediol; 1-

androstenedione; 4-androstenedione; 5-androstenedione; Bolasterone; Calusterone; Δ 1-dihydrotestosterone; 4-dihydrotestosterone; Furazabol; 13 β -ethyl-17 β -hydroxygon-4-en-3-one; 4-hydroxytestosterone; 4-hydroxy-19-nortestosterone; Mestanolone; 17 α -methyl-3 β ,17 β -dihydroxy-5 α -androstane; 17 α -methyl-3 α ,17 β -dihydroxy-5 α -androstane; 17 α -methyl-3 β ,17 β -dihydroxyandrost-4-ene; 17 α -methyl-4-hydroxynandrolone; Methyldienolone; Methyltrienolone; 17 α -methyl- Δ 1-dihydrotestosterone; 19-nor-4-androstenediol; 19-nor-4-androstenediol; 19-nor-5-androstenediol; 19-nor-5-androstenediol; 19-nor-4-androstenedione; 19-nor-5-androstenedione; Norbolethone; Norclostebol; Normethandrolone; and Tetrahydrogestrinone.

Schedule IV

- Dichloralphenazone, carisoprodol, zaleplon, zolpidem, zopiclone, modafinil, sibutramine, fenfluramine, and butorphanol are added to Schedule IV.

Schedule V

- Burenorphine is rescheduled from Schedule V to Schedule III.
- Lacosamid and Pregabalin are added to Schedule V.

Definition of Practitioner.

The definition of "practitioner" is expanded to include osteopathic physician's assistants and naturopathic physicians.

Multiple Sclerosis.

Multiple sclerosis is added to the list of diseases and conditions for which a Schedule II non-narcotic stimulant may be prescribed, dispensed, or administered.

Votes on Final Passage:

House	97	0
Senate	45	0

Effective: June 10, 2010