

SENATE BILL REPORT

ESHB 2798

As Reported By Senate Committee On:
Health & Long-Term Care, February 23, 2000

Title: An act relating to legibility of prescriptions.

Brief Description: Requiring legible prescriptions.

Sponsors: House Committee on Health Care (originally sponsored by Representatives Lambert, Campbell, Cody, Parlette, Kagi, Benson and Haigh).

Brief History:

Committee Activity: Health & Long-Term Care: 2/21/2000, 2/23/2000 [DP].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass.

Signed by Senators Thibaudeau, Chair; Wojahn, Vice Chair; Costa, Deccio and Winsley.

Staff: Jinnah Rose-McFadden (786-7444)

Background: Concerns have been expressed that prescriptions issued by some health care practitioners are illegible. An illegible prescription can lead to errors in filling that prescription. These errors place a patient's health and safety at risk.

Currently, there are no legal requirements that health care practitioners issue legible prescriptions.

Summary of Bill: A prescription for legend drugs must be legible. A legible prescription means a prescription or medication order issued by a practitioner that is capable of being read and understood by the pharmacist filling the prescription or the nurse implementing the medication order.

Appropriation: None.

Fiscal Note: Not requested.

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

Testimony For: Illegible prescriptions cause more than 7,000 deaths per year. One report claims that illegible writing by prescribing doctors is so common that pharmacists verify, by phone, approximately 40 percent of the prescriptions they fill. Verification of a prescription often takes time, because the prescribing doctor must be contacted directly. This causes delays to patients and slows the work of pharmacists.

Computerized prescription programs could be helpful in solving this problem. The Veterans Association of Washington (VA) has developed a computerized patient records system. Since the inception of the system, the prescription error rate at the VA Hospital has declined to zero in 1999.

Some concerns about the bill were raised. In its present form, the bill is vague. The definition of "illegible prescription" is too broad. In addition, the bill fails to identify clear penalties for writing illegible prescriptions.

The language of the original bill is preferred by some because it requires that prescriptions be printed, typed, or computer generated. In addition, the original bill provides clear penalties for illegible prescriptions.

Testimony Against: None.

Testified: PRO: Representative Lambert, prime sponsor; Don Williams, DOH, Board of Pharmacy; Tod Schaffer, WA Pharmacy Association; Skip Dreps, NWPVA; Dr. Robertson, WA Poison Center.