

SENATE BILL REPORT

SB 6086

As of January 29, 2020

Title: An act relating to increasing access to medications for people with opioid use disorder.

Brief Description: Increasing access to medications for opioid use disorder.

Sponsors: Senators Hasegawa, Keiser, Kuderer and Nguyen.

Brief History:

Committee Activity: Behavioral Health Subcommittee to Health & Long Term Care:
1/24/20.

Brief Summary of Bill

- Permits health care entities to provide up to a two-week supply of prescription drugs to patients they are treating for opioid use disorder.

SENATE COMMITTEE ON BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE

Staff: LeighBeth Merrick (786-7445)

Background: The Department of Health (DOH) licenses and regulates healthcare professions and facilities in Washington State. DOH offers a health care entity (HCE) license allowing facilities without a pharmacy to purchase, store, and administer prescription medications. Each HCE must designate a Washington-licensed pharmacist as a pharmacist in charge, to ensure areas where drugs are stored, administered, or dispensed are operated in compliance with all state and federal regulations. Under current law, an HCE is permitted to provide up to a 72-hour supply of prescription drugs to patients who receive care at the HCE.

Summary of Bill: An HCE is permitted to provide up to a two-week supply of prescription drugs to patients who receive evidence-based opioid use disorder treatment at the HCE.

Appropriation: None.

Fiscal Note: Not requested.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: Allowing practitioners to provide up to two-weeks of buprenorphine reduces overdose deaths and shortens the time it takes to get medications to treatment. One of the state opioid plan's goals is to remove barriers to treatment. Increasing the supply limits and allowing automated dispensing devices would help remove barriers. Alternative language has been provided by DOH which would help meet the intent of the bill. This is urgent—many of the patients that rely on these clinics are transient and or involved in the criminal justice system. Access to medication for opioid use disorder needs to be easier to access than heroin.

OTHER: DOH supports the bill's intent but is concerned about the unintended consequences for HCEs as a result of the existing language. HCEs are broadly used throughout health care and currently there are no caps on the amounts a pharmacist can dispense. We suggest addressing the bill's intent through automated dispensing devices rather than unintentionally restricting HCE's license.

Persons Testifying: PRO: Senator Bob Hasegawa, Prime Sponsor; Katie Kolan, Washington State Medical Association; Marc Stern, University of Washington School of Public Health; Lucinda Grande, Olympia Bupe Clinic.

OTHER: Christie Spice, Department of Health; Lisa Thatcher, Washington State Hospital Association.

Persons Signed In To Testify But Not Testifying: No one.