

ESHB 2489 - S COMM AMD

By Committee on Health & Long Term Care

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

3 "PART I

4 NEW SECTION. **Sec. 1.** The legislature declares that opioid use  
5 disorder is a public health crisis. State agencies must increase  
6 access to evidence-based opioid use disorder treatment services,  
7 promote coordination of services within the substance use disorder  
8 treatment and recovery support system, strengthen partnerships  
9 between opioid use disorder treatment providers and their allied  
10 community partners, expand the use of the Washington state  
11 prescription drug monitoring program, and support comprehensive  
12 school and community-based substance use prevention services.

13 This act leverages the direction provided by the Washington state  
14 interagency opioid working plan in order to address the opioid  
15 epidemic challenging communities throughout the state.

16 Agencies administering state purchased health care programs, as  
17 defined in RCW 41.05.011, shall coordinate activities to implement  
18 the provisions of this act and the Washington state interagency  
19 opioid working plan, explore opportunities to address the opioid  
20 epidemic, and provide status updates as directed by the joint  
21 legislative executive committee on health care oversight to promote  
22 legislative and executive coordination.

23 PART II

24 **Sec. 2.** RCW 71.24.585 and 2017 c 297 s 12 are each amended to  
25 read as follows:

26 ~~((The state of Washington declares that there is no fundamental  
27 right to medication-assisted treatment for opioid use disorder.)) (1)~~  
28 The state of Washington ((further)) declares that ((while))  
29 medications used in the treatment of opioid use disorder are

1 ~~((addictive substances, that they nevertheless have several legal,~~  
2 ~~important, and justified uses and that one of their appropriate and~~  
3 ~~legal uses is, in conjunction with other required therapeutic~~  
4 ~~procedures, in the treatment of persons with opioid use disorder))~~  
5 the most effective intervention to reduce deaths from opioid overdose  
6 and keep people in treatment. The state of Washington recognizes  
7 medications approved by the federal food and drug administration as  
8 ~~((evidence based for the management of opioid use disorder the~~  
9 ~~medications approved by the federal food and drug administration for~~  
10 ~~the))~~ an integral component of treatment ~~((of))~~ for opioid use  
11 disorder. ~~((Medication assisted treatment should only be used for~~  
12 ~~participants who are deemed appropriate to need this level of~~  
13 ~~intervention.))~~ While medication has been shown to be the treatment  
14 of choice for persons with opioid use disorder, many individuals will  
15 also benefit from counseling and social supports. Providers must  
16 inform patients of all evidence-based treatment options available  
17 including both controlled and noncontrolled medications. ~~((The~~  
18 ~~provider and the patient shall consider alternative treatment~~  
19 ~~options, like abstinence, when developing the treatment plan. If~~  
20 ~~medications are prescribed, follow up must be included in the~~  
21 ~~treatment plan in order to work towards the goal of abstinence.))~~  
22 Because some such medications are controlled substances in chapter  
23 69.50 RCW, the state of Washington maintains the legal obligation and  
24 right to regulate the ~~((clinical))~~ uses of these medications in the  
25 treatment of opioid use disorder.

26 ~~((Further,))~~ (2) The department will promote the use of  
27 medication therapies and other evidence-based strategies to address  
28 the opioid epidemic in Washington state. Additionally, the department  
29 will prioritize state resources for the provision of treatment and  
30 recovery support services to:

31 (a) Entities which allow patients to maintain their use of  
32 medications for opioid use disorder while engaging in services; and

33 (b) Entities which allow patients to start on medications for  
34 opioid use disorder while enrolled in their services.

35 (3) The state declares that the main goals of ~~((opiate~~  
36 ~~substitution treatment is total abstinence from substance use for the~~  
37 ~~individuals who participate in the treatment program, but recognizes~~  
38 ~~the additional goals of reduced morbidity, and restoration of the~~  
39 ~~ability to lead a productive and fulfilling life. The state~~  
40 ~~recognizes that a small percentage of persons who participate in~~

1 ~~opioid treatment programs require treatment for an extended period of~~  
2 ~~time. Opioid treatment programs shall provide a comprehensive~~  
3 ~~transition program to eliminate substance use, including opioid use~~  
4 ~~of program participants)) treatment for persons with opioid use~~  
5 ~~disorder are the cessation of unprescribed opioid use, reduced~~  
6 ~~morbidity, and restoration of the ability to lead a productive and~~  
7 ~~fulfilling life.~~

8 (4) To achieve the goals in subsection (3) of this section, to  
9 promote public health and safety, and to promote the efficient and  
10 economic use of funding for the medicaid program under Title XIX of  
11 the social security act, the health care authority may seek, receive,  
12 and expend alternative sources of funding to support all aspects of  
13 the state's response to the opioid crisis.

14 (5) The health care authority shall partner with the department  
15 of social and health services, the department of corrections, the  
16 department of health, and any other agencies or entities the  
17 authority deems appropriate to develop a statewide approach to  
18 leveraging medicaid funding to treat opioid use disorder and provide  
19 emergency overdose treatment. Such alternative sources of funding may  
20 include, but are not limited to:

21 (a) Seeking a section 1115 demonstration waiver from the federal  
22 centers for medicare and medicaid services to fund opioid treatment  
23 medications for persons eligible for medicaid at or during the time  
24 of incarceration. The authority's application for any such waiver  
25 must comply with all applicable federal requirements for obtaining  
26 such waiver; and

27 (b) Soliciting and receiving private funds, grants, and donations  
28 from any willing person or entity.

29 (6)(a) The department shall replicate effective approaches such  
30 as opioid hub and spoke treatment networks to broaden outreach and  
31 patient navigation with allied opioid use disorder community  
32 partners, including but not limited to: Federally accredited opioid  
33 treatment programs, substance use disorder treatment facilities,  
34 jails, syringe exchange programs, community mental health centers,  
35 and primary care clinics.

36 (b) To carry out this subsection (6), the department shall work  
37 with the department of health and the health care authority to  
38 promote coordination between medication-assisted treatment  
39 prescribers, federally accredited opioid treatment programs,

1 substance use disorder treatment facilities, and state-certified  
2 substance use disorder treatment agencies to:

3 (i) Increase patient choice in receiving medication and  
4 counseling;

5 (ii) Strengthen relationships between opioid use disorder  
6 providers; and

7 (iii) Acknowledge and address the challenges presented for  
8 individuals needing treatment for multiple substance use disorders  
9 simultaneously.

10 (7) State agencies shall review and promote positive outcomes  
11 associated with the accountable communities of health funded opioid  
12 projects and local law enforcement and human services opioid  
13 collaborations as set forth in the Washington state interagency  
14 opioid working plan.

15 (8) The department shall partner with the department of health  
16 and other state agencies to create a program with the goal to connect  
17 certified peer counselors with individuals who have had a nonfatal  
18 overdose within forty-eight hours of the overdose.

19 (9) To achieve the goals of subsection (3) of this section, state  
20 agencies must work together to increase outreach and education about  
21 opioid overdoses to non-English-speaking communities, this includes  
22 developing a plan to collect data on the number of overdoses for non-  
23 English speakers. The department of health must submit a report on  
24 the data collection plan with recommendations for implementation to  
25 the appropriate legislative committees by December 31, 2018.

26 **Sec. 3.** RCW 71.24.595 and 2017 c 297 s 16 are each amended to  
27 read as follows:

28 (1) To achieve more medication options, the department shall work  
29 with the department of health and the health care authority and its  
30 medicaid managed care organizations, to eliminate barriers and  
31 promote access to all effective medications known to address opioid  
32 use disorders at state-certified opioid treatment programs.  
33 Medications should include, but not be limited to: Methadone,  
34 buprenorphine, and naltrexone. The department shall encourage the  
35 distribution of naloxone to patients who are at risk of an opioid  
36 overdose.

37 (2) The department, in consultation with opioid treatment program  
38 service providers and counties and cities, shall establish statewide  
39 treatment standards for certified opioid treatment programs. The

1 department shall enforce these treatment standards. The treatment  
2 standards shall include, but not be limited to, reasonable provisions  
3 for all appropriate and necessary medical procedures, counseling  
4 requirements, urinalysis, and other suitable tests as needed to  
5 ensure compliance with this chapter.

6 ~~((+2))~~ (3) The department, in consultation with opioid treatment  
7 programs and counties, shall establish statewide operating standards  
8 for certified opioid treatment programs. The department shall enforce  
9 these operating standards. The operating standards shall include, but  
10 not be limited to, reasonable provisions necessary to enable the  
11 department and counties to monitor certified and licensed opioid  
12 treatment programs for compliance with this chapter and the treatment  
13 standards authorized by this chapter and to minimize the impact of  
14 the opioid treatment programs upon the business and residential  
15 neighborhoods in which the program is located.

16 ~~((+3))~~ (4) The department shall analyze and evaluate the data  
17 submitted by each treatment program and take corrective action where  
18 necessary to ensure compliance with the goals and standards  
19 enumerated under this chapter. Opioid treatment programs are subject  
20 to the oversight required for other substance use disorder treatment  
21 programs, as described in this chapter.

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

24 By October 1, 2018, the department shall work with the department  
25 of health, the health care authority, the accountable communities of  
26 health, and community stakeholders to develop a plan for the  
27 coordinated purchasing and distribution of opioid overdose reversal  
28 medication across the state of Washington. The plan shall be  
29 developed in consultation with the University of Washington's alcohol  
30 and drug abuse institute and community agencies participating in the  
31 federal demonstration grant titled Washington state project to  
32 prevent prescription drug or opioid overdose.

33 NEW SECTION. **Sec. 5.** A new section is added to chapter 71.24  
34 RCW to read as follows:

35 (1) The department shall work with the department of health, the  
36 health care authority, contracted opioid hub and spoke networks,  
37 accountable communities of health, and drug task forces to develop a  
38 strategy to support rapid response teams to be deployed, within a

1 short period of time, to communities identified as having a high  
2 number of fentanyl-related or other opioid-related overdoses, by  
3 local drug task forces, public health departments, or other local,  
4 regional, or state surveillance methods. The teams may be deployed in  
5 medical clinics, hospital emergency departments, or other community  
6 emergency response centers, and are expected to increase the capacity  
7 of medication-assisted treatment therapy prescribing and inductions.  
8 Team members may include, but are not limited to, nurse care  
9 managers, peers or care navigators, drug task forces, opioid  
10 treatment program clinicians, and medication-assisted treatment  
11 prescribers. The teams shall set goals around continued access to  
12 medication therapy for patients once the emergency is stabilized.

13 (2) The department shall work with the department of health and  
14 the health care authority to reduce barriers and promote medication  
15 treatment therapies for opioid use disorder in emergency departments  
16 and same-day referrals to opioid treatment programs, substance use  
17 disorder treatment facilities, and community-based medication  
18 treatment prescribers for individuals experiencing an overdose.

19 **Sec. 6.** RCW 71.24.560 and 2017 c 297 s 11 are each amended to  
20 read as follows:

21 (1) All approved opioid treatment programs that provide services  
22 to ~~((women))~~ people who are pregnant are required to disseminate up-  
23 to-date and accurate health education information to all their  
24 pregnant clients concerning the ~~((possible addiction and health risks~~  
25 ~~that their treatment may have on their baby))~~ effects opioid use and  
26 opioid use disorder medication may have on their baby, including the  
27 development of dependence and subsequent withdrawal. All pregnant  
28 clients must also be advised of the risks to both them and their baby  
29 associated with not remaining ~~((on the))~~ in an opioid treatment  
30 program. The information must be provided to these clients both  
31 verbally and in writing. The health education information provided to  
32 the pregnant clients must include referral options for the substance-  
33 exposed baby.

34 (2) The department shall adopt rules that require all opioid  
35 treatment programs to educate all pregnant ~~((women))~~ people in their  
36 program on the benefits and risks of medication-assisted treatment to  
37 their fetus before they are provided these medications, as part of  
38 their treatment. The department shall also adopt rules that require  
39 all opioid treatment programs to educate people who become pregnant

1 about the risks to both the mother and their fetus of not treating  
2 opioid use disorder. The department shall meet the requirements under  
3 this subsection within the appropriations provided for opioid  
4 treatment programs. The department, working with treatment providers  
5 and medical experts, shall develop and disseminate the educational  
6 materials to all certified opioid treatment programs.

7 **Sec. 7.** 2005 c 70 s 1 (uncodified) is amended to read as  
8 follows:

9 The legislature finds that drug use among pregnant ~~((women))~~  
10 people is a significant and growing concern statewide. ~~((The~~  
11 ~~legislature further finds that methadone, although an effective~~  
12 ~~alternative to other substance use treatments, can result in babies~~  
13 ~~who are exposed to methadone while in uteri being born addicted and~~  
14 ~~facing the painful effects of withdrawal.))~~

15 It is the intent of the legislature to notify all pregnant  
16 ~~((mothers))~~ people who are receiving ~~((methadone—treatment))~~  
17 medication for the treatment of opioid use disorder of the risks and  
18 benefits ~~((methadone))~~ such medication could have on their baby  
19 during pregnancy through birth and to inform them of the potential  
20 need for the newborn baby to be taken care of in a hospital setting  
21 or in a specialized supportive environment designed specifically to  
22 address ~~((newborn addiction problems))~~ and manage neonatal opioid or  
23 other drug withdrawal syndromes.

24 **Sec. 8.** RCW 71.24.011 and 1982 c 204 s 1 are each amended to  
25 read as follows:

26 This chapter may be known and cited as the community ~~((mental))~~  
27 behavioral health services act.

28 **Sec. 9.** RCW 69.41.095 and 2015 c 205 s 2 are each amended to  
29 read as follows:

30 (1)(a) A practitioner may prescribe, dispense, distribute, and  
31 deliver an opioid overdose reversal medication: (i) Directly to a  
32 person at risk of experiencing an opioid-related overdose; or (ii) by  
33 prescription, collaborative drug therapy agreement, standing order,  
34 or protocol to a first responder, family member, or other person or  
35 entity in a position to assist a person at risk of experiencing an  
36 opioid-related overdose. Any such prescription, standing order, or

1 protocol (~~order~~) is issued for a legitimate medical purpose in the  
2 usual course of professional practice.

3 (b) At the time of prescribing, dispensing, distributing, or  
4 delivering the opioid overdose reversal medication, the practitioner  
5 shall inform the recipient that as soon as possible after  
6 administration of the opioid overdose reversal medication, the person  
7 at risk of experiencing an opioid-related overdose should be  
8 transported to a hospital or a first responder should be summoned.

9 (2) A pharmacist may dispense an opioid overdose reversal  
10 medication pursuant to a prescription, collaborative drug therapy  
11 agreement, standing order, or protocol issued in accordance with  
12 subsection (1)(a) of this section and may administer an opioid  
13 overdose reversal medication to a person at risk of experiencing an  
14 opioid-related overdose. At the time of dispensing an opioid overdose  
15 reversal medication, a pharmacist shall provide written instructions  
16 on the proper response to an opioid-related overdose, including  
17 instructions for seeking immediate medical attention. The  
18 instructions to seek immediate (~~medication~~) medical attention must  
19 be conspicuously displayed.

20 (3) Any person or entity may lawfully possess, store, deliver,  
21 distribute, or administer an opioid overdose reversal medication  
22 pursuant to a prescription (~~or~~), collaborative drug therapy  
23 agreement, standing order, or protocol issued by a practitioner in  
24 accordance with subsection (1) of this section.

25 (4) The following individuals, if acting in good faith and with  
26 reasonable care, are not subject to criminal or civil liability or  
27 disciplinary action under chapter 18.130 RCW for any actions  
28 authorized by this section or the outcomes of any actions authorized  
29 by this section:

30 (a) A practitioner who prescribes, dispenses, distributes, or  
31 delivers an opioid overdose reversal medication pursuant to  
32 subsection (1) of this section;

33 (b) A pharmacist who dispenses an opioid overdose reversal  
34 medication pursuant to subsection (2) or (5)(a) of this section;

35 (c) A person who possesses, stores, distributes, or administers  
36 an opioid overdose reversal medication pursuant to subsection (3) of  
37 this section.

38 (5) The secretary or his or her designee may issue a standing  
39 order prescribing opioid overdose reversal medications to any person  
40 at risk of experiencing an opioid-related overdose or any person or



1 entity in a position to assist a person at risk of experiencing an  
2 opioid-related overdose. The standing order may be limited to  
3 specific areas in the state or issued statewide.

4 (a) A pharmacist shall dispense an opioid overdose reversal  
5 medication pursuant to a standing order issued in accordance with  
6 this subsection, consistent with the pharmacist's responsibilities to  
7 dispense prescribed legend drugs, and may administer an opioid  
8 overdose reversal medication to a person at risk of experiencing an  
9 opioid-related overdose. At the time of dispensing an opioid overdose  
10 reversal medication, a pharmacist shall provide written instructions  
11 on the proper response to an opioid-related overdose, including  
12 instructions for seeking immediate medical attention. The  
13 instructions to seek immediate medical attention must be  
14 conspicuously displayed.

15 (b) Any person or entity may lawfully possess, store, deliver,  
16 distribute, or administer an opioid overdose reversal medication  
17 pursuant to a standing order issued in accordance with this  
18 subsection (5). The department, in coordination with the appropriate  
19 entity or entities, shall develop a training module that provides  
20 training regarding the identification of a person suffering from an  
21 opioid-related overdose and the use of opioid overdose reversal  
22 medications. The training must be available electronically and in a  
23 variety of media from the department.

24 (c) This subsection (5) does not create a private cause of  
25 action. Notwithstanding any other provision of law, neither the state  
26 nor the secretary nor the secretary's designee has any civil  
27 liability for issuing standing orders or for any other actions taken  
28 pursuant to this chapter or for the outcomes of issuing standing  
29 orders or any other actions taken pursuant to this chapter. Neither  
30 the secretary nor the secretary's designee is subject to any criminal  
31 liability or professional disciplinary action for issuing standing  
32 orders or for any other actions taken pursuant to this chapter.

33 (d) For purposes of this subsection (5), "standing order" means  
34 an order prescribing medication by the secretary or the secretary's  
35 designee. Such standing order can only be issued by a practitioner as  
36 defined in this chapter.

37 (6) The labeling requirements of RCW 69.41.050 and 18.64.246 do  
38 not apply to opioid overdose reversal medications dispensed,  
39 distributed, or delivered pursuant to a prescription, collaborative  
40 drug therapy agreement, standing order, or protocol issued in

1 accordance with this section. The individual or entity that  
2 dispenses, distributes, or delivers an opioid overdose reversal  
3 medication as authorized by this section shall ensure that directions  
4 for use are provided.

5 (7) For purposes of this section, the following terms have the  
6 following meanings unless the context clearly requires otherwise:

7 (a) "First responder" means: (i) A career or volunteer  
8 firefighter, law enforcement officer, paramedic as defined in RCW  
9 18.71.200, or first responder or emergency medical technician as  
10 defined in RCW 18.73.030; and (ii) an entity that employs or  
11 supervises an individual listed in (a)(i) of this subsection,  
12 including a volunteer fire department.

13 (b) "Opioid overdose reversal medication" means any drug used to  
14 reverse an opioid overdose that binds to opioid receptors and blocks  
15 or inhibits the effects of opioids acting on those receptors. It does  
16 not include intentional administration via the intravenous route.

17 (c) "Opioid-related overdose" means a condition including, but  
18 not limited to, extreme physical illness, decreased level of  
19 consciousness, respiratory depression, coma, or death that: (i)  
20 Results from the consumption or use of an opioid or another substance  
21 with which an opioid was combined; or (ii) a lay person would  
22 reasonably believe to be an opioid-related overdose requiring medical  
23 assistance.

24 (d) "Practitioner" means a health care practitioner who is  
25 authorized under RCW 69.41.030 to prescribe legend drugs.

26 (e) "Standing order" or "protocol" means written or  
27 electronically recorded instructions, prepared by a prescriber, for  
28 distribution and administration of a drug by designated and trained  
29 staff or volunteers of an organization or entity, as well as other  
30 actions and interventions to be used upon the occurrence of clearly  
31 defined clinical events in order to improve patients' timely access  
32 to treatment.

33 **Sec. 10.** RCW 71.24.585 and 2017 c 297 s 12 are each amended to  
34 read as follows:

35 ~~((The state of Washington declares that there is no fundamental~~  
36 ~~right to medication-assisted treatment for opioid use disorder.)) (1)~~  
37 The state of Washington ~~((further))~~ declares that ~~((while))~~  
38 medications used in the treatment of opioid use disorder are  
39 ~~((addictive substances, that they nevertheless have several legal,~~

1 ~~important, and justified uses and that one of their appropriate and~~  
2 ~~legal uses is, in conjunction with other required therapeutic~~  
3 ~~procedures, in the treatment of persons with opioid use disorder))~~  
4 the most effective intervention to reduce deaths from opioid overdose  
5 and keep people in treatment. The state of Washington recognizes  
6 medications approved by the federal food and drug administration as  
7 ~~((evidence based for the management of opioid use disorder the~~  
8 ~~medications approved by the federal food and drug administration for~~  
9 ~~the))~~ an integral component of treatment ((of)) for opioid use  
10 disorder. ~~((Medication-assisted treatment should only be used for~~  
11 ~~participants who are deemed appropriate to need this level of~~  
12 ~~intervention.))~~ While medication has been shown to be the treatment  
13 of choice for persons with opioid use disorder, many individuals will  
14 also benefit from counseling and social supports. Providers must  
15 inform patients of all evidence-based treatment options available.  
16 ~~((The provider and the patient shall consider alternative treatment~~  
17 ~~options, like abstinence, when developing the treatment plan. If~~  
18 ~~medications are prescribed, follow up must be included in the~~  
19 ~~treatment plan in order to work towards the goal of abstinence.))~~  
20 Because some such medications are controlled substances in chapter  
21 69.50 RCW, the state of Washington maintains the legal obligation and  
22 right to regulate the ~~((clinical))~~ uses of these medications in the  
23 treatment of opioid use disorder.

24 ~~((Further,))~~ (2) The authority will promote the use of medication  
25 therapies and other evidence-based strategies to address the opioid  
26 epidemic in Washington state. Additionally, the authority will  
27 prioritize state resources for the provision of treatment and  
28 recovery support services to:

29 (a) Entities which allow patients to maintain their use of  
30 medications for opioid use disorder while engaging in services; and

31 (b) Entities which allow patients to start on medications for  
32 opioid use disorder while enrolled in their services.

33 (3) The state declares that the main goals of ((opiate  
34 ~~substitution treatment is total abstinence from substance use for the~~  
35 ~~individuals who participate in the treatment program, but recognizes~~  
36 ~~the additional goals of reduced morbidity, and restoration of the~~  
37 ~~ability to lead a productive and fulfilling life. The state~~  
38 ~~recognizes that a small percentage of persons who participate in~~  
39 ~~opioid treatment programs require treatment for an extended period of~~  
40 ~~time. Opioid treatment programs shall provide a comprehensive~~

1 ~~transition program to eliminate substance use, including opioid use~~  
2 ~~of program participants))~~ treatment for persons with opioid use  
3 disorder are the cessation of unprescribed opioid use, reduced  
4 morbidity, and restoration of the ability to lead a productive and  
5 fulfilling life.

6 (4) To achieve the goals in subsection (3) of this section, to  
7 promote public health and safety, and to promote the efficient and  
8 economic use of funding for the medicaid program under Title XIX of  
9 the social security act, the authority may seek, receive, and expend  
10 alternative sources of funding to support all aspects of the state's  
11 response to the opioid crisis.

12 (5) The authority shall partner with the department of social and  
13 health services, the department of corrections, the department of  
14 health, and any other agencies or entities the authority deems  
15 appropriate to develop a statewide approach to leveraging medicaid  
16 funding to treat opioid use disorder and provide emergency overdose  
17 treatment. Such alternative sources of funding may include, but are  
18 not limited to:

19 (a) Seeking a section 1115 demonstration waiver from the federal  
20 centers for medicare and medicaid services to fund opioid treatment  
21 medications for persons eligible for medicaid at or during the time  
22 of incarceration. The authority's application for any such waiver  
23 must comply with all applicable federal requirements for obtaining  
24 such waiver; and

25 (b) Soliciting and receiving private funds, grants, and donations  
26 from any willing person or entity.

27 (6)(a) The authority shall replicate effective approaches such as  
28 opioid hub and spoke treatment networks to broaden outreach and  
29 patient navigation with allied opioid use disorder community  
30 partners, including but not limited to: Federally accredited opioid  
31 treatment programs, substance use disorder treatment facilities,  
32 jails, syringe exchange programs, community mental health centers,  
33 and primary care clinics.

34 (b) To carry out this subsection (6), the authority shall work  
35 with the department of health to promote coordination between  
36 medication-assisted treatment prescribers, federally accredited  
37 opioid treatment programs, substance use disorder treatment  
38 facilities, and state-certified substance use disorder treatment  
39 agencies to:

1 (i) Increase patient choice in receiving medication and  
2 counseling;

3 (ii) Strengthen relationships between opioid use disorder  
4 providers; and

5 (iii) Acknowledge and address the challenges presented for  
6 individuals needing treatment for multiple substance use disorders  
7 simultaneously.

8 (7) State agencies shall review and promote positive outcomes  
9 associated with the accountable communities of health funded opioid  
10 projects and local law enforcement and human services opioid  
11 collaborations as set forth in the Washington state interagency  
12 opioid working plan.

13 (8) The authority shall partner with the department of health and  
14 other state agencies to create a program with the goal to connect  
15 certified peer counselors with individuals who have had a nonfatal  
16 overdose within forty-eight hours of the overdose.

17 (9) To achieve the goals of subsection (3) of this section, state  
18 agencies must work together to increase outreach and education about  
19 opioid overdoses to non-English-speaking communities, this includes  
20 developing a plan to collect data on the number of overdoses for non-  
21 English speakers. The department of health must submit a report on  
22 the data collection plan with recommendations for implementation to  
23 the appropriate legislative committees by December 31, 2018.

24 **Sec. 11.** RCW 71.24.595 and 2017 c 297 s 16 are each amended to  
25 read as follows:

26 (1) To achieve more medication options, the authority shall work  
27 with the department of health and the authority's medicaid managed  
28 care organizations, to eliminate barriers and promote access to all  
29 effective medications known to address opioid use disorders at state-  
30 certified opioid treatment programs. Medications should include, but  
31 not be limited to: Methadone, buprenorphine, and naltrexone. The  
32 authority shall encourage the distribution of naloxone to patients  
33 who are at risk of an opioid overdose.

34 (2) The department, in consultation with opioid treatment program  
35 service providers and counties and cities, shall establish statewide  
36 treatment standards for certified opioid treatment programs. The  
37 department shall enforce these treatment standards. The treatment  
38 standards shall include, but not be limited to, reasonable provisions  
39 for all appropriate and necessary medical procedures, counseling

1 requirements, urinalysis, and other suitable tests as needed to  
2 ensure compliance with this chapter.

3 ~~((+2))~~ (3) The department, in consultation with opioid treatment  
4 programs and counties, shall establish statewide operating standards  
5 for certified opioid treatment programs. The department shall enforce  
6 these operating standards. The operating standards shall include, but  
7 not be limited to, reasonable provisions necessary to enable the  
8 department and counties to monitor certified and licensed opioid  
9 treatment programs for compliance with this chapter and the treatment  
10 standards authorized by this chapter and to minimize the impact of  
11 the opioid treatment programs upon the business and residential  
12 neighborhoods in which the program is located.

13 ~~((+3))~~ (4) The department shall analyze and evaluate the data  
14 submitted by each treatment program and take corrective action where  
15 necessary to ensure compliance with the goals and standards  
16 enumerated under this chapter. Opioid treatment programs are subject  
17 to the oversight required for other substance use disorder treatment  
18 programs, as described in this chapter.

19 NEW SECTION. **Sec. 12.** A new section is added to chapter 71.24  
20 RCW to read as follows:

21 By October 1, 2018, the authority shall work with the department  
22 of health, the accountable communities of health, and community  
23 stakeholders to develop a plan for the coordinated purchasing and  
24 distribution of opioid overdose reversal medication across the state  
25 of Washington. The plan shall be developed in consultation with the  
26 University of Washington's alcohol and drug abuse institute and  
27 community agencies participating in the federal demonstration grant  
28 titled Washington state project to prevent prescription drug or  
29 opioid overdose.

30 NEW SECTION. **Sec. 13.** A new section is added to chapter 71.24  
31 RCW to read as follows:

32 (1) The authority shall work with the department of health,  
33 contracted opioid hub and spoke networks, accountable communities of  
34 health, and drug task forces to develop a strategy to support rapid  
35 response teams to be deployed, within a short period of time, to  
36 communities identified as having a high number of fentanyl-related or  
37 other opioid-related overdoses, by local drug task forces, public  
38 health departments, or other local, regional, or state surveillance

1 methods. The teams may be deployed in medical clinics, hospital  
2 emergency departments, or other community emergency response centers,  
3 and are expected to increase the capacity of medication-assisted  
4 treatment therapy prescribing and inductions. Team members may  
5 include, but are not limited to, nurse care managers, peers or care  
6 navigators, drug task forces, opioid treatment program clinicians,  
7 and medication-assisted treatment prescribers. The teams shall set  
8 goals around continued access to medication therapy for patients once  
9 the emergency is stabilized.

10 (2) The authority shall work with the department of health to  
11 reduce barriers and promote medication treatment therapies for opioid  
12 use disorder in emergency departments and same-day referrals to  
13 opioid treatment programs, substance use disorder treatment  
14 facilities, and community-based medication treatment prescribers for  
15 individuals experiencing an overdose.

16 **PART III**

17 **Sec. 14.** RCW 70.225.010 and 2007 c 259 s 42 are each amended to  
18 read as follows:

19 The definitions in this section apply throughout this chapter  
20 unless the context clearly requires otherwise.

21 (1) "Controlled substance" has the meaning provided in RCW  
22 69.50.101.

23 (2) "Department" means the department of health.

24 (3) "Patient" means the person or animal who is the ultimate user  
25 of a drug for whom a prescription is issued or for whom a drug is  
26 dispensed.

27 (4) "Dispenser" means a practitioner or pharmacy that delivers a  
28 Schedule II, III, IV, or V controlled substance to the ultimate user,  
29 but does not include:

30 (a) A practitioner or other authorized person who administers, as  
31 defined in RCW 69.41.010, a controlled substance; or

32 (b) A licensed wholesale distributor or manufacturer, as defined  
33 in chapter 18.64 RCW, of a controlled substance.

34 (5) "Prescriber" means any person authorized to order or  
35 prescribe legend drugs or schedule II, III, IV, or V controlled  
36 substances to the ultimate user.

1       (6) "Requestor" means any person or entity requesting, accessing,  
2 or receiving information from the prescription monitoring program  
3 under RCW 70.225.040 (3), (4), or (5).

4       **Sec. 15.** RCW 70.225.040 and 2017 c 297 s 9 are each amended to  
5 read as follows:

6       (1) ~~((Prescription))~~ All information submitted to the  
7 ~~((department—must—be))~~ prescription monitoring program is  
8 confidential, ((in—compliance—with)) exempt from public inspection,  
9 copying, and disclosure under chapter 42.56 RCW, not subject to  
10 subpoena or discovery in any civil action, and protected under  
11 chapter 70.02 RCW and federal health care information privacy  
12 requirements ((and not subject to disclosure)), except as provided in  
13 subsections (3), (4), and (5) of this section. Such confidentiality  
14 and exemption from disclosure continues whenever information from the  
15 prescription monitoring program is provided to a requestor under  
16 subsection (3), (4), or (5) of this section.

17       (2) The department must maintain procedures to ensure that the  
18 privacy and confidentiality of ~~((patients—and—patient))~~ all  
19 information collected, recorded, transmitted, and maintained  
20 including, but not limited to, the prescriber, requestor, dispenser,  
21 patient, and persons who received prescriptions from dispensers, is  
22 not disclosed to persons except as in subsections (3), (4), and (5)  
23 of this section.

24       (3) The department may provide data in the prescription  
25 monitoring program to the following persons:

26       (a) Persons authorized to prescribe or dispense controlled  
27 substances or legend drugs, for the purpose of providing medical or  
28 pharmaceutical care for their patients;

29       (b) An individual who requests the individual's own prescription  
30 monitoring information;

31       (c) Health professional licensing, certification, or regulatory  
32 agency or entity;

33       (d) Appropriate law enforcement or prosecutorial officials,  
34 including local, state, and federal officials and officials of  
35 federally recognized tribes, who are engaged in a bona fide specific  
36 investigation involving a designated person;

37       (e) Authorized practitioners of the department of social and  
38 health services and the health care authority regarding medicaid  
39 program recipients;



1 (f) The director or the director's designee within the health  
2 care authority regarding medicaid clients and members of the health  
3 care authority self-funded or self-insured health plans for the  
4 purposes of quality improvement, patient safety, and care  
5 coordination. The information may not be used for contracting or  
6 value-based purchasing decisions;

7 (g) The director or director's designee within the department of  
8 labor and industries regarding workers' compensation claimants;

9 (h) The director or the director's designee within the department  
10 of corrections regarding offenders committed to the department of  
11 corrections;

12 (i) Other entities under grand jury subpoena or court order;

13 (j) Personnel of the department for purposes of:

14 (i) Assessing prescribing practices, including controlled  
15 substances related to mortality and morbidity;

16 (ii) Providing quality improvement feedback to (~~providers~~)  
17 prescribers, including comparison of their respective data to  
18 aggregate data for (~~providers~~) prescribers with the same type of  
19 license and same specialty; and

20 (iii) Administration and enforcement of this chapter or chapter  
21 69.50 RCW;

22 (k) Personnel of a test site that meet the standards under RCW  
23 70.225.070 pursuant to an agreement between the test site and a  
24 person identified in (a) of this subsection to provide assistance in  
25 determining which medications are being used by an identified patient  
26 who is under the care of that person;

27 (l) A health care facility or entity for the purpose of providing  
28 medical or pharmaceutical care to the patients of the facility or  
29 entity, or for quality improvement purposes if:

30 (i) The facility or entity is licensed by the department or is  
31 licensed or certified under chapter 71.24, 71.34, 71.05, or 70.96A  
32 RCW or is an entity deemed for purposes of chapter 71.24 RCW to meet  
33 state minimum standards as a result of accreditation by a recognized  
34 behavioral health accrediting body, or is operated by the federal  
35 government or a federally recognized Indian tribe; and

36 (ii) The facility or entity is a trading partner with the state's  
37 health information exchange;

38 (m) A health care provider group of five or more (~~providers~~)  
39 prescribers or dispensers for purposes of providing medical or

1 pharmaceutical care to the patients of the provider group, or for  
2 quality improvement purposes if:

3 (i) All the (~~providers~~) prescribers or dispensers in the  
4 provider group are licensed by the department or the provider group  
5 is operated by the federal government or a federally recognized  
6 Indian tribe; and

7 (ii) The provider group is a trading partner with the state's  
8 health information exchange;

9 (n) The local health officer of a local health jurisdiction for  
10 the purposes of patient follow-up and care coordination following a  
11 controlled substance overdose event. For the purposes of this  
12 subsection "local health officer" has the same meaning as in RCW  
13 70.05.010; and

14 (o) The coordinated care electronic tracking program developed in  
15 response to section 213, chapter 7, Laws of 2012 2nd sp. sess.,  
16 commonly referred to as the seven best practices in emergency  
17 medicine, for the purposes of providing:

18 (i) Prescription monitoring program data to emergency department  
19 personnel when the patient registers in the emergency department; and

20 (ii) Notice to providers, appropriate care coordination staff,  
21 and prescribers listed in the patient's prescription monitoring  
22 program record that the patient has experienced a controlled  
23 substance overdose event. The department shall determine the content  
24 and format of the notice in consultation with the Washington state  
25 hospital association, Washington state medical association, and  
26 Washington state health care authority, and the notice may be  
27 modified as necessary to reflect current needs and best practices.

28 (4) The department shall, on at least a quarterly basis, and  
29 pursuant to a schedule determined by the department, provide a  
30 facility or entity identified under subsection (3)(l) of this section  
31 or a provider group identified under subsection (3)(m) of this  
32 section with facility or entity and individual prescriber information  
33 if the facility, entity, or provider group:

34 (a) Uses the information only for internal quality improvement  
35 and individual prescriber quality improvement feedback purposes and  
36 does not use the information as the sole basis for any medical staff  
37 sanction or adverse employment action; and

38 (b) Provides to the department a standardized list of current  
39 prescribers of the facility, entity, or provider group. The specific  
40 facility, entity, or provider group information provided pursuant to

1 this subsection and the requirements under this subsection must be  
2 determined by the department in consultation with the Washington  
3 state hospital association, Washington state medical association, and  
4 Washington state health care authority, and may be modified as  
5 necessary to reflect current needs and best practices.

6 (5)(a) The department may publish or provide data to public or  
7 private entities for statistical, research, or educational purposes  
8 after removing information that could be used directly or indirectly  
9 to identify individual patients, requestors, dispensers, prescribers,  
10 and persons who received prescriptions from dispensers. Indirect  
11 patient identifiers may be provided for research that has been  
12 approved by the Washington state institutional review board and by  
13 the department through a data-sharing agreement.

14 (b)(i) The department may provide dispenser and prescriber data  
15 and data that includes indirect patient identifiers to the Washington  
16 state hospital association for use solely in connection with its  
17 coordinated quality improvement program maintained under RCW  
18 43.70.510 after entering into a data use agreement as specified in  
19 RCW 43.70.052(8) with the association.

20 (ii) For the purposes of this subsection, "indirect patient  
21 identifiers" means data that may include: Hospital or provider  
22 identifiers, a five-digit zip code, county, state, and country of  
23 resident; dates that include month and year; age in years; and race  
24 and ethnicity; but does not include the patient's first name; middle  
25 name; last name; social security number; control or medical record  
26 number; zip code plus four digits; dates that include day, month, and  
27 year; or admission and discharge date in combination.

28 (6) Persons authorized in subsections (3), (4), and (5) of this  
29 section to receive data in the prescription monitoring program from  
30 the department, acting in good faith, are immune from any civil,  
31 criminal, disciplinary, or administrative liability that might  
32 otherwise be incurred or imposed for acting under this chapter.

33 **Sec. 16.** RCW 70.225.020 and 2013 c 36 s 2 and 2013 C 19 S 126  
34 are each reenacted and amended to read as follows:

35 (1) The department shall establish and maintain a prescription  
36 monitoring program to monitor the prescribing and dispensing of all  
37 Schedules II, III, IV, and V controlled substances and any additional  
38 drugs identified by the pharmacy quality assurance commission as  
39 demonstrating a potential for abuse by all professionals licensed to

1 prescribe or dispense such substances in this state. The program  
2 shall be designed to improve health care quality and effectiveness by  
3 reducing abuse of controlled substances, reducing duplicative  
4 prescribing and overprescribing of controlled substances, and  
5 improving controlled substance prescribing practices with the intent  
6 of eventually establishing an electronic database available in real  
7 time to dispensers and prescribers of controlled substances. As much  
8 as possible, the department should establish a common database with  
9 other states. This program's management and operations shall be  
10 funded entirely from the funds in the account established under RCW  
11 74.09.215. Nothing in this chapter prohibits voluntary contributions  
12 from private individuals and business entities as defined under Title  
13 23, 23B, 24, or 25 RCW to assist in funding the prescription  
14 monitoring program.

15 (2) Except as provided in subsection (4) of this section, each  
16 dispenser shall submit to the department by electronic means  
17 information regarding each prescription dispensed for a drug included  
18 under subsection (1) of this section. Drug prescriptions for more  
19 than one day use should be reported. The information submitted for  
20 each prescription shall include, but not be limited to:

- 21 (a) Patient identifier;
- 22 (b) Drug dispensed;
- 23 (c) Date of dispensing;
- 24 (d) Quantity dispensed;
- 25 (e) Prescriber; and
- 26 (f) Dispenser.

27 (3) Each dispenser shall submit the information in accordance  
28 with transmission methods established by the department, not later  
29 than one business day from the date of dispensing or at the interval  
30 required by the department in rule, whichever is sooner.

31 (4) The data submission requirements of subsections (1) through  
32 (3) of this section do not apply to:

33 (a) Medications provided to patients receiving inpatient services  
34 provided at hospitals licensed under chapter 70.41 RCW; or patients  
35 of such hospitals receiving services at the clinics, day surgery  
36 areas, or other settings within the hospital's license where the  
37 medications are administered in single doses;

38 (b) Pharmacies operated by the department of corrections for the  
39 purpose of providing medications to offenders in department of  
40 corrections institutions who are receiving pharmaceutical services

1 from a department of corrections pharmacy, except that the department  
2 of corrections must submit data related to each offender's current  
3 prescriptions for controlled substances upon the offender's release  
4 from a department of corrections institution; or

5 (c) Veterinarians licensed under chapter 18.92 RCW. The  
6 department, in collaboration with the veterinary board of governors,  
7 shall establish alternative data reporting requirements for  
8 veterinarians that allow veterinarians to report:

9 (i) By either electronic or nonelectronic methods;

10 (ii) Only those data elements that are relevant to veterinary  
11 practices and necessary to accomplish the public protection goals of  
12 this chapter; and

13 (iii) No more frequently than once every three months and no less  
14 frequently than once every six months.

15 (5) The department shall continue to seek federal grants to  
16 support the activities described in chapter 259, Laws of 2007. The  
17 department may not require a practitioner or a pharmacist to pay a  
18 fee or tax specifically dedicated to the operation and management of  
19 the system.

20 NEW SECTION. **Sec. 17.** A new section is added to chapter 70.225  
21 RCW to read as follows:

22 (1) A vendor that sells a federally certified electronic health  
23 records system for use in the state of Washington must ensure their  
24 system can integrate with the prescription monitoring program  
25 utilizing the state health information exchange by December 1, 2018.  
26 The vendor may not charge an ongoing fee or a fee based on the number  
27 of transactions or providers using such integration by one of their  
28 customers. Total costs of connection must not impose unreasonable  
29 costs on any facility or entity identified in RCW 70.225.040(3)(l) or  
30 provider group identified in RCW 70.225.040(3)(m) using the  
31 electronic health record and must be consistent with current industry  
32 pricing structures. For the purposes of this section, "fully  
33 integrate" means that the electronic health records system must:

34 (a) Send information to the prescription monitoring program  
35 without physician intervention using one of the standard transmission  
36 and content standards supported by the state health information  
37 exchange for all controlled substances;

1 (b) Make current information from the prescription monitoring  
2 program available to a provider within the workflow of the electronic  
3 health records system; and

4 (c) Make information available in a way that is unlikely to  
5 interfere with, prevent, or materially discourage access, exchange,  
6 or use of electronic health information, in accordance with the  
7 information blocking provisions of the federal 21st century cures  
8 act, P.L. 114-255.

9 (2) A facility or entity identified in RCW 70.225.040(3)(l) or  
10 provider group identified in RCW 70.225.040(3)(m) that uses one of  
11 the three largest, in terms of market share, as determined by the  
12 department, electronic health record vendors operating in Washington  
13 state must demonstrate that the facility's or entity's federally  
14 certified electronic health record is able to use the state health  
15 information exchange to fully integrate data to and from the  
16 prescription monitoring program, confirmed by the state health  
17 information exchange by July 1, 2019, if their federally certified  
18 electronic health records system vendor is able to comply with  
19 subsection (1) of this section by December 1, 2018.

20 (3)(a) The department shall convene a work group to improve the  
21 current state portal and, within existing resources, study best  
22 practices regarding data sharing, including security standards, and  
23 the challenges with connectivity and prescription monitoring program  
24 integration with electronic health records using the state health  
25 information exchange. The work group must:

26 (i) Provide a detailed overview of alternatives to prescription  
27 monitoring program integration with electronic health records using  
28 the state health information exchange model and other options;

29 (ii) Provide recommendations for increasing the accessibility of  
30 the current state stand-alone prescription monitoring program portal.  
31 The work group must review other states' data-sharing models for  
32 making state prescription data available to providers;

33 (iii) Survey a representative sample of facilities or entities  
34 identified in RCW 70.225.040(3)(l) or provider groups identified in  
35 RCW 70.225.040(3)(m) about the status of their federally certified  
36 electronic health record's ability to use the state health  
37 information exchange to fully integrate data to and from the  
38 prescription monitoring program; and

1 (iv) Provide recommendations for improving small and rural  
2 electronic health record integration to the prescription monitoring  
3 program.

4 (b) The work group must invite:

5 (i) The chair and ranking member, or their designees, from each  
6 of the legislative health care committees;

7 (ii) A representative from the largest professional associations  
8 for physicians, dentists, and hospitals in the state; and

9 (iii) A representative from a community health center clinic, and  
10 a representative from a health resources and services administration  
11 funded health center controlled network operating in Washington  
12 state.

13 (c) The department must submit a report detailing the work  
14 group's findings by November 15, 2018, to the appropriate committees  
15 of the legislature. This report may be submitted in conjunction with  
16 the report required by House Bill No. 1497.

17 **Sec. 18.** RCW 69.41.055 and 2016 c 148 s 15 are each amended to  
18 read as follows:

19 (1) Information concerning an original prescription or  
20 information concerning a prescription refill for a legend drug may be  
21 electronically communicated between an authorized practitioner and a  
22 pharmacy of the patient's choice with no intervening person having  
23 access to the prescription drug order pursuant to the provisions of  
24 this chapter if the electronically communicated prescription  
25 information complies with the following:

26 (a) Electronically communicated prescription information must  
27 comply with all applicable statutes and rules regarding the form,  
28 content, recordkeeping, and processing of a prescription or order for  
29 a legend drug;

30 ~~(b) ((The system used for transmitting electronically  
31 communicated prescription information and the system used for  
32 receiving electronically communicated prescription information must  
33 be approved by the commission. This subsection does not apply to  
34 currently used facsimile equipment transmitting an exact visual image  
35 of the prescription. The commission shall maintain and provide, upon  
36 request, a list of systems used for electronically communicating  
37 prescription information currently approved by the commission;~~

38 ~~(e))~~ An explicit opportunity for practitioners must be made to  
39 indicate their preference on whether or not a therapeutically

1 equivalent generic drug or interchangeable biological product may be  
2 substituted. This section does not limit the ability of practitioners  
3 and pharmacists to permit substitution by default under a prior-  
4 consent authorization;

5 ~~((d))~~ (c) Prescription drug orders are confidential health  
6 information, and may be released only to the patient or the patient's  
7 authorized representative, the prescriber or other authorized  
8 practitioner then caring for the patient, or other persons  
9 specifically authorized by law to receive such information;

10 ~~((e))~~ (d) To maintain confidentiality of prescription records,  
11 the electronic system shall have adequate security and systems  
12 safeguards designed to prevent and detect unauthorized access,  
13 modification, or manipulation of these records(~~(. The pharmacist in~~  
14 ~~charge shall establish or verify the existence of policies and~~  
15 ~~procedures which ensure the integrity and confidentiality of~~  
16 ~~prescription information transmitted to the pharmacy by electronic~~  
17 ~~means. All managers, employees, and agents of the pharmacy are~~  
18 ~~required to read, sign, and comply with the established policies and~~  
19 ~~procedures)); and~~

20 ~~((f))~~ (e) The pharmacist shall exercise professional judgment  
21 regarding the accuracy, validity, and authenticity of the  
22 prescription drug order received by way of electronic transmission,  
23 consistent with federal and state laws and rules and guidelines of  
24 the commission.

25 (2) The electronic or digital signature of the prescribing  
26 practitioner's agent on behalf of the prescribing practitioner for a  
27 resident in a long-term care facility or hospice program, pursuant to  
28 a valid order and authorization under RCW 18.64.550, constitutes a  
29 valid electronic communication of prescription information. Such an  
30 authorized signature and transmission by an agent in a long-term care  
31 facility or hospice program does not constitute an intervening person  
32 having access to the prescription drug order.

33 (3) The commission may adopt rules implementing this section.

34 **Sec. 19.** RCW 69.50.312 and 2013 c 276 s 4 and 2013 c 19 s 105  
35 are each reenacted and amended to read as follows:

36 (1) Information concerning a prescription for a controlled  
37 substance included in Schedules II through V, or information  
38 concerning a refill authorization for a controlled substance included  
39 in Schedules III through V(~~(+,+))~~, may be electronically communicated



1 to a pharmacy of the patient's choice pursuant to the provisions of  
2 this chapter if the electronically communicated prescription  
3 information complies with the following:

4 (a) Electronically communicated prescription information must  
5 comply with all applicable statutes and rules regarding the form,  
6 content, recordkeeping, and processing of a prescription for a legend  
7 drug;

8 (b) The system used for transmitting electronically communicated  
9 prescription information must (~~be approved by the commission and in~~  
10 ~~accordance~~) comply with federal rules for electronically  
11 communicated prescriptions for controlled substance(~~(+s+)~~)s included  
12 in Schedules II through V, as set forth in Title 21 C.F.R. Parts  
13 1300, 1304, 1306, and 1311(~~(. This subsection does not apply to~~  
14 ~~currently used facsimile equipment transmitting an exact visual image~~  
15 ~~of the prescription. The commission shall maintain and provide, upon~~  
16 ~~request, a list of systems used for electronically communicating~~  
17 ~~prescription information currently approved by the commission))~~);

18 (c) An explicit opportunity for practitioners must be made to  
19 indicate their preference on whether a therapeutically equivalent  
20 generic drug may be substituted;

21 (d) Prescription drug orders are confidential health information,  
22 and may be released only to the patient or the patient's authorized  
23 representative, the prescriber or other authorized practitioner then  
24 caring for the patient, or other persons specifically authorized by  
25 law to receive such information;

26 (e) To maintain confidentiality of prescription records, the  
27 electronic system shall have adequate security and systems safeguards  
28 designed to prevent and detect unauthorized access, modification, or  
29 manipulation of these records(~~(. The pharmacist in charge shall~~  
30 ~~establish or verify the existence of policies and procedures which~~  
31 ~~ensure the integrity and confidentiality of prescription information~~  
32 ~~transmitted to the pharmacy by electronic means. All managers,~~  
33 ~~employees, and agents of the pharmacy are required to read, sign, and~~  
34 ~~comply with the established policies and procedures))~~; and

35 (f) The pharmacist shall exercise professional judgment regarding  
36 the accuracy, validity, and authenticity of the prescription drug  
37 order received by way of electronic transmission, consistent with  
38 federal and state laws and rules and guidelines of the commission.

39 (2) The commission may adopt rules implementing this section.

1       **Sec. 20.** RCW 70.168.090 and 2010 c 52 s 5 are each amended to  
2 read as follows:

3       (1)(a) By July 1991, the department shall establish a statewide  
4 data registry to collect and analyze data on the incidence, severity,  
5 and causes of trauma, including traumatic brain injury. The  
6 department shall collect additional data on traumatic brain injury  
7 should additional data requirements be enacted by the legislature.  
8 The registry shall be used to improve the availability and delivery  
9 of prehospital and hospital trauma care services. Specific data  
10 elements of the registry shall be defined by rule by the department.  
11 To the extent possible, the department shall coordinate data  
12 collection from hospitals for the trauma registry with the health  
13 care data system authorized in chapter 70.170 RCW. Every hospital,  
14 facility, or health care provider authorized to provide level I, II,  
15 III, IV, or V trauma care services, level I, II, or III pediatric  
16 trauma care services, level I, level I-pediatric, II, or III trauma-  
17 related rehabilitative services, and prehospital trauma-related  
18 services in the state shall furnish data to the registry. All other  
19 hospitals and prehospital providers shall furnish trauma data as  
20 required by the department by rule.

21       (b) The department may respond to requests for data and other  
22 information from the registry for special studies and analysis  
23 consistent with requirements for confidentiality of patient and  
24 quality assurance records. The department may require requestors to  
25 pay any or all of the reasonable costs associated with such requests  
26 that might be approved.

27       (2) By July 1, 2019, the department shall establish a statewide  
28 electronic emergency medical services data system and adopt rules  
29 requiring that every licensed ambulance and aid service report and  
30 furnish patient encounter data to the electronic emergency medical  
31 services data system managed by the department. The data system must  
32 be used to improve the availability and delivery of prehospital  
33 emergency medical services. Specific data elements of the data system  
34 and secure transport method, such as the state health information  
35 exchange, shall be defined by rule by the department, and must  
36 include data on fatal and nonfatal overdoses or drug poisoning.

37       (3) In each emergency medical services and trauma care planning  
38 and service region, a regional emergency medical services and trauma  
39 care systems quality assurance program shall be established by those  
40 facilities authorized to provide levels I, II, and III trauma care

1 services. The systems quality assurance program shall evaluate trauma  
2 care delivery, patient care outcomes, and compliance with the  
3 requirements of this chapter. The systems quality assurance program  
4 may also evaluate emergency cardiac and stroke care delivery. The  
5 emergency medical services medical program director and all other  
6 health care providers and facilities who provide trauma and emergency  
7 cardiac and stroke care services within the region shall be invited  
8 to participate in the regional emergency medical services and trauma  
9 care quality assurance program.

10 ~~((3))~~ (4) Data elements related to the identification of  
11 individual patient's, provider's and facility's care outcomes shall  
12 be confidential, shall be exempt from RCW 42.56.030 through 42.56.570  
13 and 42.17.350 through 42.17.450, and shall not be subject to  
14 discovery by subpoena or admissible as evidence.

15 ~~((4))~~ (5) Patient care quality assurance proceedings, records,  
16 and reports developed pursuant to this section are confidential,  
17 exempt from chapter 42.56 RCW, and are not subject to discovery by  
18 subpoena or admissible as evidence~~((-))~~ in any civil action, except,  
19 after in camera review, pursuant to a court order which provides for  
20 the protection of sensitive information of interested parties  
21 including the department: (a) In actions arising out of the  
22 department's designation of a hospital or health care facility  
23 pursuant to RCW 70.168.070; (b) in actions arising out of the  
24 department's revocation or suspension of designation status of a  
25 hospital or health care facility under RCW 70.168.070; (c) in actions  
26 arising out of the department's licensing or verification of an  
27 ambulance or aid service pursuant to RCW 18.73.030 or 70.168.080; (d)  
28 in actions arising out of the certification of a medical program  
29 director pursuant to RCW 18.71.212; or ~~((e))~~ (e) in actions arising  
30 out of the restriction or revocation of the clinical or staff  
31 privileges of a health care provider as defined in RCW 7.70.020 (1)  
32 and (2), subject to any further restrictions on disclosure in RCW  
33 4.24.250 that may apply. Information that identifies individual  
34 patients shall not be publicly disclosed without the patient's  
35 consent.

36 NEW SECTION. Sec. 21. A new section is added to chapter 74.09  
37 RCW to read as follows:

38 (1) By October 2018, the health care authority shall develop and  
39 recommend for coverage nonpharmacologic treatments for chronic

1 noncancer pain and shall report to the governor and the appropriate  
2 committees of the legislature, including any requests for funding  
3 necessary to implement the recommendations under this section. The  
4 recommendations must contain the following elements:

5 (a) A list of chronic, acute, and subacute conditions for which  
6 nonpharmacologic treatments will be covered;

7 (b) A list of which nonpharmacologic treatments will be covered  
8 for each chronic condition specified as eligible for coverage;

9 (c) Recommendations as to the duration, amount, and type of  
10 treatment eligible for coverage by condition;

11 (d) A financial model that is scalable based on the types of  
12 conditions covered and the amount of allowed services per condition;

13 (e) Guidance on the type of providers eligible to provide these  
14 treatments; and

15 (f) Recommendations regarding the need to add any provider types  
16 to the list of currently eligible medicaid provider types.

17 (2) The health care authority shall ensure only treatments that  
18 are supported by evidence for the treatment of the specific chronic,  
19 acute, and subacute pain conditions listed will be eligible for  
20 coverage recommendations.

21 NEW SECTION. **Sec. 22.** A new section is added to chapter 18.64  
22 RCW to read as follows:

23 A pharmacist may partially fill a prescription for a schedule II  
24 controlled substance, if the partial fill is requested by the patient  
25 or the prescribing practitioner and the total quantity dispensed in  
26 all partial fillings does not exceed the quantity prescribed.

27 NEW SECTION. **Sec. 23.** A new section is added to chapter 69.50  
28 RCW to read as follows:

29 (1) Any practitioner who writes the first prescription for an  
30 opioid during the course of treatment to any patient must discuss the  
31 following with the patient:

32 (a) The risks of opioids, including risk of dependence and  
33 overdose;

34 (b) Pain management alternatives to opioids, including nonopioid  
35 pharmacological treatments, and nonpharmacological treatments  
36 available to the patient, at the discretion of the practitioner and  
37 based on the medical condition of the patient; and

1 (c) A written copy of the warning language provided by the  
2 department under section 24 of this act.

3 (2) If the patient is under eighteen years old or is not  
4 competent, the discussion required by subsection (1) of this section  
5 must include the patient's parent, guardian, or the person identified  
6 in RCW 7.70.065, unless otherwise provided by law.

7 (3) The practitioner shall document completion of the  
8 requirements in subsection (1) of this section in the patient's  
9 health care record.

10 (4) To fulfill the requirements of subsection (1) of this  
11 section, a practitioner may designate any individual who holds a  
12 credential issued by a disciplining authority under RCW 18.130.040 to  
13 conduct the discussion.

14 (5) Violation of this section constitutes unprofessional conduct  
15 under chapter 18.130 RCW.

16 (6) This section does not apply to:

17 (a) Opioid prescriptions issued for the treatment of pain  
18 associated with terminal cancer or other terminal diseases, or for  
19 palliative, hospice, or other end-of-life care of where the  
20 practitioner determines the health, well-being, or care of the  
21 patient would be compromised by the requirements of this section and  
22 documents such basis for the determination in the patient's health  
23 care record; or

24 (b) Administration of an opioid in an inpatient or outpatient  
25 treatment setting.

26 (7) This section does not apply to practitioners licensed under  
27 chapter 18.92 RCW.

28 (8) The department shall review this section by March 31, 2025,  
29 and report to the appropriate committees of the legislature on  
30 whether this section should be retained, repealed, or amended.

31 NEW SECTION. **Sec. 24.** A new section is added to chapter 43.70  
32 RCW to read as follows:

33 (1) The department shall create a statement warning individuals  
34 about the risks of opioid use and abuse and provide information about  
35 safe disposal of opioids. The department shall provide the warning on  
36 its web site.

37 (2) On an annual basis, the department shall review the science,  
38 data, and best practices around the use of opioids and their

1 associated risks. As evidence and best practices evolve, the  
2 department shall update its warning to reflect these changes.

3 NEW SECTION. **Sec. 25.** A new section is added to chapter 18.22  
4 RCW to read as follows:

5 (1) Beginning January 1, 2019, in order to prescribe an opioid in  
6 Washington state, a podiatric physician must:

7 (a) Complete a one-time continuing education regarding best  
8 practices in the prescribing of opioids. The continuing education  
9 must be at least one hour in length. The board may adopt additional  
10 continuing education requirements related to the prescribing of  
11 opioids; and

12 (b) Following the issuance of an initial license to practice  
13 podiatry in this state or at the time of renewal of a license:

14 (i) Register to access the prescription monitoring program or  
15 demonstrate proof of having registered to access the prescription  
16 monitoring program; and

17 (ii) Sign an attestation that the podiatric physician has  
18 reviewed the rules adopted for prescribing opioids as required by RCW  
19 18.22.800.

20 (2) Subsection (1)(a) of this section does not apply if the  
21 podiatric physician:

22 (a) Attests to earning an opioid prescription continuing medical  
23 education credit within the last year; or

24 (b) Is permitted to provide and is providing medication-assisted  
25 treatment.

26 NEW SECTION. **Sec. 26.** A new section is added to chapter 18.32  
27 RCW to read as follows:

28 (1) Beginning January 1, 2019, in order to prescribe an opioid in  
29 Washington state, a dentist must:

30 (a) Complete a one-time continuing education regarding best  
31 practices in the prescribing of opioids. The continuing education  
32 must be at least one hour in length. The commission may adopt  
33 additional continuing education requirements related to the  
34 prescribing of opioids; and

35 (b) Following the issuance of an initial license to practice  
36 dentistry in this state or at the time of renewal of a license:

1 (i) Register to access the prescription monitoring program or  
2 demonstrate proof of having registered to access the prescription  
3 monitoring program; and

4 (ii) Sign an attestation that the dentist has reviewed the rules  
5 adopted for prescribing opioids as required by RCW 18.32.800.

6 (2) Subsection (1)(a) of this section does not apply if the  
7 dentist:

8 (a) Attests to earning an opioid prescription continuing medical  
9 education credit within the last year; or

10 (b) Is permitted to provide and is providing medication-assisted  
11 treatment.

12 NEW SECTION. **Sec. 27.** A new section is added to chapter 18.57  
13 RCW to read as follows:

14 (1) Beginning January 1, 2019, in order to prescribe an opioid in  
15 Washington state, an osteopathic physician must:

16 (a) Complete a one-time continuing education regarding best  
17 practices in the prescribing of opioids. The continuing education  
18 must be at least one hour in length. The board may adopt additional  
19 continuing education requirements related to the prescribing of  
20 opioids; and

21 (b) Following the issuance of an initial license to practice  
22 osteopathic medicine in this state or at the time of renewal of a  
23 license:

24 (i) Register to access the prescription monitoring program or  
25 demonstrate proof of having registered to access the prescription  
26 monitoring program; and

27 (ii) Sign an attestation that the osteopathic physician has  
28 reviewed the rules adopted for prescribing opioids as required by RCW  
29 18.57.800.

30 (2) Subsection (1)(a) of this section does not apply if the  
31 osteopathic physician:

32 (a) Attests to earning an opioid prescription continuing medical  
33 education credit within the last year; or

34 (b) Is permitted to provide and is providing medication-assisted  
35 treatment.

36 NEW SECTION. **Sec. 28.** A new section is added to chapter 18.57A  
37 RCW to read as follows:

1 (1) Beginning January 1, 2019, in order to prescribe an opioid in  
2 Washington state, an osteopathic physician assistant that is  
3 specifically authorized to prescribe opioids must:

4 (a) Complete a one-time continuing education regarding best  
5 practices in the prescribing of opioids. The continuing education  
6 must be at least one hour in length. The board may adopt additional  
7 continuing education requirements related to the prescribing of  
8 opioids; and

9 (b) Following the issuance of an initial license as an  
10 osteopathic physician assistant in this state or at the time of  
11 renewal of a license:

12 (i) Register to access the prescription monitoring program or  
13 demonstrate proof of having registered to access the prescription  
14 monitoring program; and

15 (ii) Sign an attestation that the osteopathic physician assistant  
16 has reviewed the rules adopted for prescribing opioids as required by  
17 RCW 18.57A.800.

18 (2) Subsection (1)(a) of this section does not apply if the  
19 osteopathic physician assistant:

20 (a) Attests to earning an opioid prescription continuing medical  
21 education credit within the last year; or

22 (b) Is permitted to provide and is providing medication-assisted  
23 treatment.

24 NEW SECTION. **Sec. 29.** A new section is added to chapter 18.71  
25 RCW to read as follows:

26 (1) Beginning January 1, 2019, in order to prescribe an opioid in  
27 Washington state, a physician must:

28 (a) Complete a one-time continuing education regarding best  
29 practices in the prescribing of opioids. The continuing education  
30 must be at least one hour in length. The commission may adopt  
31 additional continuing education requirements related to the  
32 prescribing of opioids; and

33 (b) Following the issuance of an initial license to practice  
34 medicine in this state or at the time of renewal of a license:

35 (i) Register to access the prescription monitoring program or  
36 demonstrate proof of having registered to access the prescription  
37 monitoring program; and

38 (ii) Sign an attestation that the physician has reviewed the  
39 rules adopted for prescribing opioids as required by RCW 18.71.800.



1 (2) Subsection (1)(a) of this section does not apply if the  
2 physician:

3 (a) Attests to earning an opioid prescription continuing medical  
4 education credit within the last year; or

5 (b) Is permitted to provide and is providing medication-assisted  
6 treatment.

7 NEW SECTION. **Sec. 30.** A new section is added to chapter 18.71A  
8 RCW to read as follows:

9 (1) Beginning January 1, 2019, in order to prescribe an opioid in  
10 Washington state, a physician assistant that is specifically  
11 authorized to prescribe opioids must:

12 (a) Complete a one-time continuing education regarding best  
13 practices in the prescribing of opioids. The continuing education  
14 must be at least one hour in length. The commission may adopt  
15 additional continuing education requirements related to the  
16 prescribing of opioids; and

17 (b) Following the issuance of an initial license as a physician  
18 assistant in this state or at the time of renewal of a license:

19 (i) Register to access the prescription monitoring program or  
20 demonstrate proof of having registered to access the prescription  
21 monitoring program; and

22 (ii) Sign an attestation that the physician assistant has  
23 reviewed the rules adopted for prescribing opioids as required by RCW  
24 18.71A.800.

25 (2) Subsection (1)(a) of this section does not apply if the  
26 physician assistant:

27 (a) Attests to earning an opioid prescription continuing medical  
28 education credit within the last year; or

29 (b) Is permitted to provide and is providing medication-assisted  
30 treatment.

31 NEW SECTION. **Sec. 31.** A new section is added to chapter 18.79  
32 RCW to read as follows:

33 (1) Beginning January 1, 2019, in order to prescribe an opioid in  
34 Washington state, an advanced registered nurse practitioner licensed  
35 to prescribe opioids must:

36 (a) Complete a one-time continuing education regarding best  
37 practices in the prescribing of opioids. The continuing education  
38 must be at least one hour in length. The commission may adopt

1 additional continuing education requirements related to the  
2 prescribing of opioids; and

3 (b) Following the issuance of an initial license as an advanced  
4 registered nurse practitioner in this state or at the time of renewal  
5 of a license:

6 (i) Register to access the prescription monitoring program or  
7 demonstrate proof of having registered to access the prescription  
8 monitoring program; and

9 (ii) Sign an attestation that the advanced registered nurse  
10 practitioner has reviewed the rules adopted for prescribing opioids  
11 as required by RCW 18.79.800.

12 (2) Subsection (1)(a) of this section does not apply if the  
13 advanced registered nurse practitioner:

14 (a) Attests to earning an opioid prescription continuing medical  
15 education credit within the last year; or

16 (b) Is permitted to provide and is providing medication-assisted  
17 treatment.

18 NEW SECTION. **Sec. 32.** A new section is added to chapter 43.70  
19 RCW to read as follows:

20 The secretary shall be responsible for coordinating the statewide  
21 response to the opioid epidemic.

22 **Sec. 33.** RCW 70.41.480 and 2015 c 234 s 1 are each amended to  
23 read as follows:

24 (1) The legislature finds that high quality, safe, and  
25 compassionate health care services for patients of Washington state  
26 must be available at all times. The legislature further finds that  
27 there is a need for patients being released from hospital emergency  
28 departments to maintain access to emergency medications when  
29 community or hospital pharmacy services are not available. It is the  
30 intent of the legislature to accomplish this objective by allowing  
31 practitioners with prescriptive authority to prescribe limited  
32 amounts of prepackaged emergency medications to patients being  
33 discharged from hospital emergency departments when access to  
34 community or outpatient hospital pharmacy services is not otherwise  
35 available.

36 (2) A hospital may allow a practitioner to prescribe prepackaged  
37 emergency medications and allow a practitioner or a registered nurse  
38 licensed under chapter 18.79 RCW to distribute prepackaged emergency

1 medications to patients being discharged from a hospital emergency  
2 department in the following circumstances:

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

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

8 (c) When, in the judgment of the practitioner and consistent with  
9 hospital policies and procedures, a patient is at risk of opioid  
10 overdose and the prepackaged emergency medication being distributed  
11 is an opioid overdose reversal medication.

12 (3) A hospital may only allow this practice if: The director of  
13 the hospital pharmacy, in collaboration with appropriate hospital  
14 medical staff, develops policies and procedures regarding the  
15 following:

16 (a) Development of a list, preapproved by the pharmacy director,  
17 of the types of emergency medications to be prepackaged and  
18 distributed;

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

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

25 (d) Assurances that any practitioner authorized to prescribe  
26 prepackaged emergency medication or any nurse authorized to  
27 distribute prepackaged emergency medication is trained on the types  
28 of medications available and the circumstances under which they may  
29 be distributed;

30 (e) Procedures to require practitioners intending to prescribe  
31 prepackaged emergency medications pursuant to this section to  
32 maintain a valid prescription either in writing or electronically in  
33 the patient's records prior to a medication being distributed to a  
34 patient;

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

1 (g) Assurances that prepackaged emergency medications will be  
2 kept in a secure location in or near the emergency department in such  
3 a manner as to preclude the necessity for entry into the pharmacy;  
4 and

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

8 ~~((3))~~ (4) The delivery of a single dose of medication for  
9 immediate administration to the patient is not subject to the  
10 requirements of this section.

11 ~~((4))~~ (5) For purposes of this section:

12 (a) "Emergency medication" means any medication commonly  
13 prescribed to emergency room patients, including those drugs,  
14 substances or immediate precursors listed in schedules II through V  
15 of the uniform controlled substances act, chapter 69.50 RCW, as now  
16 or hereafter amended.

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

19 (c) "Practitioner" means any person duly authorized by law or  
20 rule in the state of Washington to prescribe drugs as defined in RCW  
21 18.64.011~~((24))~~ (29).

22 (d) "Nurse" means a registered nurse as defined in RCW 18.79.020.

23 NEW SECTION. **Sec. 34.** Sections 2 through 5 of this act take  
24 effect only if neither Substitute House Bill No. 1388 (including any  
25 later amendments or substitutes) nor Substitute Senate Bill No. 5259  
26 (including any later amendments or substitutes) is signed into law by  
27 the governor by the effective date of this section.

28 NEW SECTION. **Sec. 35.** Sections 10 through 13 of this act take  
29 effect only if Substitute House Bill No. 1388 (including any later  
30 amendments or substitutes) or Substitute Senate Bill No. 5259  
31 (including any later amendments or substitutes) is signed into law by  
32 the governor by the effective date of this section."

**ESHB 2489** - S COMM AMD

By Committee on Health & Long Term Care

1       On page 1, line 2 of the title, after "services;" strike the  
2 remainder of the title and insert "amending RCW 71.24.585, 71.24.595,  
3 71.24.560, 71.24.011, 69.41.095, 71.24.585, 71.24.595, 70.225.010,  
4 70.225.040, 69.41.055, 70.168.090, and 70.41.480; amending 2005 c 70  
5 s 1 (uncodified); reenacting and amending RCW 70.225.020 and  
6 69.50.312; adding new sections to chapter 71.24 RCW; adding a new  
7 section to chapter 70.225 RCW; adding a new section to chapter 74.09  
8 RCW; adding a new section to chapter 18.64 RCW; adding a new section  
9 to chapter 69.50 RCW; adding new sections to chapter 43.70 RCW;  
10 adding a new section to chapter 18.22 RCW; adding a new section to  
11 chapter 18.32 RCW; adding a new section to chapter 18.57 RCW; adding  
12 a new section to chapter 18.57A RCW; adding a new section to chapter  
13 18.71 RCW; adding a new section to chapter 18.71A RCW; adding a new  
14 section to chapter 18.79 RCW; creating a new section; and providing  
15 contingent effective dates."

EFFECT: Includes a requirement for the Department of Health (DOH) to establish a data collection plan for determining the number of opioid-related overdoses occurring in non-English speakers; removes approval and verification requirements for electronic prescription systems; clarifies the requirements for prescriber discussions with the patient for first-time opioid prescriptions to allow for telemedicine; exempts prescribers who attest to completing opioid continuing medical education or prescribers who are permitted and providing medication-assisted treatment from having to take the one-time one hour training; adds language that the electronic health record's (EHR's) pricing must be in alignment with current industry pricing for prescription monitoring program (PMP) integration; limits PMP integration requirements to top 3 EHR's with the largest market share in the state, and extends the due date to July 1, 2019; requires DOH to convene a stakeholder work group to study best practices regarding data sharing, and the challenges associated with PMP integration; requires DOH to submit a report to the legislature with the work group's findings by November 15, 2018; specifies that providers must inform patients of all evidence-based treatment options including controlled and noncontrolled medications.

--- END ---