

# SENATE BILL REPORT

## SB 6467

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As of February 10, 2016

**Title:** An act relating to permitting pharmacists to prescribe and dispense contraceptive patches and oral contraception.

**Brief Description:** Permitting pharmacists to prescribe and dispense contraceptive patches and oral contraception.

**Sponsors:** Senators Rivers, Darneille, Litzow, Fain, Rolfes, Hill, Keiser, Lias and Chase.

**Brief History:**

**Committee Activity:** Health Care: 1/28/16, 2/04/16 [DPS-WM, w/oRec].  
**Ways & Means:** 2/08/16.

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### SENATE COMMITTEE ON HEALTH CARE

**Majority Report:** That Substitute Senate Bill No. 6467 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Becker, Chair; Dammeier, Vice Chair; Angel, Bailey, Baumgartner, Brown and Rivers.

**Minority Report:** That it be referred without recommendation.

Signed by Senators Cleveland, Ranking Minority Member; Frockt, Jayapal and Keiser.

**Staff:** Kathleen Buchli (786-7488)

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### SENATE COMMITTEE ON WAYS & MEANS

**Staff:** Sandy Stith (786-7710)

**Background:** The practice of pharmacy is the practice of and responsibility for: interpreting prescription orders; the compounding, dispensing, labeling, administering, and distributing of drugs and devices; the monitoring of drug therapy and use; and other duties relating to the safe storage of drugs and consulting with patients about the therapeutic values, hazards and uses of drugs. The practice of pharmacy also permits the pharmacist to enter into a collaborative agreement with a practitioner who is authorized to prescribe drugs. Under the collaborative agreement, the pharmacist may initiate or modify drug therapy in accordance with written guidelines or protocols previously established and approved for the pharmacist's

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practice. Currently, pharmacists may prescribe oral contraceptives under a collaborative agreement.

**Summary of Bill (Recommended Substitute):** The practice of pharmacy is modified to allow pharmacists to prescribe and dispense contraceptive patches, contraceptive rings, and oral contraceptives. Pharmacists may prescribe and dispense contraceptive patches, contraceptive rings and oral contraceptives to a person who is at least 18 years old, regardless of whether the person has evidence of a previous contraceptive prescription or under the age of 18 if the person has evidence of a previous prescription for a contraceptive patch or oral contraceptive.

The Pharmacy Quality Assurance Commission (PQAC) must adopt rules to establish standard procedures for the prescribing of contraceptives by pharmacists. The rules must require the pharmacist to:

- complete a training program approved by PQAC that is related to prescribing contraceptives;
- provide a self-screening risk assessment tool that the patient must use before the pharmacist prescribes the contraceptive;
- refer the patient to her primary care practitioner upon prescribing the contraceptive and provide her with a written record of the prescription;
- dispense the contraceptive as soon as practicable after issuing the prescription; and
- select a contraceptive product based exclusively on the needs of the patient and not the impact on the pharmacist's business.

Pharmacists may not:

- require a patient to schedule an appointment with the pharmacist for prescribing or dispensing of a contraceptive;
- prescribe a contraceptive to a patient who does not have evidence of a health care visit within the last three years; or
- select a contraceptive product based on preferential profitability or reimbursement.

The pharmacist must be reimbursed for the contraceptives prescribed or dispensed and for consultation services provided by the pharmacist.

**EFFECT OF CHANGES MADE BY HEALTH CARE COMMITTEE (Recommended Substitute):** Pharmacists retain the ability to enter into collaborative agreements with a health care practitioner to prescribe contraception in accordance with the guidance and the protocols of a collaborative agreements.

Pharmacists may prescribe progestin-only oral contraceptives and the contraceptive ring. Pharmacists must select the contraceptive product for the patient based on the needs of the patient and not on the impact on the pharmacist's business or based on preferential profitability or reimbursement offered for the product.

Health insurance plans may not deny benefits for the services provided by a pharmacist in prescribing, dispensing, and consulting with a patient about contraceptives.

**Appropriation:** None.

**Fiscal Note:** Requested on February 5, 2018.

**Committee/Commission/Task Force Created:** 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 will provide more access for women for health care and follows the bill that was implemented in Oregon. Half of all pregnancies are unintended. Pharmacists are vital in helping provide access to contraception. The age requirement should be removed; there is no medical reason for younger women to have a limitation on access.

OTHER: Pharmacists have been able to prescribe contraception under collaborative agreements since 1979 and actively since 1995. The age restriction is not necessary and is not a part of the collaborative agreements pharmacists currently work under. The age restriction would mean lack of access for women under the age of 18 because it is unlikely they have seen a primary care provider before. We support access to contraceptive services and we recognize opportunities to provide more service in rural and underserved areas through the existing collaborative agreements; we need to increase take up rates in these areas. Other forms of contraception should be added, such as rings and progestin-only pills. PQAC does not need to be involved in approving standards. We are concerned about the cost and insurance coverage; the bill doesn't ensure coverage of counseling services. We support funding for education and outreach because consumers need to know that pharmacists can do this.

**Persons Testifying on Original Bill (Health Care):** PRO: Senator Rivers, prime sponsor; Melanie Smith, NARAL Pro-choice Washington.

OTHER: Sean Graham, Washington State Medical Association; Don Downing; Nancy Sapiro, Legal Voice; Mark Johnson, Washington Retail Association; Steve Breau, Planned Parenthood Votes NW & Hawaii.

**Persons Signed In To Testify But Not Testifying on Original Bill:** No one.

**Staff Summary of Public Testimony on First Substitute (Ways & Means):** None.

**Persons Testifying on First Substitute (Ways & Means):** No one.

**Persons Signed In To Testify But Not Testifying on First Substitute:** Don Downing.