Chapter 246-470 WAC
PRESCRIPTION MONITORING PROGRAM

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WAC

WAC 246-470-001 Purpose. These rules implement the prescription monitoring program, established by the legislature in chapter 70.225 RCW, as a means to promote the public health, safety, and welfare and to detect and prevent prescription drug abuse.

[Statutory Authority: Chapter 70.225 RCW and 2007 c 259. WSR 11-16-041, § 246-470-001, filed 7/27/11, effective 8/27/11.]

WAC 246-470-010 Definitions. The definitions in this section apply throughout this chapter unless the context clearly indicates otherwise:

(1) "Authentication" means information, electronic device, or certificate provided by the department or their designee to a data requestor to electronically access prescription monitoring information. The authentication may include, but is not limited to, a user name, password, or an identification electronic device or certificate.

(2) "Controlled substance" has the same meaning provided in RCW 69.50.101.

(3) "Department" means the department of health.

(4) "Dispenser" means a practitioner or pharmacy that delivers to the ultimate user a schedule II, III, IV, or V controlled substance or other drugs identified by the pharmacy quality assurance commission in WAC 246-470-020, but does not include:

(a) A practitioner or other authorized person who only administers, as defined in RCW 69.41.010, a controlled substance or other drugs identified by the pharmacy quality assurance commission in WAC 246-470-020;

(b) A licensed wholesale distributor or manufacturer, as defined in chapter 18.64 RCW, of a controlled substance or other drugs identified by the pharmacy quality assurance commission in WAC 246-470-020; or

(c) A veterinarian licensed under chapter 18.92 RCW. Data submission requirements for veterinarians are included in WAC 246-470-035.

(5) "Indirect patient identifiers" means data that may include: Hospital or provider identifiers; a five-digit zip code, county, state, and country of residence; dates that include month and year;

age in years; and race and ethnicity; but does not include the patient's first name; middle name; last name; Social Security number; control or medical record number; zip code plus four digits; dates that include day, month, and year; or admission and discharge date in combination.

(6) "Local health officer" means the legally qualified physician who has been appointed as the health officer for a county or district health department, consistent with RCW 70.05.010(2).

(7) "Qualifying medical test site" means a medical test site licensed by the department under chapter 70.42 RCW, and certified as a drug testing laboratory by the United States department of health and human services, substance abuse and mental health services administration.

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

(9) "Patient address" means the current geographic location of the patient's residence. If the patient address is in care of another person or entity, the address of that person or entity is the "patient address" of record. When alternate addresses are possible, they must be recorded in the following order of preference:

(a) The geographical location of the residence, as would be identified when a telephone is used to place a 9-1-1 call; or

(b) An address as listed by the United States Postal Service; or

(c) The common name of the residence and town.

(10) "Pharmacist" means a person licensed to engage in the practice of pharmacy.

(11) "Prescriber" means a licensed health care professional with authority to prescribe controlled substances or legend drugs.

(12) "Prescription monitoring information" means information submitted to and maintained by the prescription monitoring program.

(13) "Program" means the prescription monitoring program established under chapter 70.225 RCW.

(14) "Valid photographic identification" means:

(a) A driver's license or instruction permit issued by any United States state or province of Canada. If the patient's driver's license has expired, the patient must also show a valid temporary driver's license with the expired card.

(b) A state identification card issued by any United States state or province of Canada.

(c) An official passport issued by any nation.

(d) A United States armed forces identification card issued to active duty, reserve, and retired personnel and the personnel's dependents.

(e) A merchant marine identification card issued by the United States Coast Guard.

(f) A state liquor control identification card. An official age identification card issued by the liquor control authority of any United States state or Canadian province.

(g) An enrollment card issued by the governing authority of a federally recognized Indian tribe located in Washington, if the enrollment card incorporates security features comparable to those implemented by the department of licensing for Washington drivers' licenses and are recognized by the liquor control board.

[Statutory Authority: RCW 70.225.020, 70.225.025, 70.225.040, and 2017 c 297. WSR 18-17-048, § 246-470-010, filed 8/8/18, effective 9/8/18.

Statutory Authority: Chapter 70.225 RCW and 2016 c 104, and 2015 c 259. WSR 17-18-103, § 246-470-010, filed 9/6/17, effective 10/7/17. Statutory Authority: RCW 70.225.020 and 70.225.025. WSR 14-07-099, § 246-470-010, filed 3/18/14, effective 4/18/14; WSR 13-12-025, § 246-470-010, filed 5/28/13, effective 6/28/13. Statutory Authority: Chapter 70.225 RCW and 2007 c 259. WSR 11-16-041, § 246-470-010, filed 7/27/11, effective 8/27/11.]

WAC 246-470-020 Adding additional drugs to the program. Pursuant to RCW 70.225.020, the pharmacy quality assurance commission may add additional drugs to the list of drugs being monitored by the program by requesting the department amend these rules.

[Statutory Authority: RCW 70.225.020 and 70.225.025. WSR 14-07-099, § 246-470-020, filed 3/18/14, effective 4/18/14. Statutory Authority: Chapter 70.225 RCW and 2007 c 259. WSR 11-16-041, § 246-470-020, filed 7/27/11, effective 8/27/11.]

WAC 246-470-030 Data submission requirements for dispensers. (1) A dispenser shall provide to the department the dispensing information required by RCW 70.225.020 and this section for all scheduled II, III, IV, and V controlled substances and for drugs identified by the pharmacy quality assurance commission under WAC 246-470-020. Only drugs dispensed for more than one day use must be reported.

(2) Dispenser identification number. A dispenser shall acquire and maintain an identification number issued to dispensing pharmacies by the National Council for Prescription Drug Programs or a prescriber identifier issued to authorized prescribers of controlled substances by the Drug Enforcement Administration, United States Department of Justice.

(3) Submitting data. A dispenser shall submit data to the department electronically, as soon as readily available, but no later than one business day from the date of dispensing, and in the format required by the department. When the dispenser has not dispensed any drugs during a business day which require reporting, then within seven days the dispenser shall report that no drugs requiring reporting were dispensed. The notification shall be in a format established by the department.

(a) A dispenser shall submit for each dispensing the following information and any additional information required by the department:

(i) Patient identifier. A patient identifier is the unique identifier assigned to a particular patient by the dispenser;

(ii) Name of the patient for whom the prescription is ordered including first name, middle initial, last name, and generational suffixes, if any;

(iii) Patient date of birth;

(iv) Patient address;

(v) Patient gender and species code;

(vi) Drug dispensed;

(vii) Date of dispensing;

(viii) Quantity and days supply dispensed;

(ix) Refill and partial fill information;

(x) Prescriber identifiers including the National Provider Identifier and the Drug Enforcement Administration number including any suffix used;

(xi) Prescription issued date;

(xii) Dispenser identifiers including the Drug Enforcement Administration number and the National Provider Identifier;

(xiii) Prescription fill date and number;

(xiv) Source of payment indicated by one of the following:

(A) Private pay (cash, change, credit card, check);

(B) Medicaid;

(C) Medicare;

(D) Commercial insurance;

(E) Military installations and veterans affairs;

(F) Workers compensation;

(G) Indian nations;

(H) Other;

(xv) When practicable, the name of the person picking up or dropping off the prescription as verified by valid photographic identification; and

(xvi) The prescriber's and dispenser's business phone numbers.

(b) A nonresident, licensed pharmacy that delivers controlled substances, as defined in RCW 18.64.360, is required to submit only the transactions for patients with a Washington state zip code.

(c) Data submission requirements do not apply to:

(i) The department of corrections or pharmacies operated by a county for the purpose of providing medications to offenders in state or county correctional institutions who are receiving pharmaceutical services from a state or county correctional institution's pharmacy. A state or county correctional institution's pharmacy must submit data to the program related to each offender's current prescriptions for controlled substances upon the offender's release from a state or county correctional institution.

(ii) Medications provided to patients receiving inpatient services provided at hospitals licensed under chapter 70.41 RCW or patients of such hospitals receiving services at the clinics, day surgery areas, or other settings within the hospital's license where the medications are administered in single doses; or medications provided to patients receiving outpatient services provided at ambulatory surgical facilities licensed under chapter 70.230 RCW.

[Statutory Authority: RCW 70.225.025, 70.25.040 [70.225.040] and 70.225.020 as amended by 2019 c 314. WSR 21-11-088, § 246-470-030, filed 5/18/21, effective 6/18/21. Statutory Authority: RCW 70.225.020, 70.225.025, and 70.225.040. WSR 16-15-014, § 246-470-030, filed 7/8/16, effective 8/8/16. Statutory Authority: RCW 70.225.020 and 70.225.025. WSR 14-07-099, § 246-470-030, filed 3/18/14, effective 4/18/14; WSR 13-12-025, § 246-470-030, filed 5/28/13, effective 6/28/13. Statutory Authority: Chapter 70.225 RCW and 2007 c 259. WSR 11-16-041, § 246-470-030, filed 7/27/11, effective 8/27/11.]

WAC 246-470-035 Dispensing and data submission requirements for veterinarians. A veterinarian licensed under chapter 18.92 RCW shall provide to the department the dispensing information required by RCW 70.225.020 and as provided in this section for all schedule II, III, IV and V controlled substances and for drugs identified by the pharmacy quality assurance commission under WAC 246-470-020.

(1) Dispenser identification number. A veterinarian shall acquire and maintain a prescriber identifier issued to authorized prescribers

of controlled substances by the Drug Enforcement Administration, United States Department of Justice.

(2) Submitting data. A veterinarian shall:

(a) Report data for schedule II, III, IV, and V controlled substances, and other required drugs identified by the pharmacy quality assurance commission under WAC 246-470-020, dispensed for more than a fourteen-day supply;

(b) Report data using either electronic or nonelectronic methods provided by the department;

(c) Submit data quarterly. Data must be reported on the following schedule:

Reporting Period	Report Due Date
January - March	April 10
April - June	July 10
July - September	October 10
October - December	January 10

(d) Report the following data elements to the department for each schedule II, III, IV, and V controlled substance and other required drugs dispensed for more than a fourteen-day supply:

(i) Name of the animal for whom the drug is dispensed including name of the animal or the animal's species (example: Feline) and the owner's last name;

(ii) Animal's date of birth, or if date of birth is unknown, enter January 1st of the estimated birth year;

(iii) Owner's name including first name, middle initial, last name, and generational suffixes, if any;

(iv) Owner's address;

(v) Drug dispensed;

(vi) Date the drug was dispensed;

(vii) Quantity and days supply dispensed;

(viii) Prescriber identifier;

(ix) Dispenser identifier; and

(x) When practicable, the identification number from a valid photo identification card of the owner.

[Statutory Authority: RCW 70.225.020 and 70.225.025. WSR 14-07-099, § 246-470-035, filed 3/18/14, effective 4/18/14; WSR 13-12-025, § 246-470-035, filed 5/28/13, effective 6/28/13.]

WAC 246-470-037 Waiver for integrating electronic health record system with the prescription monitoring program. (1) A facility, entity, office, or provider group that is subject to the prescription monitoring program integration mandate requirement in RCW 70.225.090 (2)(a), and is experiencing an economic hardship, technological limitation, or other exceptional circumstances as stated in RCW 70.225.090 (2)(b), may submit an attestation to the department for a waiver from the integration mandate. The attestation must be submitted on forms provided by the department. The waiver is deemed granted upon submission.

(2) A facility, entity, office, or provider group that has been granted a waiver from the mandate in RCW 70.225.090 (2)(a) shall be exempt from the prescription monitoring program integration mandate for the calendar year in which the attestation is received by the department beginning with the effective date of this section.

(a) For economic hardship and technical limitation, a facility, entity, office, or provider group may submit up to three annual attestations, giving the facility, entity, office, or provider group up to three years to integrate its electronic health record with the prescription monitoring program.

(b) There is no limit on the number of other exceptional circumstance waivers under subsection (3)(c) of this section that a facility, entity, office, or provider group may submit.

(3) A facility, entity, office, or provider group may submit an attestation for a waiver from the mandate due to:

(a) Economic hardship in the following circumstances:

(i) A bankruptcy in the previous year or a waiver submitted under this chapter due to bankruptcy in the previous year;

(ii) Opening a new practice after January 1, 2020;

(iii) Operating a low-income clinic, that is defined as a clinic serving a minimum of thirty percent medicaid patients; or

(iv) Intent to discontinue operating in Washington prior to December 31, 2022;

(b) Technological limitations outside the control of the facility, entity, office, or provider group in the following circumstance: Integration of electronic health records system with the PMP through a method approved by the department is in process but has not yet been completed;

(c) Other exceptional circumstances include:

(i) Providing services as a free clinic;

(ii) The internet speed or bandwidth required to integrate an electronic health record with the prescription monitoring program through a method approved by the department is not available;

(iii) The technology to connect the electronic health record of the entity requesting the waiver to the prescription monitoring program through a method approved by the department does not exist;

(iv) Fewer than one hundred prescriptions for Schedule II-V drugs are generated in a calendar year; or

(v) Unforeseen circumstances that stress the practitioner or health care system in such a way that compliance is not possible. Examples may include, but are not limited to, natural disasters, widespread health care emergencies, unforeseen barriers to integration, or unforeseen events that result in a statewide emergency.

[Statutory Authority: RCW 70.225.025 and 2019 c 314. WSR 21-19-018, § 246-470-037, filed 9/7/21, effective 10/8/21.]

WAC 246-470-040 Patient access to information from the program. A patient or a patient's personal representative may obtain a report listing all prescription monitoring information that pertains to the patient.

(1) Procedure for obtaining information. A patient or a patient's personal representative requesting information pursuant to this section shall submit a written request in person at the department, or at any other place specified by the department. The written request must be in a format established by the department.

(2) Identification required. The patient or the patient's personal representative must provide valid photographic identification prior to obtaining access to the information requested in this section.

(3) Proof of personal representation. Before obtaining access to the information pursuant to this section, a personal representative shall provide either:

(a) An official attested copy of the judicial order granting them authority to gain access to the health care records of the patient;

(b) In the case of parents or legal guardian(s) of a minor child, a certified copy of the birth certificate of the minor child or other certified legal documents establishing parentage or guardianship; or

(c) In the case of persons holding power of attorney, the original document establishing the power of attorney.

(4) The department may verify the patient authorization by any reasonable means prior to providing the information to the patient's personal representative.

[Statutory Authority: RCW 70.225.020, 70.225.025, and 70.225.040. WSR 16-15-014, § 246-470-040, filed 7/8/16, effective 8/8/16. Statutory Authority: Chapter 70.225 RCW and 2007 c 259. WSR 11-16-041, § 246-470-040, filed 7/27/11, effective 8/27/11.]

WAC 246-470-050 Local health officer, pharmacist, prescriber or other health care practitioner and medical test site access to information from the program. (1) Access.

(a) The local health officer or a licensed health care practitioner authorized by the local health officer may obtain prescription monitoring information for the purposes of patient follow-up and care coordination following a controlled substance overdose event.

(b) A pharmacist, prescriber, or licensed health care practitioner authorized by a prescriber or pharmacist may obtain prescription monitoring information relating to their patients, for the purpose of providing medical or pharmaceutical care.

(c) A qualifying medical test site may have access to prescription monitoring information for the purpose of providing assistance to a prescriber or dispenser for determining medications an identified patient, in the care of the prescriber or dispenser, is taking.

(2) Registration for access.

(a) A local health officer, pharmacist, prescriber, or licensed health care practitioner authorized by a local health officer, prescriber or pharmacist shall register by using the registration process established by the department in order to receive an authentication to access the electronic system.

(b) Staff of a qualifying medical test site, meeting requirements of (a) of this subsection may register for access by using the registration process established by the department.

(3) Verification by the department. The department shall verify the authentication and identity of the local health officer, pharmacist, prescriber, licensed health care practitioner authorized by a local health officer, prescriber or pharmacist, or staff of a qualifying medical test site before allowing access to any prescription monitoring information. The qualifying medical testing laboratory's registered substance abuse and mental health services administration responsible person must designate and report to the program those staff who may access the prescription monitoring information.

(4) Procedure for accessing prescription information.

(a) A local health officer, pharmacist, prescriber, licensed health care practitioner authorized by a local health officer, prescriber or pharmacist, or staff of a qualifying medical test site cen-

ter may access information from the program electronically, using the authentication issued by the department or the department's designee.

(b) A local health officer, pharmacist, prescriber, or licensed health care practitioner authorized by a local health officer, prescriber or pharmacist may alternately submit a written request via mail or facsimile transmission in a manner and format established by the department.

(5) Reporting lost or stolen authentication. If the authentication issued by the department is lost, missing, or the security of the authentication is compromised, the local health officer, pharmacist, prescriber, licensed health care practitioner authorized by a local health officer, prescriber or pharmacist, or staff of a qualifying medical test site shall notify the department's designee by telephone and in writing as soon as reasonably possible.

(6) All requests for, uses of, and disclosures of prescription monitoring information by authorized persons must be consistent with the mandate as outlined in RCW 70.225.040 and this chapter.

[Statutory Authority: RCW 70.225.020, 70.225.025, 70.225.040, and 2017 c 297. WSR 18-17-048, § 246-470-050, filed 8/8/18, effective 9/8/18. Statutory Authority: Chapter 70.225 RCW and 2016 c 104, and 2015 c 259. WSR 17-18-103, § 246-470-050, filed 9/6/17, effective 10/7/17. Statutory Authority: RCW 70.225.020, 70.225.025, and 70.225.040. WSR 16-15-014, § 246-470-050, filed 7/8/16, effective 8/8/16. Statutory Authority: Chapter 70.225 RCW and 2007 c 259. WSR 11-16-041, § 246-470-050, filed 7/27/11, effective 8/27/11.]

WAC 246-470-052 Facility and provider group access to information from the program. (1) Access.

(a) A health care facility or entity may have access to prescription monitoring information for the purpose of providing medical or pharmaceutical care to the patients of the facility or entity or for quality improvement purposes, provided that the facility or entity is licensed by the department, operated by the federal government, or a federally recognized Indian tribe.

(b) A health care provider group of five or more prescribers may have access to prescription monitoring information for the purpose of providing medical or pharmaceutical care to the patients, or for quality improvement purposes, provided that all prescribers in the provider group are licensed by the department, the provider group is operated by the federal government or a federally recognized Indian tribe.

(2) Registration for access. A facility or entity identified in subsection (1)(a) of this section or a provider group of five or more prescribers identified in subsection (1)(b) of this section may register for access by using the registration process established by the department.

(3) Verification by the department. The department or its designee shall verify the authentication and identity of the facility, entity, or provider group before allowing access to any prescription monitoring information.

(4) Procedure for accessing prescription information. A facility, entity, or provider group identified in subsection (1) of this section must access information from the program electronically through a method approved by the department.

(5) If the connection between the facility, entity, or provider group and the program is compromised, the facility, entity, or provid-

er group shall notify the department's designee by telephone and in writing as soon as reasonably possible.

(6) All requests for, uses of, and disclosures of prescription monitoring information by authorized persons must be consistent with the mandate as outlined in RCW 70.225.040 and this chapter.

[Statutory Authority: RCW 70.225.025, 70.25.040 [70.225.040] and 70.225.020 as amended by 2019 c 314. WSR 21-11-088, § 246-470-052, filed 5/18/21, effective 6/18/21. Statutory Authority: RCW 70.225.020, 70.225.025, 70.225.040, and 2017 c 297. WSR 18-17-048, § 246-470-052, filed 8/8/18, effective 9/8/18. Statutory Authority: Chapter 70.225 RCW and 2016 c 104, and 2015 c 259. WSR 17-18-103, § 246-470-052, filed 9/6/17, effective 10/7/17.]

WAC 246-470-053 The coordinated care electronic tracking program access to information from the program. (1) Access. The coordinated care electronic tracking program may have access to data for the purposes of:

(a) Providing program data to emergency department personnel when the patient registers in the emergency department; and

(b) Providing notice to the patient's providers, appropriate care coordination staff, and prescribers listed in the patient's prescription monitoring program record when the patient has experienced a controlled substance overdose event.

(2) Registration for access. The coordinated care electronic tracking program may register for access by using the registration process established by the department.

(3) Verification by the department. The department or its designee shall verify the authentication and identity of the coordinated care electronic tracking program before allowing access to any prescription monitoring information.

(4) Procedure for accessing prescription data. The coordinated care electronic tracking program must access data from the program electronically through a method approved by the department. The data shall only be retained long enough by the tracking program to create the report needed by emergency department personnel when the patient registered or to provide notice of an overdose event.

(5) If the secure connection between the coordinated care electronic tracking program and the program is compromised, the coordinated care electronic tracking program shall notify the department's designee by telephone and in writing as soon as reasonably possible.

(6) All requests for, uses of, and disclosures of prescription monitoring information by authorized persons must be consistent with the mandate as outlined in RCW 70.225.040 and this chapter.

[Statutory Authority: RCW 70.225.025, 70.25.040 [70.225.040] and 70.225.020 as amended by 2019 c 314. WSR 21-11-088, § 246-470-053, filed 5/18/21, effective 6/18/21. Statutory Authority: RCW 70.225.020, 70.225.025, 70.225.040, and 2017 c 297. WSR 18-17-048, § 246-470-053, filed 8/8/18, effective 9/8/18.]

WAC 246-470-054 Facility, entity, and provider group access to prescriber information. (1) Access. Facilities, entities, and provider groups which have elected to receive information as identified in WAC 246-470-052 shall receive quarterly reports from the department

with facility or entity and individual prescriber information for quality improvement purposes of the facility, entity, or provider group.

(2) Requesting a report. The facility, entity, or provider group shall submit a request for each quarterly report using a format established by the department and containing the names and credentials of the providers they employ.

(3) Verification. The department will establish a process for verifying the point of contact at each facility, entity or provider group who will receive the report.

(4) Providing a report. The department will establish a secure method for delivering the report to the facility, entity or provider group.

(5) All requests for, uses of, and disclosures of prescription monitoring information by authorized persons must be consistent with the mandate as outlined in RCW 70.225.040 and this chapter.

[Statutory Authority: RCW 70.225.020, 70.225.025, 70.225.040, and 2017 c 297. WSR 18-17-048, § 246-470-054, filed 8/8/18, effective 9/8/18.]

WAC 246-470-060 Law enforcement, prosecutorial officials, coroners, and medical examiners' access to information from the program. Local, state, federally recognized tribe, or federal law enforcement officials and prosecutorial officials may obtain prescription monitoring information for a bona fide specific investigation involving a designated person. A local, state, federally recognized tribe, or federal coroner or medical examiner may obtain prescription monitoring information for a bona fide specific investigation to determine cause of death.

(1) Registration for access. Local, state, federally recognized tribe, or federal law enforcement officials, prosecutorial officials, coroners, and medical examiners shall register with the department in order to receive an authentication to access information from the program. The registration process shall be established by the department.

(2) Verification by the department. The department shall verify the authentication and identity of local, state, federally recognized tribe, or federal law enforcement officials, prosecutorial officials, coroners, and medical examiners before allowing access to any prescription monitoring information.

(3) Procedure for accessing prescription information. Local, state, federally recognized tribe, or federal law enforcement officials, prosecutorial officials, coroners and medical examiners may access information from the program electronically using the authentication issued by the department.

(4) Local, state, federally recognized tribe, or federal law enforcement officials and prosecutorial officials shall electronically attest that the requested information is required for a bona fide specific investigation involving a designated person prior to accessing prescription monitoring information.

(5) Local, state, federally recognized tribe, or federal coroner or medical examiners shall electronically attest that the requested information is required for a bona fide specific investigation to determine cause of death prior to accessing prescription monitoring information.

(6) Local, state, federally recognized tribe, or federal law enforcement officials, prosecutorial officials, coroners and medical ex-

aminers may alternately submit a written request via mail or facsimile transmission in a format established by the department. The written request must contain an attestation that the requested information is required for a bona fide specific investigation involving a designated person or for a bona fide specific investigation to determine cause of death.

(7) Reporting lost or stolen authentication. If the authentication issued by the department is lost, missing, or the security of the authentication is compromised, the local, state, federally recognized tribe, and federal law enforcement officials, prosecutorial officials, coroners or medical examiners shall notify the department by telephone and in writing as soon as reasonably possible.

(8) All requests for, uses of, and disclosures of prescription monitoring information by authorized persons must be consistent with the program's mandate as outlined in RCW 70.225.040 and this chapter.

[Statutory Authority: RCW 70.225.020, 70.225.025, and 70.225.040. WSR 16-15-014, § 246-470-060, filed 7/8/16, effective 8/8/16. Statutory Authority: Chapter 70.225 RCW and 2007 c 259. WSR 11-16-041, § 246-470-060, filed 7/27/11, effective 8/27/11.]

WAC 246-470-070 Other prescription monitoring program's access to information from the program. Established prescription monitoring programs may obtain prescription monitoring information for requests from within their jurisdiction that do not violate the provisions of this chapter or chapter 70.225 RCW.

(1) The other prescription monitoring program must provide substantially similar protections for patient information as the protections provided in chapter 70.225 RCW.

(2) The department may share information with other prescription monitoring programs qualified under this section through a clearinghouse or prescription monitoring program information exchange that meets federal health care information privacy requirements.

(3) All requests for, uses of, and disclosures of prescription monitoring information by authorized persons must be consistent with the program's mandate as outlined in RCW 70.225.040 and this chapter.

[Statutory Authority: Chapter 70.225 RCW and 2007 c 259. WSR 11-16-041, § 246-470-070, filed 7/27/11, effective 8/27/11.]

WAC 246-470-080 Access by public or private research entities to information from the program. (1) The department may provide prescription monitoring information in a format established by the department to any public or private entity for statistical, research, or educational purposes.

(2) Before the department releases any requested information, the department shall remove information that could be used to identify individual patients, dispensers, prescribers, and persons who received prescriptions from dispensers.

(3) To obtain information from the program a public or private entity shall submit a request in a format established by the department.

(4) All requests for, uses of, and disclosures of prescription monitoring information by the requesting entity must be consistent

with the program's mandate as outlined in RCW 70.225.040 and this chapter.

[Statutory Authority: Chapter 70.225 RCW and 2007 c 259. WSR 11-16-041, § 246-470-080, filed 7/27/11, effective 8/27/11.]

WAC 246-470-082 Access by the Washington state hospital association to information from the program. (1) The department may provide dispenser and prescriber data that includes indirect patient identifiers to the Washington state hospital association's coordinated quality improvement program (CQIP).

(2) Before providing data to the association's CQIP the department will enter into a data use agreement that outlines the following:

(a) The data fields that will be provided;

(b) The security methods used to protect and transmit the data;

(c) Any allowed redisclosure of the data provided to the CQIP must be consistent with the purpose of the data use agreement; and

(d) How indirect patient identifiers will be protected from any attempts to reidentify the patient or their family.

(3) All requests for, uses of, and disclosures of prescription monitoring information by the requesting entity must be consistent with the mandate as outlined in RCW 70.225.040 and this chapter.

[Statutory Authority: RCW 70.225.020, 70.225.025, 70.225.040, and 2017 c 297. WSR 18-17-048, § 246-470-082, filed 8/8/18, effective 9/8/18.]

WAC 246-470-090 Confidentiality. Under RCW 70.225.040, prescription monitoring information is confidential, and maintained in compliance with chapter 70.02 RCW and federal health care information privacy requirements. Prescription monitoring information that has been disclosed to a health care provider under the provisions of RCW 70.225.040 is health care information under chapter 70.02 RCW and federal privacy laws. Health care providers may retain prescription monitoring information with the patient's health care records which are protected by state and federal law.

[Statutory Authority: RCW 70.225.020, 70.225.025, and 70.225.040. WSR 16-15-014, § 246-470-090, filed 7/8/16, effective 8/8/16. Statutory Authority: Chapter 70.225 RCW and 2007 c 259. WSR 11-16-041, § 246-470-090, filed 7/27/11, effective 8/27/11.]

WAC 246-470-100 Penalties and sanctions. In addition to the penalties described in RCW 70.225.060, if the department determines a person has intentionally or knowingly used or disclosed prescription monitoring information in violation of chapter 70.225 RCW, the department may take action including, but not limited to:

(1) Terminating access to the program;

(2) Filing a complaint with appropriate health profession regulatory entities; or

(3) Reporting the violation to law enforcement.

[Statutory Authority: Chapter 70.225 RCW and 2007 c 259. WSR 11-16-041, § 246-470-100, filed 7/27/11, effective 8/27/11.]