

SENATE BILL REPORT

SSB 5248

As Passed Senate, March 31, 2017

Title: An act relating to addressing use and misuse of opioids.

Brief Description: Concerning the requirements for prescribing opioids.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Rivers, Cleveland, Becker, Carlyle and Kuderer).

Brief History:

Committee Activity: Health Care: 2/02/17, 2/07/17 [DP-WM].

Ways & Means: 3/15/17, 3/16/17 [DPS].

Floor Activity:

Passed Senate: 3/31/17, 46-0.

Brief Summary of First Substitute Bill

- Expands access to the Prescription Monitoring Program.
- Allows the Department of Health to distribute data for quality improvement purposes.
- Requires boards and commissions to adopt rules establishing requirements for prescribing opioid drugs.

SENATE COMMITTEE ON HEALTH CARE

Majority Report: Do pass and be referred to Committee on Ways & Means.

Signed by Senators Rivers, Chair; Cleveland, Ranking Minority Member; Kuderer, Assistant Ranking Minority Member; Bailey, Conway, Fain, Keiser, Miloscia, Mullet, O'Ban and Walsh.

Staff: Kathleen Buchli (786-7488)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Substitute Senate Bill No. 5248 be substituted therefor, and the substitute bill do pass.

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

Signed by Senators Braun, Chair; Brown, Vice Chair; Rossi, Vice Chair; Honeyford, Vice Chair, Capital Budget ; Ranker, Ranking Minority Member; Rolfes, Assistant Ranking Minority Member, Operating Budget; Frockt, Assistant Ranking Minority Member, Capital Budget; Bailey, Becker, Carlyle, Conway, Darneille, Fain, Hasegawa, Keiser, Miloscia, Padden, Schoesler, Warnick and Zeiger.

Staff: James Kettel (786-7459)

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;
- 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 program;
- 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 First Substitute 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; and
- EDIE in order to provide PMP data to emergency department personnel when the patient registered in the emergency department and to provide notice to the patient's prescribing health care provider that the patient has had an overdose event.

On at least a quarterly basis, DOH must provide health care facilities and provider groups with facility and individual prescriber information to be used for internal quality improvement feedback purposes; this may not be used as the sole basis for any medical staff sanction or adverse employment action.

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.

Several boards and commissions are required to adopt rules on the management of acute pain caused by an injury or a surgical procedure. Dosage amounts may not exceed a designated amount unless criteria are met. To establish rules, the board or commission must consult with the medical directors group, DOH, the University of Washington, and professional associations.

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 on Original Bill (Health Care): PRO: This is the product of a joint effort of stakeholders and another effort to address opiate use. Public health officers will be able to access the PMP and the overdose feedback system helps providers. We need data and this continues the work of addressing opioid use. Washington State has lead the effort to decrease opioid overdoses and this is another effort to address this. EDIE has been tied to the exchange of information but we need to push the data to prescribers, not require them to pull the data for themselves. This takes bias out of the equation and forces prescribers to look at all patients. We want the collection of data for quality improvement programs. This data should also be pushed to behavioral health providers. ARNPs want to be included in the development of assessment materials used for the program. We would like ARNPs to be a part of the decision making process to determine the content and format of the notice.

Persons Testifying (Health Care): PRO: Senator Ann Rivers, Prime Sponsor; Mike Hatchett, Washington Council for Behavioral Health; Leslie Emerick, ARNPs United of WA; Katie Kolan, Washington State Medical Association; David Tauben, MD, UW Medical Center/WSMA/WSHA Opioid Task Force; Stephen Anderson, MD, American College of Emergency Physicians - WA.

Persons Signed In To Testify But Not Testifying (Health Care): No one.

Staff Summary of Public Testimony on Proposed Substitute (Ways & Means): *The committee recommended a different version of the bill than what was heard.* PRO: Leveraging data that is already available in our state for quality improvement purposes is a great idea. Individual practitioners, physician groups, public health officers, and hospitals are all covered within this legislation. This legislation creates an overdose feedback system. If a patient has a near fatal overdose, then the right individuals are informed of the event to allow for timely and appropriate follow-up. This legislation also creates a prescription monitoring report card to allow providers and health care organizations to review prescribing habits. The report card will also be available to Chief Medical Officers and other key individuals at hospitals. A thorough review of data from the PMP has the potential to change behavior. One of the major goals of this legislation is to make sure that behavior is changed and opioids are prescribed in a more appropriate manner.

OTHER: The PMP program is a valuable asset for Advanced Registered Nurse Practitioners. There are 6000 licensed ARNPs practicing in Washington. ARNPs provide up to one-third of patient primary care, and are a particularly important resource in rural parts of the state. ARNPs are opioid prescribers and are significant stakeholders in the PMP. ARNPs should be included in the decision making process determining the format and content of the notice when a patient has experienced a controlled substance overdose event. ARNPs also need to be included in the state's collection of data to influence quality improvement and the identification of best practices. ARNPs would love to have access to pain specialists for consultation about patients. Unfortunately, these specialists are often not available in rural areas. A requirement for ARNPs to consult with these specialists will be challenging, and may decrease the ability for ARNPs to serve patients with chronic pain. Mandating a certain dosage may leave out the ability for providers to treat patients on a case-by-case basis.

Persons Testifying (Ways & Means): PRO: Lisa Thatcher, Washington State Hospital Association; Katie Kolan, Washington State Medical Association.

OTHER: Leslie Emerick, ARNPs United of WA; Melissa Johnson, Washington Association of Nurse Anesthetists.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.