

# HOUSE BILL REPORT

## EHB 1538

---

**As Passed House:**  
March 5, 2013

**Title:** An act relating to the safe practice of public health nurses dispensing certain medications.

**Brief Description:** Encouraging the safe practice of public health nurses dispensing certain medications.

**Sponsors:** Representatives Morrell, Angel, Green, Ryu, Jinkins and Pollet.

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 2/15/13 [DP].

**Floor Activity:**

Passed House: 3/5/13, 75-22.

**Brief Summary of Engrossed Bill**

- Authorizes licensed registered nurses who are employees of a local health department or clinic contracted by a local health department to dispense drugs for the purposes of prevention or treatment of a communicable disease or family planning.
- Provides drug dispensation and storage requirements.
- Requires the local health officer to establish policies and procedures for drug dispensation and the maintenance and storage of drug records.
- Allows the Board of Pharmacy to adopt rules necessary to implement this law.

---

### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** Do pass. Signed by 15 members: Representatives Cody, Chair; Jinkins, Vice Chair; Schmick, Ranking Minority Member; Hope, Assistant Ranking Minority Member; Angel, Clibborn, Green, Harris, Manweller, Morrell, Riccelli, Ross, Short, Tharinger and Van De Wege.

**Staff:** Cherlyn Walden (786-7296).

---

*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.*

## **Background:**

### Local Health Department or District.

County governments have primary responsibility for the health and safety of Washington residents. The counties' legislative authorities are charged with establishing either a county department or a health district to assure the public's health. The public health system consists of 35 local public health agencies or local health jurisdictions that work with the state Department of Health.

Each county department or health district has a local board of health, which is responsible for the supervision over all matters pertaining to the preservation of the life and health of the people within its jurisdiction. Local boards of health approve the budgets, programs, and policies of local public health agencies and appoint a local health officer, but may also appoint an agency administrator.

The local health officer is an experienced physician licensed to practice medicine and surgery or osteopathic medicine and surgery in the state that also meets other qualifications outlined by law. The local health officer acts under the direction of the local board of health to execute the responsibilities of the board.

### Registered Nurses.

Registered nurses must be licensed by the state. A registered nurse performs acts that require substantial knowledge, judgment, and skill based on the principles of biological, behavioral, health, and nursing sciences. Such acts are grounded in the elements of the nursing process, which includes, but is not limited to, the assessment, analysis, diagnosis, planning, implementation and evaluation of nursing care, and health teaching in the maintenance and the promotion of health or prevention of illness of others and the support of a dignified death. The registered nurse using specialized knowledge can perform the activities of administration, supervision, delegation, and evaluation of nursing practice.

The registered nurse functions in an independent role when utilizing the nursing process to meet the complex needs of the client. In an interdependent role as a member of a health care team, the registered nurse functions to coordinate and evaluate the care of the client and independently revises the plan and delivery of nursing care. The registered nurse functions in an interdependent role when executing a medical regimen under the direction of an advanced registered nurse practitioner, licensed physician and/or surgeon, dentist, osteopathic physician and/or surgeon, physician assistant, osteopathic physician assistant, podiatric physician and/or surgeon, or naturopathic physician. A registered nurse may not accept delegation of acts not within his or her scope of practice.

A registered nurse may, at or under the general direction of a licensed physician and surgeon, dentist, osteopathic physician and surgeon, naturopathic physician, optometrist, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, advanced registered nurse practitioner, or midwife acting within the scope of his or her license, administer medications.

## **Summary of Engrossed Bill:**

### Registered Nurses.

A licensed, registered nurse who is employed by a local health department or district or a clinic or facility under contract with a local health department or district is authorized to dispense a drug or device only for the purposes of prevention or treatment of a communicable disease or family planning, if done by order of a person authorized by law to prescribe a drug or device in the state.

### Drug Dispensation.

Only practitioners authorized by law to prescribe a drug or a licensed registered nurse meeting the requirements listed above may dispense a drug.

Drugs must be dispensed in a container that complies with the Federal Poison Prevention Packaging Act, unless the patient requests a noncomplying container. The label must include: the patient's name; the prescriber's name; the name, address and phone number of the clinic; the date dispensed; the name and strength of the drug; directions for use; initials of the person dispensing; any cautionary statements required by law; and a manufacturer's expiration date, or an earlier date after which a patient should not use the drug. Any drug dispensed from a local health department or district or clinic or facility under contract with a local health department must be accompanied by a drug information fact sheet.

Drugs repackaged for dispensation must be in a container that meets the United States Pharmacopeia standards. The label at minimum must include: the brand name or generic name of the drug, the manufacturer, strength, lot number, and manufacturer's expiration date or earlier date, if preferred.

### Drug Storage.

Drugs must be kept in a locked drug cabinet or drug room sufficiently secure to deny unauthorized access in a manner that will assure proper sanitation, temperature, light, ventilation, and moisture control as recommended by the manufacturer. Expired or damaged drugs must be quarantined and kept physically separated from other drugs until they are destroyed or returned to their supplier.

Only dispensing practitioners and licensed, registered nurses may have access to the drug cabinet or drug room.

### Records.

A dispensing record, that provides: the name of the patient; the name of the drug and manufacturer; the amount and date dispensed; and the initials of the person dispensing the prescription, must be maintained separate from the patient chart.

All records of receipt and disposal of drugs as well as the dispensing record must be kept for at least three years. All records required by federal and state law must be readily retrievable for inspection by the Board of Pharmacy.

### Policy and Procedures.

The local health officer is required to establish policies and procedures for dispensing drugs, documentation storage, security, accountability, and maintenance of all drug records required by federal and state law.

The Board of Pharmacy may adopt rules necessary to implement the provisions of this law.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

**Staff Summary of Public Testimony:**

(In support) Public health departments and clinics provide a vital service to vulnerable and underserved populations throughout the state. With local public health departments facing cuts that directly impact the services provided, they are looking to do things differently and more efficiently. This bill has been a work in progress for a long time with collaboration from many stakeholders. It provides that the right people will receive the right treatment at the right time by allowing them to have safe access to more medications for the treatment and prevention of communicable diseases and family planning. Quick access to health threats keeps the public safe. The bill codifies a practice that is already widely used.

(In support with amendments) The rule adopting entity should be the Board of Pharmacy rather than the Secretary of the Department of Health, because most, if not all, of the safeguards the bill puts into place have already been addressed by the Board of Pharmacy. Allowing this would ensure there is consistency and not a lot of redundancy.

(Opposed) None.

**Persons Testifying:** (In support) Representative Morrell, prime sponsor; Dorene Hersh and Dean Webb, Seattle and King County Public Health Department; Lauri Jones, Okanogan County Public Health Department; Jennifer Allen, Planned Parenthood; Adrienne Thompson, Professional and Technical Employees Local 17; Brad Banks, Washington State Association for Local Public Health Officials; and Sofia Aragon, Washington State Nurses Association.

(In support with amendments) Jeff Rochon, Washington State Pharmacy Association.

**Persons Signed In To Testify But Not Testifying:** None.