

SENATE BILL REPORT

E2SHB 1426

As of March 22, 2017

Title: An act relating to persons and entities to whom the department of health may provide prescription monitoring program data.

Brief Description: Concerning persons and entities to whom the department of health may provide prescription monitoring program data.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Robinson, Harris, Cody, Caldier, Rodne, Slatter, Jinkins, Peterson, Kilduff and Kagi).

Brief History: Passed House: 3/03/17, 85-12.

Committee Activity: Health Care: 3/21/17.

Brief Summary of Bill

- Expands access to the Prescription Monitoring Program.
- Allows the Department of Health to distribute data for quality improvement purposes.

SENATE COMMITTEE ON HEALTH CARE

Staff: Kathleen Buchli (786-7488)

Background: The Department of Health (DOH) maintains a Prescription Monitoring Program (PMP) to monitor the prescribing and dispensing of all Schedules II, III, IV, and V controlled substances. Information submitted for each prescription must include at least a patient identifier, the drug dispensed, the date of dispensing, the quantity dispensed, the prescriber, and the dispenser. With certain exceptions, prescription information submitted to DOH is confidential.

The exceptions allow DOH to provide data in the PMP to:

- persons authorized to prescribe or dispense controlled substances;
- an individual who requests the individual's own records;
- health professional licensing, certification, or regulatory agencies;
- law enforcement officials who are engaged in bona fide specific investigations involving a designated person;

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- authorized practitioners of the Department of Social and Health Services and the Health Care Authority regarding Medicaid recipients;
- the Director of the Department of Labor and Industries regarding workers' compensation claimants;
- the Director of the Department of Corrections regarding committed offenders;
- entities under court order;
- DOH personnel for the purposes of administering the PMP;
- drug testing laboratory personnel in order to determine what medications a patient may be taking;
- a health care facility or provider group of five or more providers in order to provide medical or pharmaceutical care to the facility's patients; and
- public or private entities for statistical, research, or educational purposes after removing identifying information.

The Emergency Department Information Exchange (EDIE) is the electronic tracking program that enables health care providers to better identify and treat high users of the emergency department and special needs patients. EDIE alerts health care providers when a patient registers in an emergency department.

Summary of Bill: The persons who may be provided PMP data include the following:

- DOH personnel in order to assess prescribing practices and provide quality improvement feedback to providers, including comparison of their respective data to aggregate data for providers with the same type of license and specialty;
- health care facilities or provider groups for quality improvement purposes;
- health care facilities or provider groups that are operated by the federal government or federally recognized Indian tribes;
- local health officers in order to provide patient follow-up and care coordination following an overdose event;
- EDIE in order to provide PMP data to emergency department personnel when the patient is registered in the emergency department, and in order to provide notice to the patient's prescribing health care provider that the patient has had an overdose event; and
- Health Care Authority personnel in regards to Medicaid clients for the purposes of quality improvement, patient safety, and care coordination. This information may not be used for contracting or value-based purchasing decisions.

Subject to funds appropriated for this specific purpose, DOH must provide health care facilities, entities, and provider groups with facility and individual prescriber information. This information is to be used for internal quality improvement and individual prescriber quality improvement feedback and may not be used as the sole basis for any medical staff sanction or adverse employment action. In order to receive prescriber information, the facility, entity, or group must provide DOH with a standardized list of the facility, entity, or group's current prescribers.

DOH may provide dispenser and prescriber data and data that includes indirect patient identifiers to the Washington State Hospital Association to use in connection with its coordinated quality improvement program.

Beginning November 15, 2017, DOH must annually report to the Governor and the appropriate committees of the Legislature on the number of facilities, entities, or provider groups that have integrated their electronic health records with the PMP.

Appropriation: None.

Fiscal Note: Available.

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: We support this bill and SB 5248, which recently passed Ways and Means. The focus here is quality improvement and the use of data to change provider behavior. We believe there was a drafting error in the bill, Advanced Registered Nurse Practitioners were omitted from the section relating to the collecting of data to deliver quality improvement feedback. These practitioners would like to be involved in those discussions because they provide one-third of primary care and are independent prescribers.

Persons Testifying: PRO: Representative June Robinson, Prime Sponsor; Leslie Emerick, ARNPs United of WA; Katie Kolan, Washington State Medical Association; Lisa Thatcher, Washington State Hospital Association.

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