
HOUSE BILL 1426

State of Washington

65th Legislature

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By Representatives Robinson, Harris, Cody, Caldier, Rodne, Slatter, Jinkins, Peterson, Kilduff, and Kagi

Read first time 01/19/17. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to persons and entities to whom the department of
2 health may provide prescription monitoring program data; and amending
3 RCW 70.225.040.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 **Sec. 1.** RCW 70.225.040 and 2016 c 104 s 1 are each amended to
6 read as follows:

7 (1) Prescription information submitted to the department must be
8 confidential, in compliance with chapter 70.02 RCW and federal health
9 care information privacy requirements and not subject to disclosure,
10 except as provided in subsections (3) (~~and (4)~~) through (5) of this
11 section.

12 (2) The department must maintain procedures to ensure that the
13 privacy and confidentiality of patients and patient information
14 collected, recorded, transmitted, and maintained is not disclosed to
15 persons except as in subsections (3) (~~and (4)~~) through (5) of this
16 section.

17 (3) The department may provide data in the prescription
18 monitoring program to the following persons:

19 (a) Persons authorized to prescribe or dispense controlled
20 substances or legend drugs, for the purpose of providing medical or
21 pharmaceutical care for their patients;

- 1 (b) An individual who requests the individual's own prescription
2 monitoring information;
- 3 (c) Health professional licensing, certification, or regulatory
4 agency or entity;
- 5 (d) Appropriate law enforcement or prosecutorial officials,
6 including local, state, and federal officials and officials of
7 federally recognized tribes, who are engaged in a bona fide specific
8 investigation involving a designated person;
- 9 (e) Authorized practitioners of the department of social and
10 health services and the health care authority regarding medicaid
11 program recipients;
- 12 (f) The director or director's designee within the department of
13 labor and industries regarding workers' compensation claimants;
- 14 (g) The director or the director's designee within the department
15 of corrections regarding offenders committed to the department of
16 corrections;
- 17 (h) Other entities under grand jury subpoena or court order;
- 18 (i) Personnel of the department for purposes of :
- 19 (i) Assessing prescribing practices, including controlled
20 substances-related mortality and morbidity;
- 21 (ii) Providing quality improvement feedback to providers,
22 including comparison of a provider's respective data to aggregate
23 data for providers with the same type of license and same specialty;
24 and
- 25 (iii) Administration and enforcement of this chapter or chapter
26 69.50 RCW;
- 27 (j) Personnel of a test site that meet the standards under RCW
28 70.225.070 pursuant to an agreement between the test site and a
29 person identified in (a) of this subsection to provide assistance in
30 determining which medications are being used by an identified patient
31 who is under the care of that person;
- 32 (k) A health care facility or entity for quality improvement
33 purposes or for the purpose of providing medical or pharmaceutical
34 care to the patients of the facility or entity, if:
- 35 (i) The facility or entity is licensed by the department or is
36 operated by the federal government or a federally recognized tribe;
37 and
- 38 (ii) The facility or entity is a trading partner with the state's
39 health information exchange; (~~and~~)

1 (1) A health care provider group of five or more providers for
2 quality improvement purposes or for purposes of providing medical or
3 pharmaceutical care to the patients of the provider group if:

4 (i) All the providers in the provider group are licensed by the
5 department or the provider group is operated by the federal
6 government or a federally recognized tribe; and

7 (ii) The provider group is a trading partner with the state's
8 health information exchange;

9 (m) The local health officer of a local health jurisdiction for
10 the purposes of patient follow-up and care coordination following a
11 controlled substance overdose event. For purposes of this subsection,
12 "local health officer" has the same meaning as in RCW 70.05.010; and

13 (n) The coordinated care electronic tracking program developed in
14 response to section 213, chapter 7, Laws of 2012 2nd sp. sess.,
15 commonly referred to as the seven best practices in emergency
16 medicine, for purposes of providing:

17 (i) Prescription monitoring program data to emergency department
18 personnel when the patient registers in the emergency department; and

19 (ii) Notice to providers, appropriate care coordination staff,
20 and prescribers listed in the patient's prescription monitoring
21 program record that the patient has experienced a controlled
22 substance overdose event. The department shall determine the content
23 and format of the notice in consultation with the Washington state
24 hospital association, Washington state medical association, and the
25 health care authority. The department may modify the notice as
26 necessary to reflect current needs and best practices.

27 (4) (a) The department shall provide a facility or entity
28 identified under subsection (3)(k) of this section or a provider
29 group identified under subsection (3)(l) of this section with
30 facility or entity and individual prescriber information if the
31 facility, entity, or provider group:

32 (i) Uses the information only for purposes of internal quality
33 improvement and individual prescriber quality improvement feedback;

34 (ii) Does not use the information as the sole basis for any
35 medical staff sanction or adverse employment action;

36 (iii) Provides the department with a standardized list of the
37 facility, entity, or provider group's current prescribers.

38 (b) The department, in consultation with the Washington state
39 hospital association, Washington state medical association, and the
40 health care authority, shall determine: (i) The specific facility,

1 entity, and individual prescriber information that the department
2 must provide pursuant to this subsection (4); and (ii) any
3 requirements related to the standardized list of prescribers that a
4 facility, entity, or provider group must provide to the department.
5 The department may modify the specific information and requirements
6 as necessary to reflect current needs and best practices.

7 (c) The department shall provide a facility, entity, or provider
8 group with the information required by this subsection (4) on at
9 least a quarterly basis and pursuant to a schedule determined by the
10 department.

11 (5)(a) The department may provide data to public or private
12 entities for statistical, research, or educational purposes after
13 removing information that could be used to identify individual
14 patients, dispensers, prescribers, and persons who received
15 prescriptions from dispensers.

16 (b) The department may provide dispenser or prescriber data and
17 data that includes indirect patient identifiers to the Washington
18 state hospital association for use solely in connection with its
19 coordinated quality improvement program maintained under RCW
20 43.70.510. Prior to receiving the data, the department and the
21 association must enter into a written data use agreement, as
22 described in RCW 43.70.052(8). For purposes of this subsection,
23 "indirect patient identifier" means data that may include: Hospital
24 or provider identifiers; five-digit zip code; county; state and
25 country of residence; dates that include month and year; age in
26 years; and race and ethnicity. "Indirect patient identifier" does not
27 include: The patient's first name, middle name, or last name; the
28 patient's social security number; a control or medical record number;
29 a zip code plus four digits; dates that include day, month, and year;
30 or admission and discharge date in combination.

31 ((~~(5) A dispenser or practitioner acting~~)) (6) A person
32 authorized under subsections (3) through (5) of this section to
33 receive data in the prescription monitoring program from the
34 department who acts in good faith is immune from any civil, criminal,
35 disciplinary, or administrative liability that might otherwise be
36 incurred or imposed for (~~requesting, receiving, or using information~~
37 from the program)) taking actions authorized under this chapter.

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