

HOUSE BILL REPORT

SHB 2725

As Passed House:
February 11, 2016

Title: An act relating to the authority of pharmacists to dispense prescription drugs.

Brief Description: Addressing the authority of pharmacists to dispense prescription drugs.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Rossetti, Kirby, Appleton, Ortiz-Self and Jinkins).

Brief History:

Committee Activity:

Health Care & Wellness: 1/26/16, 1/29/16 [DPS].

Floor Activity:

Passed House: 2/11/16, 97-0.

Brief Summary of Substitute Bill

- Allows a pharmacist to dispense up to a seven days' supply of a prescription drug that is not a controlled substance to a patient with an expired prescription if the pharmacist attempts to contact the prescribing practitioner and the patient has been on a consistent drug therapy.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 12 members: Representatives Cody, Chair; Schmick, Ranking Minority Member; Caldier, Clibborn, DeBolt, Jinkins, Johnson, Moeller, Robinson, Short, Tharinger and Van De Wege.

Staff: Chris Blake (786-7392).

Background:

Pharmacists are regulated by the Pharmacy Quality Assurance Commission. They are authorized to interpret prescription orders; compound, dispense, label, administer, and distribute drugs; monitor drug therapy; participate in drug utilization reviews and drug

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product selection; store, distribute, and maintain records of drugs and devices; and provide information on legend drugs. In addition, pharmacists may initiate drug therapy in accordance with a collaborative drug therapy agreement (CDTA).

A CDTA is a set of written guidelines or protocols established by a health care practitioner who is authorized to prescribe drugs in which authority is delegated to a pharmacist to conduct specific prescribing functions. Each CDTA must specify the type of diseases and drugs that are subject to the agreement, the procedures and decision criteria to be followed, and the type of prescriptive authority activities that are allowed.

In emergency situations, a pharmacist may dispense up to a 72 hours' supply of medication without a valid prescription. This authority applies if the prescriber is not available and in the professional judgment of the pharmacist an emergency need for the medication has been demonstrated.

Summary of Substitute Bill:

A pharmacist may dispense a prescription drug to a patient with an expired prescription if: (1) reasonable efforts to contact the prescribing practitioner were unsuccessful; (2) the patient has been on a consistent drug therapy; (3) the drug is not a controlled substance; and (4) the original prescription does not indicate any restriction or limitation by the practitioner. The amount may not exceed a seven days' supply or the minimum packaging size that cannot be broken. A pharmacist must promptly notify the prescriber that the patient's expired prescription has been refilled. A pharmacist may not dispense drugs to the same patient without a prescription within a 12 month period.

It is specified that the exception does not limit the terms of a collaborative drug therapy agreement or alter the authority of the Pharmacy Quality Assurance Commission to allow for other exceptions to the prescription requirement.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) This bill addresses a growing concern among people who rely on life-sustaining medications, especially those who live in rural communities and do not have access to doctors. This bill could be the difference between life and death for a person with an expired prescription for life-sustaining medication. Patients who forget to refill prescriptions for life-saving medications will end up going to the emergency department for treatment.

Individuals with mental illness take medications on a daily basis that are imperative for their continued stability. The bill should include a requirement that when a pharmacist has dispensed drugs according the bill's procedures, there is a notification back to the prescriber

of the original prescription, so the provider can assure that everything goes smoothly with that prescription.

Access to care is an issue that pharmacists must help their patients with on a daily basis. This bill highlights those cases where something slips through the cracks. The three-day supply allowance for pharmacists is a fairly common practice because of confusion or complexity. This could help with medications, such as insulin, which comes in packaging that is greater than a three-day supply.

(Opposed) None.

(Other) Access needs to be improved, particularly in rural areas, but it is not certain that there is a need for this bill. Current law already allows for a three-day emergency refill by a pharmacist which includes notification to the physician. There is still a need to maintain a relationship with a physician, since in some instances the physician may not want to refill the prescription or may have passed away.

Persons Testifying: (In support) Representative Rossetti, prime sponsor; Brian Chace, Jeff Rochon, Washington State Pharmacy Association; and Cassandra Ando, National Alliance on Mental Illness.

(Other) Sean Graham, Washington Medical Association.

Persons Signed In To Testify But Not Testifying: None.