

CERTIFICATION OF ENROLLMENT

SUBSTITUTE SENATE BILL 5380

66th Legislature
2019 Regular Session

Passed by the Senate April 26, 2019
Yea 45 Nays 1

CERTIFICATE

I, Brad Hendrickson, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SUBSTITUTE SENATE BILL 5380** as passed by the Senate and the House of Representatives on the dates hereon set forth.

President of the Senate

Passed by the House April 26, 2019
Yea 97 Nays 0

Secretary

Speaker of the House of Representatives

Approved

FILED

Governor of the State of Washington

**Secretary of State
State of Washington**

SUBSTITUTE SENATE BILL 5380

AS AMENDED BY THE CONFERENCE COMMITTEE

Passed Legislature - 2019 Regular Session

State of Washington

66th Legislature

2019 Regular Session

By Senate Health & Long Term Care (originally sponsored by Senators Cleveland, Rivers, Frockt, Walsh, Keiser, King, Randall, O'Ban, Conway, Darneille, Saldaña, Das, Dhingra, Hunt, Wilson, C., and Zeiger; by request of Office of the Governor)

READ FIRST TIME 02/28/19.

1 AN ACT Relating to opioid use disorder treatment, prevention, and
2 related services; amending RCW 69.41.055, 69.41.095, 70.41.480,
3 70.168.090, 70.225.010, 70.225.040, 71.24.011, 71.24.560, 71.24.585,
4 71.24.590, 71.24.595, 28A.210.260, and 28A.210.270; amending 2005 c
5 70 s 1 (uncodified); reenacting and amending RCW 69.50.312,
6 69.50.312, 70.225.020, and 71.24.580; adding a new section to chapter
7 18.22 RCW; adding a new section to chapter 18.32 RCW; adding a new
8 section to chapter 18.57 RCW; adding a new section to chapter 18.57A
9 RCW; adding a new section to chapter 18.64 RCW; adding a new section
10 to chapter 18.71 RCW; adding a new section to chapter 18.71A RCW;
11 adding a new section to chapter 18.79 RCW; adding new sections to
12 chapter 43.70 RCW; adding a new section to chapter 69.50 RCW; adding
13 a new section to chapter 70.225 RCW; adding new sections to chapter
14 71.24 RCW; adding new sections to chapter 74.09 RCW; adding a new
15 section to chapter 41.05 RCW; adding a new section to chapter 48.43
16 RCW; adding new sections to chapter 28A.210 RCW; adding a new section
17 to chapter 28B.10 RCW; creating new sections; providing an effective
18 date; and providing an expiration date.

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

20 NEW SECTION. **Sec. 1.** The legislature declares that opioid use
21 disorder is a public health crisis. State agencies must increase

1 access to evidence-based opioid use disorder treatment services,
2 promote coordination of services within the substance use disorder
3 treatment and recovery support system, strengthen partnerships
4 between opioid use disorder treatment providers and their allied
5 community partners, expand the use of the Washington state
6 prescription drug monitoring program, and support comprehensive
7 school and community-based substance use prevention services.

8 This act leverages the direction provided by the Washington state
9 interagency opioid working plan in order to address the opioid
10 epidemic challenging communities throughout the state.

11 Agencies administering state purchased health care programs, as
12 defined in RCW 41.05.011, shall coordinate activities to implement
13 the provisions of this act and the Washington state interagency
14 opioid working plan, explore opportunities to address the opioid
15 epidemic, and provide status updates as directed by the joint
16 legislative executive committee on health care oversight to promote
17 legislative and executive coordination.

18 **Sec. 2.** 2005 c 70 s 1 (uncodified) is amended to read as
19 follows:

20 The legislature finds that drug use among pregnant ((women))
21 individuals is a significant and growing concern statewide. ((The
22 legislature further finds that methadone, although an effective
23 alternative to other substance use treatments, can result in babies
24 who are exposed to methadone while in uteri being born addicted and
25 facing the painful effects of withdrawal.)) Evidence-informed group
26 prenatal care reduces preterm birth for infants, and increases
27 maternal social cohesion and support during pregnancy and postpartum,
28 which is good for maternal mental health.

29 It is the intent of the legislature to notify all pregnant
30 ((mothers)) individuals who are receiving ((methadone treatment))
31 medication for the treatment of opioid use disorder of the risks and
32 benefits ((methadone)) such medication could have on their baby
33 during pregnancy through birth and to inform them of the potential
34 need for the newborn baby to be ((taken care of)) treated in a
35 hospital setting or in a specialized supportive environment designed
36 specifically to address ((newborn addiction problems)) and manage
37 neonatal opioid or other drug withdrawal syndromes.

1 **NEW SECTION.** **Sec. 3.** A new section is added to chapter 18.22
2 RCW to read as follows:

3 By January 1, 2020, the board must adopt or amend its rules to
4 require podiatric physicians who prescribe opioids to inform patients
5 of their right to refuse an opioid prescription or order for any
6 reason. If a patient indicates a desire to not receive an opioid, the
7 podiatric physician must document the patient's request and avoid
8 prescribing or ordering opioids, unless the request is revoked by the
9 patient.

10 **NEW SECTION.** **Sec. 4.** A new section is added to chapter 18.32
11 RCW to read as follows:

12 By January 1, 2020, the commission must adopt or amend its rules
13 to require dentists who prescribe opioids to inform patients of their
14 right to refuse an opioid prescription or order for any reason. If a
15 patient indicates a desire to not receive an opioid, the dentist must
16 document the patient's request and avoid prescribing or ordering
17 opioids, unless the request is revoked by the patient.

18 **NEW SECTION.** **Sec. 5.** A new section is added to chapter 18.57
19 RCW to read as follows:

20 By January 1, 2020, the board must adopt or amend its rules to
21 require osteopathic physicians who prescribe opioids to inform
22 patients of their right to refuse an opioid prescription or order for
23 any reason. If a patient indicates a desire to not receive an opioid,
24 the osteopathic physician must document the patient's request and
25 avoid prescribing or ordering opioids, unless the request is revoked
26 by the patient.

27 **NEW SECTION.** **Sec. 6.** A new section is added to chapter 18.57A
28 RCW to read as follows:

29 By January 1, 2020, the board must adopt or amend its rules to
30 require osteopathic physicians' assistants who prescribe opioids to
31 inform patients of their right to refuse an opioid prescription or
32 order for any reason. If a patient indicates a desire to not receive
33 an opioid, the osteopathic physician's assistant must document the
34 patient's request and avoid prescribing or ordering opioids, unless
35 the request is revoked by the patient.

1 NEW SECTION. **Sec. 7.** A new section is added to chapter 18.64
2 RCW to read as follows:

3 A pharmacist may partially fill a prescription for a schedule II
4 controlled substance, if the partial fill is requested by the patient
5 or the prescribing practitioner and the total quantity dispensed in
6 all partial fillings does not exceed the quantity prescribed.

7 NEW SECTION. **Sec. 8.** A new section is added to chapter 18.71
8 RCW to read as follows:

9 By January 1, 2020, the commission must adopt or amend its rules
10 to require physicians who prescribe opioids to inform patients of
11 their right to refuse an opioid prescription or order for any reason.
12 If a patient indicates a desire to not receive an opioid, the
13 physician must document the patient's request and avoid prescribing
14 or ordering opioids, unless the request is revoked by the patient.

15 NEW SECTION. **Sec. 9.** A new section is added to chapter 18.71A
16 RCW to read as follows:

17 By January 1, 2020, the commission must adopt or amend its rules
18 to require physician assistants who prescribe opioids to inform
19 patients of their right to refuse an opioid prescription or order for
20 any reason. If a patient indicates a desire to not receive an opioid,
21 the physician assistant must document the patient's request and avoid
22 prescribing or ordering opioids, unless the request is revoked by the
23 patient.

24 NEW SECTION. **Sec. 10.** A new section is added to chapter 18.79
25 RCW to read as follows:

26 By January 1, 2020, the commission must adopt or amend its rules
27 to require advanced registered nurse practitioners who prescribe
28 opioids to inform patients of their right to refuse an opioid
29 prescription or order for any reason. If a patient indicates a desire
30 to not receive an opioid, the advanced registered nurse practitioner
31 must document the patient's request and avoid prescribing or ordering
32 opioids, unless the request is revoked by the patient.

33 NEW SECTION. **Sec. 11.** A new section is added to chapter 43.70
34 RCW to read as follows:

35 (1) The department must create a statement warning individuals
36 about the risks of opioid use and abuse and provide information about

1 safe disposal of opioids. The department must provide the warning on
2 its web site.

3 (2) The department must review the science, data, and best
4 practices around the use of opioids and their associated risks. As
5 evidence and best practices evolve, the department must update its
6 warning to reflect these changes.

7 (3) The department must update its patient education materials to
8 reflect the patient's right to refuse an opioid prescription or
9 order.

10 **NEW SECTION.** **Sec. 12.** A new section is added to chapter 43.70
11 RCW to read as follows:

12 The secretary shall be responsible for coordinating the statewide
13 response to the opioid epidemic and executing the state opioid
14 response plan, in partnership with the health care authority. The
15 department and the health care authority must collaborate with each
16 of the agencies and organizations identified in the state opioid
17 response plan.

18 **Sec. 13.** RCW 69.41.055 and 2016 c 148 s 15 are each amended to
19 read as follows:

20 (1) Information concerning an original prescription or
21 information concerning a prescription refill for a legend drug may be
22 electronically communicated between an authorized practitioner and a
23 pharmacy of the patient's choice with no intervening person having
24 access to the prescription drug order pursuant to the provisions of
25 this chapter if the electronically communicated prescription
26 information complies with the following:

27 (a) Electronically communicated prescription information must
28 comply with all applicable statutes and rules regarding the form,
29 content, recordkeeping, and processing of a prescription or order for
30 a legend drug;

31 (b) ~~((The system used for transmitting electronically
32 communicated prescription information and the system used for
33 receiving electronically communicated prescription information must
34 be approved by the commission. This subsection does not apply to
35 currently used facsimile equipment transmitting an exact visual image
36 of the prescription. The commission shall maintain and provide, upon
37 request, a list of systems used for electronically communicating
38 prescription information currently approved by the commission;~~

1 (e)) An explicit opportunity for practitioners must be made to
2 indicate their preference on whether or not a therapeutically
3 equivalent generic drug or interchangeable biological product may be
4 substituted. This section does not limit the ability of practitioners
5 and pharmacists to permit substitution by default under a prior-
6 consent authorization;

7 ((d)) (c) Prescription drug orders are confidential health
8 information, and may be released only to the patient or the patient's
9 authorized representative, the prescriber or other authorized
10 practitioner then caring for the patient, or other persons
11 specifically authorized by law to receive such information;

12 ((e)) (d) To maintain confidentiality of prescription records,
13 the electronic system shall have adequate security and systems
14 safeguards designed to prevent and detect unauthorized access,
15 modification, or manipulation of these records((. The pharmacist in
16 charge shall establish or verify the existence of policies and
17 procedures which ensure the integrity and confidentiality of
18 prescription information transmitted to the pharmacy by electronic
19 means. All managers, employees, and agents of the pharmacy are
20 required to read, sign, and comply with the established policies and
21 procedures)); and

22 ((f)) (e) The pharmacist shall exercise professional judgment
23 regarding the accuracy, validity, and authenticity of the
24 prescription drug order received by way of electronic transmission,
25 consistent with federal and state laws and rules and guidelines of
26 the commission.

27 (2) The electronic or digital signature of the prescribing
28 practitioner's agent on behalf of the prescribing practitioner for a
29 resident in a long-term care facility or hospice program, pursuant to
30 a valid order and authorization under RCW 18.64.550, constitutes a
31 valid electronic communication of prescription information. Such an
32 authorized signature and transmission by an agent in a long-term care
33 facility or hospice program does not constitute an intervening person
34 having access to the prescription drug order.

35 (3) The commission may adopt rules implementing this section.

36 **Sec. 14.** RCW 69.41.095 and 2015 c 205 s 2 are each amended to
37 read as follows:

38 (1) (a) A practitioner may prescribe, dispense, distribute, and
39 deliver an opioid overdose reversal medication: (i) Directly to a

1 person at risk of experiencing an opioid-related overdose; or (ii) by
2 prescription, collaborative drug therapy agreement, standing order,
3 or protocol to a first responder, family member, or other person or
4 entity in a position to assist a person at risk of experiencing an
5 opioid-related overdose. Any such prescription, standing order, or
6 protocol ((order)) is issued for a legitimate medical purpose in the
7 usual course of professional practice.

8 (b) At the time of prescribing, dispensing, distributing, or
9 delivering the opioid overdose reversal medication, the practitioner
10 shall inform the recipient that as soon as possible after
11 administration of the opioid overdose reversal medication, the person
12 at risk of experiencing an opioid-related overdose should be
13 transported to a hospital or a first responder should be summoned.

14 (2) A pharmacist may dispense an opioid overdose reversal
15 medication pursuant to a prescription, collaborative drug therapy
16 agreement, standing order, or protocol issued in accordance with
17 subsection (1)(a) of this section and may administer an opioid
18 overdose reversal medication to a person at risk of experiencing an
19 opioid-related overdose. At the time of dispensing an opioid overdose
20 reversal medication, a pharmacist shall provide written instructions
21 on the proper response to an opioid-related overdose, including
22 instructions for seeking immediate medical attention. The
23 instructions to seek immediate ((medication)) medical attention must
24 be conspicuously displayed.

25 (3) Any person or entity may lawfully possess, store, deliver,
26 distribute, or administer an opioid overdose reversal medication
27 pursuant to a prescription ((or)), collaborative drug therapy
28 agreement, standing order, or protocol issued by a practitioner in
29 accordance with subsection (1) of this section.

30 (4) The following individuals, if acting in good faith and with
31 reasonable care, are not subject to criminal or civil liability or
32 disciplinary action under chapter 18.130 RCW for any actions
33 authorized by this section or the outcomes of any actions authorized
34 by this section:

35 (a) A practitioner who prescribes, dispenses, distributes, or
36 delivers an opioid overdose reversal medication pursuant to
37 subsection (1) of this section;

38 (b) A pharmacist who dispenses an opioid overdose reversal
39 medication pursuant to subsection (2) or (5)(a) of this section;

1 (c) A person who possesses, stores, distributes, or administers
2 an opioid overdose reversal medication pursuant to subsection (3) of
3 this section.

4 (5) The secretary or the secretary's designee may issue a
5 standing order prescribing opioid overdose reversal medications to
6 any person at risk of experiencing an opioid-related overdose or any
7 person or entity in a position to assist a person at risk of
8 experiencing an opioid-related overdose. The standing order may be
9 limited to specific areas in the state or issued statewide.

10 (a) A pharmacist shall dispense an opioid overdose reversal
11 medication pursuant to a standing order issued in accordance with
12 this subsection, consistent with the pharmacist's responsibilities to
13 dispense prescribed legend drugs, and may administer an opioid
14 overdose reversal medication to a person at risk of experiencing an
15 opioid-related overdose. At the time of dispensing an opioid overdose
16 reversal medication, a pharmacist shall provide written instructions
17 on the proper response to an opioid-related overdose, including
18 instructions for seeking immediate medical attention. The
19 instructions to seek immediate medical attention must be
20 conspicuously displayed.

21 (b) Any person or entity may lawfully possess, store, deliver,
22 distribute, or administer an opioid overdose reversal medication
23 pursuant to a standing order issued in accordance with this
24 subsection (5). The department, in coordination with the appropriate
25 entity or entities, shall ensure availability of a training module
26 that provides training regarding the identification of a person
27 suffering from an opioid-related overdose and the use of opioid
28 overdose reversal medications. The training must be available
29 electronically and in a variety of media from the department.

30 (c) This subsection (5) does not create a private cause of
31 action. Notwithstanding any other provision of law, neither the state
32 nor the secretary nor the secretary's designee has any civil
33 liability for issuing standing orders or for any other actions taken
34 pursuant to this chapter or for the outcomes of issuing standing
35 orders or any other actions taken pursuant to this chapter. Neither
36 the secretary nor the secretary's designee is subject to any criminal
37 liability or professional disciplinary action for issuing standing
38 orders or for any other actions taken pursuant to this chapter.

39 (d) For purposes of this subsection (5), "standing order" means
40 an order prescribing medication by the secretary or the secretary's

1 designee. Such standing order can only be issued by a practitioner as
2 defined in this chapter.

3 (6) The labeling requirements of RCW 69.41.050 and 18.64.246 do
4 not apply to opioid overdose reversal medications dispensed,
5 distributed, or delivered pursuant to a prescription, collaborative
6 drug therapy agreement, standing order, or protocol issued in
7 accordance with this section. The individual or entity that
8 dispenses, distributes, or delivers an opioid overdose reversal
9 medication as authorized by this section shall ensure that directions
10 for use are provided.

11 (7) For purposes of this section, the following terms have the
12 following meanings unless the context clearly requires otherwise:

13 (a) "First responder" means: (i) A career or volunteer
14 firefighter, law enforcement officer, paramedic as defined in RCW
15 18.71.200, or first responder or emergency medical technician as
16 defined in RCW 18.73.030; and (ii) an entity that employs or
17 supervises an individual listed in (a)(i) of this subsection,
18 including a volunteer fire department.

19 (b) "Opioid overdose reversal medication" means any drug used to
20 reverse an opioid overdose that binds to opioid receptors and blocks
21 or inhibits the effects of opioids acting on those receptors. It does
22 not include intentional administration via the intravenous route.

23 (c) "Opioid-related overdose" means a condition including, but
24 not limited to, ~~((extreme physical illness,))~~ decreased level of
25 consciousness, nonresponsiveness, respiratory depression, coma, or
26 death that: (i) Results from the consumption or use of an opioid or
27 another substance with which an opioid was combined; or (ii) a lay
28 person would reasonably believe to be an opioid-related overdose
29 requiring medical assistance.

30 (d) "Practitioner" means a health care practitioner who is
31 authorized under RCW 69.41.030 to prescribe legend drugs.

32 (e) "Standing order" or "protocol" means written or
33 electronically recorded instructions, prepared by a prescriber, for
34 distribution and administration of a drug by designated and trained
35 staff or volunteers of an organization or entity, as well as other
36 actions and interventions to be used upon the occurrence of clearly
37 defined clinical events in order to improve patients' timely access
38 to treatment.

1 **Sec. 15.** RCW 69.50.312 and 2013 c 276 s 4 and 2013 c 19 s 105
2 are each reenacted and amended to read as follows:

3 (1) Information concerning a prescription for a controlled
4 substance included in Schedules II through V, or information
5 concerning a refill authorization for a controlled substance included
6 in Schedules III through V~~(+,)~~^L, may be electronically communicated
7 to a pharmacy of the patient's choice pursuant to the provisions of
8 this chapter if the electronically communicated prescription
9 information complies with the following:

10 (a) Electronically communicated prescription information must
11 comply with all applicable statutes and rules regarding the form,
12 content, recordkeeping, and processing of a prescription for a legend
13 drug;

14 (b) The system used for transmitting electronically communicated
15 prescription information must ~~((be approved by the commission and in
16 accordance))~~ comply with federal rules for electronically
17 communicated prescriptions for controlled substance~~((s))~~^Ls included
18 in Schedules II through V, as set forth in Title 21 C.F.R. Parts
19 1300, 1304, 1306, and 1311~~((. This subsection does not apply to
20 currently used facsimile equipment transmitting an exact visual image
21 of the prescription. The commission shall maintain and provide, upon
22 request, a list of systems used for electronically communicating
23 prescription information currently approved by the commission))~~;

24 (c) An explicit opportunity for practitioners must be made to
25 indicate their preference on whether a therapeutically equivalent
26 generic drug may be substituted;

27 (d) Prescription drug orders are confidential health information,
28 and may be released only to the patient or the patient's authorized
29 representative, the prescriber or other authorized practitioner then
30 caring for the patient, or other persons specifically authorized by
31 law to receive such information;

32 (e) To maintain confidentiality of prescription records, the
33 electronic system shall have adequate security and systems safeguards
34 designed to prevent and detect unauthorized access, modification, or
35 manipulation of these records~~((. The pharmacist in charge shall
36 establish or verify the existence of policies and procedures which
37 ensure the integrity and confidentiality of prescription information
38 transmitted to the pharmacy by electronic means. All managers,
39 employees, and agents of the pharmacy are required to read, sign, and
40 comply with the established policies and procedures))~~; and

1 (f) The pharmacist shall exercise professional judgment regarding
2 the accuracy, validity, and authenticity of the prescription drug
3 order received by way of electronic transmission, consistent with
4 federal and state laws and rules and guidelines of the commission.

5 (2) The commission may adopt rules implementing this section.

6 **Sec. 16.** RCW 69.50.312 and 2013 c 276 s 4 and 2013 c 19 s 105
7 are each reenacted and amended to read as follows:

8 (1) Information concerning a prescription for a controlled
9 substance included in Schedules II through V, or information
10 concerning a refill authorization for a controlled substance included
11 in Schedules III through V~~([,] may)~~, must be electronically
12 communicated to a pharmacy of the patient's choice pursuant to the
13 provisions of this chapter if the electronically communicated
14 prescription information complies with the following:

15 (a) Electronically communicated prescription information must
16 comply with all applicable statutes and rules regarding the form,
17 content, recordkeeping, and processing of a prescription for a legend
18 drug;

19 (b) ~~((The system used for transmitting electronically
20 communicated prescription information must be approved by the
21 commission and in accordance with federal rules for electronically
22 communicated prescriptions for controlled substance[s] included in
23 Schedules II through V, as set forth in Title 21 C.F.R. Parts 1300,
24 1304, 1306, and 1311. This subsection does not apply to currently
25 used facsimile equipment transmitting an exact visual image of the
26 prescription. The commission shall maintain and provide, upon
27 request, a list of systems used for electronically communicating
28 prescription information currently approved by the commission;~~

29 (c) ~~An explicit opportunity for practitioners must be made to
30 indicate their preference on whether a therapeutically equivalent
31 generic drug may be substituted;~~

32 (d)) Prescription drug orders ~~((are confidential health
33 information, and))~~ may be released only to the patient or the
34 patient's authorized representative, the prescriber or other
35 authorized practitioner then caring for the patient, or other persons
36 specifically authorized by law to receive such information;

37 (e) ~~To maintain confidentiality of prescription records, the
38 electronic system shall have adequate security and systems safeguards
39 designed to prevent and detect unauthorized access, modification, or~~

1 manipulation of these records. The pharmacist in charge shall
2 establish or verify the existence of policies and procedures which
3 ensure the integrity and confidentiality of prescription information
4 transmitted to the pharmacy by electronic means. All managers,
5 employees, and agents of the pharmacy are required to read, sign, and
6 comply with the established policies and procedures; and

7 (f)) (c) The pharmacist shall exercise professional judgment
8 regarding the accuracy, validity, and authenticity of the
9 prescription drug order received by way of electronic transmission,
10 consistent with federal and state laws and rules and guidelines of
11 the commission.

12 ((The commission may adopt rules implementing this section.))
13 The following are exempt from subsection (1) of this section:

14 (a) Prescriptions issued by veterinarians, as that practice is
15 defined in RCW 18.92.010;

16 (b) Prescriptions issued for a patient of a long-term care
17 facility as defined in RCW 18.64.011, or a hospice program as defined
18 in RCW 18.64.011;

19 (c) When the electronic system used for the communication of
20 prescription information is unavailable due to a temporary
21 technological or electronic failure;

22 (d) Prescriptions issued that are intended for prescription
23 fulfillment and dispensing outside Washington state;

24 (e) When the prescriber and pharmacist are employed by the same
25 entity, or employed by entities under common ownership or control;

26 (f) Prescriptions issued for a drug that the United States food
27 and drug administration or the United States drug enforcement
28 administration requires to contain certain elements that are not able
29 to be accomplished electronically;

30 (g) Any controlled substance prescription that requires
31 compounding as defined in RCW 18.64.011;

32 (h) Prescriptions issued for the dispensing of a nonpatient
33 specific prescription under a standing order, approved protocol for
34 drug therapy, collaborative drug therapy agreement, in response to a
35 public health emergency, or other circumstances allowed by statute or
36 rule where a practitioner may issue a nonpatient specific
37 prescription;

38 (i) Prescriptions issued under a drug research protocol;

39 (j) Prescriptions issued by a practitioner with the capability of
40 electronic communication of prescription information under this

1 section, when the practitioner reasonably determines it is
2 impractical for the patient to obtain the electronically communicated
3 prescription in a timely manner, and such delay would adversely
4 impact the patient's medical condition; or

5 (k) Prescriptions issued by a prescriber who has received a
6 waiver from the department.

7 (3) The department must develop a waiver process for the
8 requirements of subsection (1) of this section for practitioners due
9 to economic hardship, technological limitations that are not
10 reasonably in the control of the practitioner, or other exceptional
11 circumstance demonstrated by the practitioner. The waiver must be
12 limited to one year or less, or for any other specified time frame
13 set by the department.

14 (4) A pharmacist who receives a written, oral, or faxed
15 prescription is not required to verify that the prescription properly
16 meets any exemptions under this section. Pharmacists may continue to
17 dispense and deliver medications from otherwise valid written, oral,
18 or faxed prescriptions.

19 (5) An individual who violates this section commits a civil
20 violation. Disciplinary authorities may impose a fine of two hundred
21 fifty dollars per violation, not to exceed five thousand dollars per
22 calendar year. Fines imposed under this section must be allocated to
23 the health professions account.

24 (6) Systems used for the electronic communication of prescription
25 information must:

26 (a) Comply with federal laws and rules for electronically
27 communicated prescriptions for controlled substances included in
28 Schedules II through V, as required by Title 21 C.F.R. parts 1300,
29 1304, 1306, and 1311;

30 (b) Meet the national council for prescription drug prescriber/
31 pharmacist interface SCRIPT standard as determined by the department
32 in rule;

33 (c) Have adequate security and systems safeguards designed to
34 prevent and detect unauthorized access, modification, or manipulation
35 of these records;

36 (d) Provide an explicit opportunity for practitioners to indicate
37 their preference on whether a therapeutically equivalent generic drug
38 may be substituted; and

1 (e) Include the capability to input and track partial fills of a
2 controlled substance prescription in accordance with section 7 of
3 this act.

4 **NEW SECTION. Sec. 17.** A new section is added to chapter 69.50
5 RCW to read as follows:

6 (1) Any practitioner who writes the first prescription for an
7 opioid during the course of treatment to any patient must, under
8 professional rules, discuss the following with the patient:

9 (a) The risks of opioids, including risk of dependence and
10 overdose;

11 (b) Pain management alternatives to opioids, including nonopioid
12 pharmacological treatments, and nonpharmacological treatments
13 available to the patient, at the discretion of the practitioner and
14 based on the medical condition of the patient; and

15 (c) A written copy of the warning language provided by the
16 department under section 11 of this act.

17 (2) If the patient is under eighteen years old or is not
18 competent, the discussion required by subsection (1) of this section
19 must include the patient's parent, guardian, or the person identified
20 in RCW 7.70.065, unless otherwise provided by law.

21 (3) The practitioner shall document completion of the
22 requirements in subsection (1) of this section in the patient's
23 health care record.

24 (4) To fulfill the requirements of subsection (1) of this
25 section, a practitioner may designate any individual who holds a
26 credential issued by a disciplining authority under RCW 18.130.040 to
27 conduct the discussion.

28 (5) Violation of this section constitutes unprofessional conduct
29 under chapter 18.130 RCW.

30 (6) This section does not apply to:

31 (a) Opioid prescriptions issued for the treatment of pain
32 associated with terminal cancer or other terminal diseases, or for
33 palliative, hospice, or other end-of-life care of where the
34 practitioner determines the health, well-being, or care of the
35 patient would be compromised by the requirements of this section and
36 documents such basis for the determination in the patient's health
37 care record; or

38 (b) Administration of an opioid in an inpatient or outpatient
39 treatment setting.

1 (7) This section does not apply to practitioners licensed under
2 chapter 18.92 RCW.

3 (8) The department shall review this section by March 31, 2026,
4 and report to the appropriate committees of the legislature on
5 whether this section should be retained, repealed, or amended.

6 **Sec. 18.** RCW 70.41.480 and 2015 c 234 s 1 are each amended to
7 read as follows:

8 (1) The legislature finds that high quality, safe, and
9 compassionate health care services for patients of Washington state
10 must be available at all times. The legislature further finds that
11 there is a need for patients being released from hospital emergency
12 departments to maintain access to emergency medications when
13 community or hospital pharmacy services are not available, including
14 medication for opioid overdose reversal and for the treatment for
15 opioid use disorder as appropriate. It is the intent of the
16 legislature to accomplish this objective by allowing practitioners
17 with prescriptive authority to prescribe limited amounts of
18 prepackaged emergency medications to patients being discharged from
19 hospital emergency departments when access to community or outpatient
20 hospital pharmacy services is not otherwise available.

21 (2) A hospital may allow a practitioner to prescribe prepackaged
22 emergency medications and allow a practitioner or a registered nurse
23 licensed under chapter 18.79 RCW to distribute prepackaged emergency
24 medications to patients being discharged from a hospital emergency
25 department in the following circumstances:

26 (a) During times when community or outpatient hospital pharmacy
27 services are not available within fifteen miles by road ((or));

28 (b) When, in the judgment of the practitioner and consistent with
29 hospital policies and procedures, a patient has no reasonable ability
30 to reach the local community or outpatient pharmacy; or

31 (c) When, in the judgment of the practitioner and consistent with
32 hospital policies and procedures, a patient is at risk of opioid
33 overdose and the prepackaged emergency medication being distributed
34 is an opioid overdose reversal medication. The labeling requirements
35 of RCW 69.41.050 and 18.64.246 do not apply to opioid overdose
36 reversal medications dispensed, distributed, or delivered pursuant to
37 a prescription, collaborative drug therapy agreement, standing order,
38 or protocol issued in accordance with this section. The individual or
39 entity that dispenses, distributes, or delivers an opioid overdose

1 reversal medication as authorized by this section must ensure that
2 directions for use are provided.

3 (3) A hospital may only allow this practice if: The director of
4 the hospital pharmacy, in collaboration with appropriate hospital
5 medical staff, develops policies and procedures regarding the
6 following:

7 (a) Development of a list, preapproved by the pharmacy director,
8 of the types of emergency medications to be prepackaged and
9 distributed;

10 (b) Assurances that emergency medications to be prepackaged
11 pursuant to this section are prepared by a pharmacist or under the
12 supervision of a pharmacist licensed under chapter 18.64 RCW;

13 (c) Development of specific criteria under which emergency
14 prepackaged medications may be prescribed and distributed consistent
15 with the limitations of this section;

16 (d) Assurances that any practitioner authorized to prescribe
17 prepackaged emergency medication or any nurse authorized to
18 distribute prepackaged emergency medication is trained on the types
19 of medications available and the circumstances under which they may
20 be distributed;

21 (e) Procedures to require practitioners intending to prescribe
22 prepackaged emergency medications pursuant to this section to
23 maintain a valid prescription either in writing or electronically in
24 the patient's records prior to a medication being distributed to a
25 patient;

26 (f) Establishment of a limit of no more than a forty-eight hour
27 supply of emergency medication as the maximum to be dispensed to a
28 patient, except when community or hospital pharmacy services will not
29 be available within forty-eight hours. In no case may the policy
30 allow a supply exceeding ninety-six hours be dispensed;

31 (g) Assurances that prepackaged emergency medications will be
32 kept in a secure location in or near the emergency department in such
33 a manner as to preclude the necessity for entry into the pharmacy;
34 and

35 (h) Assurances that nurses or practitioners will distribute
36 prepackaged emergency medications to patients only after a
37 practitioner has counseled the patient on the medication.

38 ((+3)) (4) The delivery of a single dose of medication for
39 immediate administration to the patient is not subject to the
40 requirements of this section.

1 ((+4))) (5) Nothing in this section restricts the authority of a
2 practitioner in a hospital emergency department to distribute opioid
3 overdose reversal medication under RCW 69.41.095.

4 (6) For purposes of this section:

5 (a) "Emergency medication" means any medication commonly
6 prescribed to emergency ((~~room~~)) department patients, including those
7 drugs, substances or immediate precursors listed in schedules II
8 through V of the uniform controlled substances act, chapter 69.50
9 RCW, as now or hereafter amended.

10 (b) "Distribute" means the delivery of a drug or device other
11 than by administering or dispensing.

12 (c) "Practitioner" means any person duly authorized by law or
13 rule in the state of Washington to prescribe drugs as defined in RCW
14 18.64.011((+24+)) (29).

15 (d) "Nurse" means a registered nurse as defined in RCW 18.79.020.

16 **Sec. 19.** RCW 70.168.090 and 2010 c 52 s 5 are each amended to
17 read as follows:

18 (1)(a) By July 1991, the department shall establish a statewide
19 data registry to collect and analyze data on the incidence, severity,
20 and causes of trauma, including traumatic brain injury. The
21 department shall collect additional data on traumatic brain injury
22 should additional data requirements be enacted by the legislature.
23 The registry shall be used to improve the availability and delivery
24 of prehospital and hospital trauma care services. Specific data
25 elements of the registry shall be defined by rule by the department.
26 To the extent possible, the department shall coordinate data
27 collection from hospitals for the trauma registry with the health
28 care data system authorized in chapter 70.170 RCW. Every hospital,
29 facility, or health care provider authorized to provide level I, II,
30 III, IV, or V trauma care services, level I, II, or III pediatric
31 trauma care services, level I, level I-pediatric, II, or III trauma-
32 related rehabilitative services, and prehospital trauma-related
33 services in the state shall furnish data to the registry. All other
34 hospitals and prehospital providers shall furnish trauma data as
35 required by the department by rule.

36 (b) The department may respond to requests for data and other
37 information from the registry for special studies and analysis
38 consistent with requirements for confidentiality of patient and
39 quality assurance records. The department may require requestors to

1 pay any or all of the reasonable costs associated with such requests
2 that might be approved.

3 (2) The department must establish a statewide electronic
4 emergency medical services data system and adopt rules requiring
5 licensed ambulance and aid services to report and furnish patient
6 encounter data to the electronic emergency medical services data
7 system. The data system must be used to improve the availability and
8 delivery of prehospital emergency medical services. The department
9 must establish in rule the specific data elements of the data system
10 and secure transport methods for data. The data collected must
11 include data on suspected drug overdoses for the purposes of
12 including, but not limited to, identifying individuals to engage
13 substance use disorder peer professionals, patient navigators,
14 outreach workers, and other professionals as appropriate to prevent
15 further overdoses and to induct into treatment and provide other
16 needed supports as may be available.

17 (3) In each emergency medical services and trauma care planning
18 and service region, a regional emergency medical services and trauma
19 care systems quality assurance program shall be established by those
20 facilities authorized to provide levels I, II, and III trauma care
21 services. The systems quality assurance program shall evaluate trauma
22 care delivery, patient care outcomes, and compliance with the
23 requirements of this chapter. The systems quality assurance program
24 may also evaluate emergency cardiac and stroke care delivery. The
25 emergency medical services medical program director and all other
26 health care providers and facilities who provide trauma and emergency
27 cardiac and stroke care services within the region shall be invited
28 to participate in the regional emergency medical services and trauma
29 care quality assurance program.

30 ((+3))) (4) Data elements related to the identification of
31 individual patient's, provider's and facility's care outcomes shall
32 be confidential, shall be exempt from RCW 42.56.030 through 42.56.570
33 and 42.17.350 through 42.17.450, and shall not be subject to
34 discovery by subpoena or admissible as evidence.

35 ((+4))) (5) Patient care quality assurance proceedings, records,
36 and reports developed pursuant to this section are confidential,
37 exempt from chapter 42.56 RCW, and are not subject to discovery by
38 subpoena or admissible as evidence((.)) in any civil action, except,
39 after in camera review, pursuant to a court order which provides for
40 the protection of sensitive information of interested parties

1 including the department: (a) In actions arising out of the
2 department's designation of a hospital or health care facility
3 pursuant to RCW 70.168.070; (b) in actions arising out of the
4 department's revocation or suspension of designation status of a
5 hospital or health care facility under RCW 70.168.070; (c) in actions
arising out of the department's licensing or verification of an
ambulance or aid service pursuant to RCW 18.73.030 or 70.168.080; (d)
in actions arising out of the certification of a medical program
director pursuant to RCW 18.71.212; or ((e)) (e) in actions arising
out of the restriction or revocation of the clinical or staff
privileges of a health care provider as defined in RCW 7.70.020 (1)
and (2), subject to any further restrictions on disclosure in RCW
4.24.250 that may apply. Information that identifies individual
patients shall not be publicly disclosed without the patient's
consent.

16 **Sec. 20.** RCW 70.225.010 and 2007 c 259 s 42 are each amended to
17 read as follows:

18 The definitions in this section apply throughout this chapter
19 unless the context clearly requires otherwise.

20 (1) "Controlled substance" has the meaning provided in RCW
21 69.50.101.

22 (2) "Department" means the department of health.

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

26 (4) "Dispenser" means a practitioner or pharmacy that delivers a
27 Schedule II, III, IV, or V controlled substance to the ultimate user,
28 but does not include:

29 (a) A practitioner or other authorized person who administers, as
30 defined in RCW 69.41.010, a controlled substance; or

31 (b) A licensed wholesale distributor or manufacturer, as defined
32 in chapter 18.64 RCW, of a controlled substance.

33 (5) "Prescriber" means any person authorized to order or
34 prescribe legend drugs or schedule II, III, IV, or V controlled
35 substances to the ultimate user.

36 (6) "Requestor" means any person or entity requesting, accessing,
37 or receiving information from the prescription monitoring program
38 under RCW 70.225.040 (3), (4), or (5).

1 **Sec. 21.** RCW 70.225.020 and 2013 c 36 s 2 and 2013 c 19 s 126
2 are each reenacted and amended to read as follows:

3 (1) The department shall establish and maintain a prescription
4 monitoring program to monitor the prescribing and dispensing of all
5 Schedules II, III, IV, and V controlled substances and any additional
6 drugs identified by the pharmacy quality assurance commission as
7 demonstrating a potential for abuse by all professionals licensed to
8 prescribe or dispense such substances in this state. The program
9 shall be designed to improve health care quality and effectiveness by
10 reducing abuse of controlled substances, reducing duplicative
11 prescribing and overprescribing of controlled substances, and
12 improving controlled substance prescribing practices with the intent
13 of eventually establishing an electronic database available in real
14 time to dispensers and prescribers of controlled substances. As much
15 as possible, the department should establish a common database with
16 other states. This program's management and operations shall be
17 funded entirely from the funds in the account established under RCW
18 74.09.215. Nothing in this chapter prohibits voluntary contributions
19 from private individuals and business entities as defined under Title
20 23, 23B, 24, or 25 RCW to assist in funding the prescription
21 monitoring program.

22 (2) Except as provided in subsection (4) of this section, each
23 dispenser shall submit to the department by electronic means
24 information regarding each prescription dispensed for a drug included
25 under subsection (1) of this section. Drug prescriptions for more
26 than one day use should be reported. The information submitted for
27 each prescription shall include, but not be limited to:

- 28 (a) Patient identifier;
- 29 (b) Drug dispensed;
- 30 (c) Date of dispensing;
- 31 (d) Quantity dispensed;
- 32 (e) Prescriber; and
- 33 (f) Dispenser.

34 (3) (a) Until January 1, 2021, each dispenser shall submit the
35 information in accordance with transmission methods established by
36 the department, not later than one business day from the date of
37 dispensing or at the interval required by the department in rule,
38 whichever is sooner.

39 (b) Beginning January 1, 2021, each dispenser must submit the
40 information as soon as readily available, but no later than one

1 business day from the date of distributing, and in accordance with
2 transmission methods established by the department.

3 (4) The data submission requirements of subsections (1) through
4 (3) of this section do not apply to:

5 (a) Medications provided to patients receiving inpatient services
6 provided at hospitals licensed under chapter 70.41 RCW; or patients
7 of such hospitals receiving services at the clinics, day surgery
8 areas, or other settings within the hospital's license where the
9 medications are administered in single doses;

10 (b) Pharmacies operated by the department of corrections for the
11 purpose of providing medications to offenders in department of
12 corrections institutions who are receiving pharmaceutical services
13 from a department of corrections pharmacy, except that the department
14 of corrections must submit data related to each offender's current
15 prescriptions for controlled substances upon the offender's release
16 from a department of corrections institution; or

17 (c) Veterinarians licensed under chapter 18.92 RCW. The
18 department, in collaboration with the veterinary board of governors,
19 shall establish alternative data reporting requirements for
20 veterinarians that allow veterinarians to report:

21 (i) By either electronic or nonelectronic methods;

22 (ii) Only those data elements that are relevant to veterinary
23 practices and necessary to accomplish the public protection goals of
24 this chapter; and

25 (iii) No more frequently than once every three months and no less
26 frequently than once every six months.

27 (5) The department shall continue to seek federal grants to
28 support the activities described in chapter 259, Laws of 2007. The
29 department may not require a practitioner or a pharmacist to pay a
30 fee or tax specifically dedicated to the operation and management of
31 the system.

32 NEW SECTION. **Sec. 22.** A new section is added to chapter 70.225
33 RCW to read as follows:

34 (1) In order to expand integration of prescription monitoring
35 program data into certified electronic health record technologies,
36 the department must collaborate with health professional and facility
37 associations, vendors, and others to:

38 (a) Conduct an assessment of the current status of integration;

1 (b) Provide recommendations for improving integration among small
2 and rural health care facilities, offices, and clinics;

3 (c) Comply with federal prescription drug monitoring program
4 qualification requirements under 42 U.S.C. Sec. 1396w-3a to
5 facilitate eligibility for federal grants and establish a program to
6 provide financial assistance to small and rural health care
7 facilities and clinics with integration as funding is available,
8 especially under federal programs;

9 (d) Conduct security assessments of other commonly used platforms
10 for integrating prescription monitoring program data with certified
11 electronic health records for possible use in Washington; and

12 (e) Assess improvements to the prescription monitoring program to
13 establish a modality to identify patients that do not wish to receive
14 opioid medications in a manner that allows an ordering or prescribing
15 physician to be able to use the prescription monitoring program to
16 identify patients who do not wish to receive opioids or patients that
17 have had an opioid-related overdose.

18 (2) (a) By January 1, 2021, a facility, entity, office, or
19 provider group identified in RCW 70.225.040 with ten or more
20 prescribers that is not a critical access hospital as defined in RCW
21 74.60.010 that uses a federally certified electronic health records
22 system must demonstrate that the facility's or entity's federally
23 certified electronic health record is able to fully integrate data to
24 and from the prescription monitoring program using a mechanism
25 approved by the department under subsection (3) of this section.

26 (b) The department must develop a waiver process for the
27 requirements of (a) of this subsection for facilities, entities,
28 offices, or provider groups due to economic hardship, technological
29 limitations that are not reasonably in the control of the facility,
30 entity, office, or provider group, or other exceptional circumstance
31 demonstrated by the facility, entity, office, or provider group. The
32 waiver must be limited to one year or less, or for any other
33 specified time frame set by the department.

34 (3) Electronic health record system vendors who are fully
35 integrated with the prescription monitoring program in Washington
36 state may not charge an ongoing fee or a fee based on the number of
37 transactions or providers. Total costs of connection must not impose
38 unreasonable costs on any facility, entity, office, or provider group
39 using the electronic health record and must be consistent with
40 current industry pricing structures. For the purposes of this

1 subsection, "fully integrated" means that the electronic health
2 records system must:

3 (a) Send information to the prescription monitoring program
4 without provider intervention using a mechanism approved by the
5 department;

6 (b) Make current information from the prescription monitoring
7 program available to a provider within the workflow of the electronic
8 health records system; and

9 (c) Make information available in a way that is unlikely to
10 interfere with, prevent, or materially discourage access, exchange,
11 or use of electronic health information, in accordance with the
12 information blocking provisions of the federal twenty-first century
13 cures act, P.L. 114-255.

14 **Sec. 23.** RCW 70.225.040 and 2017 c 297 s 9 are each amended to
15 read as follows:

16 (1) ~~((Prescription))~~ All information submitted to the
17 ~~((department must be))~~ prescription monitoring program is
18 confidential, ((in compliance with chapter 70.02 RCW and)) exempt
19 from public inspection, copying, and disclosure under chapter 42.56
20 RCW, not subject to subpoena or discovery in any civil action, and
21 protected under federal health care information privacy requirements
22 ~~((and not subject to disclosure))~~, except as provided in subsections
23 (3) ~~((, (4), and (5)))~~ through (6) of this section. Such
24 confidentiality and exemption from disclosure continues whenever
25 information from the prescription monitoring program is provided to a
26 requestor under subsection (3), (4), (5), or (6) of this section
27 except when used in proceedings specifically authorized in subsection
28 (3), (4), or (5) of this section.

29 (2) The department must maintain procedures to ensure that the
30 privacy and confidentiality of ~~((patients and patient))~~ all
31 information collected, recorded, transmitted, and maintained
32 including, but not limited to, the prescriber, requestor, dispenser,
33 patient, and persons who received prescriptions from dispensers, is
34 not disclosed to persons except as in subsections ~~((, (4), and~~
35 ~~((5)))~~ through (6) of this section.

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

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

4 (b) An individual who requests the individual's own prescription
5 monitoring information;

6 (c) A health professional licensing, certification, or regulatory
7 agency or entity in this or another jurisdiction. Consistent with
8 current practice, the data provided may be used in legal proceedings
9 concerning the license;

10 (d) Appropriate law enforcement or prosecutorial officials,
11 including local, state, and federal officials and officials of
12 federally recognized tribes, who are engaged in a bona fide specific
13 investigation involving a designated person;

14 (e) ~~((Authorized practitioners of the department of social and~~
15 ~~health services and the health care authority regarding medicaid~~
16 ~~program recipients;~~

17 (f)) The director or the director's designee within the health
18 care authority regarding medicaid ~~((clients for the purposes of~~
19 ~~quality improvement, patient safety, and care coordination. The~~
20 ~~information may not be used for contracting or value-based purchasing~~
21 ~~decisions)) recipients and members of the health care authority self-~~
22 funded or self-insured health plans;

23 ((g)) (f) The director or director's designee within the
24 department of labor and industries regarding workers' compensation
25 claimants;

26 ((h)) (g) The director or the director's designee within the
27 department of corrections regarding offenders committed to the
28 department of corrections;

29 ((i)) (h) Other entities under grand jury subpoena or court
30 order;

31 ((j)) (i) Personnel of the department for purposes of:

32 (i) Assessing prescribing and treatment practices~~((, including~~
33 ~~controlled substances related to mortality and morbidity)) and~~
34 ~~morbidity and mortality related to use of controlled substances and~~
35 ~~developing and implementing initiatives to protect the public health~~
36 ~~including, but not limited to, initiatives to address opioid use~~
37 disorder;

38 (ii) Providing quality improvement feedback to ~~((providers))~~
39 prescribers, including comparison of their respective data to

1 aggregate data for ((providers)) prescribers with the same type of
2 license and same specialty; and

3 (iii) Administration and enforcement of this chapter or chapter
4 69.50 RCW;

5 (((k))) (j) Personnel of a test site that meet the standards
6 under RCW 70.225.070 pursuant to an agreement between the test site
7 and a person identified in (a) of this subsection to provide
8 assistance in determining which medications are being used by an
9 identified patient who is under the care of that person;

10 (((l))) (k) A health care facility or entity for the purpose of
11 providing medical or pharmaceutical care to the patients of the
12 facility or entity, or for quality improvement purposes if((
13 (i))) the facility or entity is licensed by the department or is
14 licensed or certified under chapter 71.24, 71.34, or 71.05 RCW or is
15 an entity deemed for purposes of chapter 71.24 RCW to meet state
16 minimum standards as a result of accreditation by a recognized
17 behavioral health accrediting body, or is operated by the federal
18 government or a federally recognized Indian tribe; ((and

19 (ii) The facility or entity is a trading partner with the state's
20 health information exchange;

21 (((m))) (l) A health care provider group of five or more
22 ((providers)) prescribers or dispensers for purposes of providing
23 medical or pharmaceutical care to the patients of the provider group,
24 or for quality improvement purposes if((
25 (i))) all the ((providers)) prescribers or dispensers in the
26 provider group are licensed by the department or the provider group
27 is operated by the federal government or a federally recognized
28 Indian tribe; ((and

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

31 (((n))) (m) The local health officer of a local health jurisdiction
32 for the purposes of patient follow-up and care coordination following
33 a controlled substance overdose event. For the purposes of this
34 subsection "local health officer" has the same meaning as in RCW
35 70.05.010; and

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

1 (i) Prescription monitoring program data to emergency department
2 personnel when the patient registers in the emergency department; and
3 (ii) Notice to local health officers who have made opioid-related
4 overdose a notifiable condition under RCW 70.05.070 as authorized by
5 rules adopted under RCW 43.20.050, providers, appropriate care
6 coordination staff, and prescribers listed in the patient's
7 prescription monitoring program record that the patient has
8 experienced a controlled substance overdose event. The department
9 shall determine the content and format of the notice in consultation
10 with the Washington state hospital association, Washington state
11 medical association, and Washington state health care authority, and
12 the notice may be modified as necessary to reflect current needs and
13 best practices.

14 (4) The department shall, on at least a quarterly basis, and
15 pursuant to a schedule determined by the department, provide a
16 facility or entity identified under subsection (3)((+1)) (k) of this
17 section or a provider group identified under subsection (3)((+m))
18 (l) of this section with facility or entity and individual prescriber
19 information if the facility, entity, or provider group:

20 (a) Uses the information only for internal quality improvement
21 and individual prescriber quality improvement feedback purposes and
22 does not use the information as the sole basis for any medical staff
23 sanction or adverse employment action; and

24 (b) Provides to the department a standardized list of current
25 prescribers of the facility, entity, or provider group. The specific
26 facility, entity, or provider group information provided pursuant to
27 this subsection and the requirements under this subsection must be
28 determined by the department in consultation with the Washington
29 state hospital association, Washington state medical association, and
30 Washington state health care authority, and may be modified as
31 necessary to reflect current needs and best practices.

32 (5) (a) The department may publish or provide data to public or
33 private entities for statistical, research, or educational purposes
34 after removing information that could be used directly or indirectly
35 to identify individual patients, requestors, dispensers, prescribers,
36 and persons who received prescriptions from dispensers. Direct and
37 indirect patient identifiers may be provided for research that has
38 been approved by the Washington state institutional review board and
39 by the department through a data-sharing agreement.

1 (b) (i) The department may provide dispenser and prescriber data
2 and data that includes indirect patient identifiers to the Washington
3 state hospital association for use solely in connection with its
4 coordinated quality improvement program maintained under RCW
5 43.70.510 after entering into a data use agreement as specified in
6 RCW 43.70.052(8) with the association. The department may provide
7 dispenser and prescriber data and data that includes indirect patient
8 identifiers to the Washington state medical association for use
9 solely in connection with its coordinated quality improvement program
10 maintained under RCW 43.70.510 after entering into a data use
11 agreement with the association.

12 (ii) The department may provide data including direct and
13 indirect patient identifiers to the department of social and health
14 services office of research and data analysis, the department of
15 labor and industries, and the health care authority for research that
16 has been approved by the Washington state institutional review board
17 and, with a data-sharing agreement approved by the department, for
18 public health purposes to improve the prevention or treatment of
19 substance use disorders.

20 (iii) The department may provide a prescriber feedback report to
21 the largest health professional association representing each of the
22 prescribing professions. The health professional associations must
23 distribute the feedback report to prescribers engaged in the
24 professions represented by the associations for quality improvement
25 purposes, so long as the reports contain no direct patient
26 identifiers that could be used to identify individual patients,
27 dispensers, and persons who received prescriptions from dispensers,
28 and the association enters into a written data-sharing agreement with
29 the department. However, reports may include indirect patient
30 identifiers as agreed to by the department and the association in a
31 written data-sharing agreement.

32 (c) For the purposes of this subsection((r)):

33 (i) "Indirect patient identifiers" means data that may include:
34 Hospital or provider identifiers, a five-digit zip code, county,
35 state, and country of resident; dates that include month and year;
36 age in years; and race and ethnicity; but does not include the
37 patient's first name; middle name; last name; social security number;
38 control or medical record number; zip code plus four digits; dates
39 that include day, month, and year; or admission and discharge date in
40 combination; and

- 1 (ii) "Prescribing professions" include:
2 (A) Allopathic physicians and physician assistants;
3 (B) Osteopathic physicians and physician assistants;
4 (C) Podiatric physicians;
5 (D) Dentists; and
6 (E) Advanced registered nurse practitioners.

7 (6) The department may enter into agreements to exchange
8 prescription monitoring program data with established prescription
9 monitoring programs in other jurisdictions. Under these agreements,
10 the department may share prescription monitoring system data
11 containing direct and indirect patient identifiers with other
12 jurisdictions through a clearinghouse or prescription monitoring
13 program data exchange that meets federal health care information
14 privacy requirements. Data the department receives from other
15 jurisdictions must be retained, used, protected, and destroyed as
16 provided by the agreements to the extent consistent with the laws in
17 this state.

18 (7) Persons authorized in subsections (3)((, (4), and (5)))
19 through (6) of this section to receive data in the prescription
20 monitoring program from the department, acting in good faith, are
21 immune from any civil, criminal, disciplinary, or administrative
22 liability that might otherwise be incurred or imposed for acting
23 under this chapter.

24 **Sec. 24.** RCW 71.24.011 and 1982 c 204 s 1 are each amended to
25 read as follows:

26 This chapter may be known and cited as the community ((mental))
27 behavioral health services act.

28 ~~NEW SECTION.~~ **Sec. 25.** A new section is added to chapter 71.24
29 RCW to read as follows:

30 (1) Recognizing that treatment strategies and modalities for the
31 treatment of individuals with opioid use disorder and their newborns
32 continue to evolve, and that improved health outcomes are seen when
33 birth parents and their infants are allowed to room together, the
34 authority must provide recommendations to the office of financial
35 management by October 1, 2019, to better support the care of
36 individuals who have recently delivered and their newborns.

37 (2) These recommendations must support:

- 1 (a) Successful transition from the early postpartum and newborn
2 period for the birth parent and infant to the next level of care;
3 (b) Reducing the risk of parental infant separation; and
4 (c) Increasing the chance of uninterrupted recovery of the parent
5 and foster the development of positive parenting practices.
- 6 (3) The authority's recommendations must include:
7 (a) How these interventions could be supported in hospitals,
8 birthing centers, or other appropriate sites of care and descriptions
9 as to current barriers in providing these interventions;
10 (b) Estimates of the costs needed to support this enhanced set of
11 services; and
12 (c) Mechanisms for funding the services.

13 **Sec. 26.** RCW 71.24.560 and 2017 c 297 s 11 are each amended to
14 read as follows:

15 (1) All approved opioid treatment programs that provide services
16 to ((~~women~~)) individuals who are pregnant are required to disseminate
17 up-to-date and accurate health education information to all their
18 pregnant ((~~clients~~)) individuals concerning the ((~~possible addiction~~
19 and health risks that their treatment may have on their baby))
20 effects opioid use and opioid use disorder medication may have on
21 their baby, including the development of dependence and subsequent
22 withdrawal. All pregnant ((~~clients~~)) individuals must also be advised
23 of the risks to both themselves and their ((~~baby~~)) babies associated
24 with ((~~not remaining on the~~)) discontinuing an opioid treatment
25 program. The information must be provided to these ((~~clients~~))
26 individuals both verbally and in writing. The health education
27 information provided to the pregnant ((~~clients~~)) individuals must
28 include referral options for ((~~the substance-exposed baby~~)) a baby
29 who has been exposed to opioids in utero.

30 (2) The department shall adopt rules that require all opioid
31 treatment programs to educate all pregnant ((~~women~~)) individuals in
32 their program on the benefits and risks of medication-assisted
33 treatment to ((~~their~~)) a developing fetus before they are
34 ((~~provided~~)) prescribed these medications, as part of their
35 treatment. The department shall also adopt rules requiring all opioid
36 treatment programs to educate individuals who become pregnant about
37 the risks to both the expecting parent and the fetus of not treating
38 opioid use disorder. The department shall meet the requirements under
39 this subsection within the appropriations provided for opioid

1 treatment programs. The department, working with treatment providers
2 and medical experts, shall develop and disseminate the educational
3 materials to all certified opioid treatment programs.

4 (3) For pregnant individuals who participate in medicaid, the
5 authority, through its managed care organizations, must ensure that
6 pregnant individuals receive outreach related to opioid use disorder
7 when identified as a person at risk.

8 **Sec. 27.** RCW 71.24.580 and 2018 c 205 s 2 and 2018 c 201 s 4044
9 are each reenacted and amended to read as follows:

10 (1) The criminal justice treatment account is created in the
11 state treasury. Moneys in the account may be expended solely for: (a)
12 Substance use disorder treatment and treatment support services for
13 offenders with a substance use disorder that, if not treated, would
14 result in addiction, against whom charges are filed by a prosecuting
15 attorney in Washington state; (b) the provision of substance use
16 disorder treatment services and treatment support services for
17 nonviolent offenders within a drug court program; and (c) the
18 administrative and overhead costs associated with the operation of a
19 drug court. Amounts provided in this subsection must be used for
20 treatment and recovery support services for criminally involved
21 offenders and authorization of these services shall not be subject to
22 determinations of medical necessity. During the 2017-2019 fiscal
23 biennium, the legislature may direct the state treasurer to make
24 transfers of moneys in the criminal justice treatment account to the
25 state general fund. It is the intent of the legislature to continue
26 in the 2019-2021 biennium the policy of transferring to the state
27 general fund such amounts as reflect the excess fund balance of the
28 account. Moneys in the account may be spent only after appropriation.

29 (2) For purposes of this section:

30 (a) "Treatment" means services that are critical to a
31 participant's successful completion of his or her substance use
32 disorder treatment program, including but not limited to the recovery
33 support and other programmatic elements outlined in RCW 2.30.030
34 authorizing therapeutic courts; and

35 (b) "Treatment support" includes transportation to or from
36 inpatient or outpatient treatment services when no viable alternative
37 exists, and child care services that are necessary to ensure a
38 participant's ability to attend outpatient treatment sessions.

1 (3) Revenues to the criminal justice treatment account consist
2 of: (a) Funds transferred to the account pursuant to this section;
3 and (b) any other revenues appropriated to or deposited in the
4 account.

5 (4) (a) For the fiscal year beginning July 1, 2005, and each
6 subsequent fiscal year, the state treasurer shall transfer eight
7 million two hundred fifty thousand dollars from the general fund to
8 the criminal justice treatment account, divided into four equal
9 quarterly payments. For the fiscal year beginning July 1, 2006, and
10 each subsequent fiscal year, the amount transferred shall be
11 increased on an annual basis by the implicit price deflator as
12 published by the federal bureau of labor statistics.

13 (b) In each odd-numbered year, the legislature shall appropriate
14 the amount transferred to the criminal justice treatment account in
15 (a) of this subsection to the department for the purposes of
16 subsection (5) of this section.

17 (5) Moneys appropriated to the authority from the criminal
18 justice treatment account shall be distributed as specified in this
19 subsection. The authority may retain up to three percent of the
20 amount appropriated under subsection (4)(b) of this section for its
21 administrative costs.

22 (a) Seventy percent of amounts appropriated to the authority from
23 the account shall be distributed to counties pursuant to the
24 distribution formula adopted under this section. The authority, in
25 consultation with the department of corrections, the Washington state
26 association of counties, the Washington state association of drug
27 court professionals, the superior court judges' association, the
28 Washington association of prosecuting attorneys, representatives of
29 the criminal defense bar, representatives of substance use disorder
30 treatment providers, and any other person deemed by the authority to
31 be necessary, shall establish a fair and reasonable methodology for
32 distribution to counties of moneys in the criminal justice treatment
33 account. County or regional plans submitted for the expenditure of
34 formula funds must be approved by the panel established in (b) of
35 this subsection.

36 (b) Thirty percent of the amounts appropriated to the authority
37 from the account shall be distributed as grants for purposes of
38 treating offenders against whom charges are filed by a county
39 prosecuting attorney. The authority shall appoint a panel of
40 representatives from the Washington association of prosecuting

1 attorneys, the Washington association of sheriffs and police chiefs,
2 the superior court judges' association, the Washington state
3 association of counties, the Washington defender's association or the
4 Washington association of criminal defense lawyers, the department of
5 corrections, the Washington state association of drug court
6 professionals, and substance use disorder treatment providers. The
7 panel shall review county or regional plans for funding under (a) of
8 this subsection and grants approved under this subsection. The panel
9 shall attempt to ensure that treatment as funded by the grants is
10 available to offenders statewide.

11 (6) The county alcohol and drug coordinator, county prosecutor,
12 county sheriff, county superior court, a substance abuse treatment
13 provider appointed by the county legislative authority, a member of
14 the criminal defense bar appointed by the county legislative
15 authority, and, in counties with a drug court, a representative of
16 the drug court shall jointly submit a plan, approved by the county
17 legislative authority or authorities, to the panel established in
18 subsection (5)(b) of this section, for disposition of all the funds
19 provided from the criminal justice treatment account within that
20 county. The submitted plan should incorporate current evidence-based
practices in substance use disorder treatment. The funds shall be
21 used solely to provide approved alcohol and substance ((abuse)) use
22 disorder treatment pursuant to RCW 71.24.560 and treatment support
23 services. No more than ten percent of the total moneys received under
24 subsections (4) and (5) of this section by a county or group of
25 counties participating in a regional agreement shall be spent for
26 treatment support services.

27 (7) Counties are encouraged to consider regional agreements and
28 submit regional plans for the efficient delivery of treatment under
29 this section.

30 (8) Moneys allocated under this section shall be used to
31 supplement, not supplant, other federal, state, and local funds used
32 for substance abuse treatment.

33 (9) If a region or county uses criminal justice treatment account
34 funds to support a therapeutic court, the therapeutic court must
35 allow the use of all medications approved by the federal food and
36 drug administration for the treatment of opioid use disorder as
37 deemed medically appropriate for a participant by a medical
38 professional. If appropriate medication-assisted treatment resources
39 are not available or accessible within the jurisdiction, the health

1 care authority's designee for assistance must assist the court with
2 acquiring the resource.

3 (10) Counties must meet the criteria established in RCW
4 2.30.030(3).

5 **Sec. 28.** RCW 71.24.585 and 2017 c 297 s 12 are each amended to
6 read as follows:

7 ((The state of Washington declares that there is no fundamental
8 right to medication-assisted treatment for opioid use disorder.))

9 (1)(a) The state of Washington ((further)) declares that ((while
10 medications used in the treatment of opioid use disorder are
11 addictive substances, that they nevertheless have several legal,
12 important, and justified uses and that one of their appropriate and
13 legal uses is, in conjunction with other required therapeutic
14 procedures, in the treatment of persons with opioid use disorder. The
15 state of Washington recognizes as evidence-based for the management
16 of opioid use disorder the medications approved by the federal food
17 and drug administration for the treatment of opioid use disorder.
Medication-assisted treatment should only be used for participants
19 who are deemed appropriate to need this level of intervention.
Providers must inform patients of all treatment options available.
The provider and the patient shall consider alternative treatment
options, like abstinence, when developing the treatment plan. If
medications are prescribed, follow up must be included in the
treatment plan in order to work towards the goal of abstinence.))

20 substance use disorders are medical conditions. Substance use
disorders should be treated in a manner similar to other medical
conditions by using interventions that are supported by evidence,
including medications approved by the federal food and drug
administration for the treatment of opioid use disorder. It is also
recognized that many individuals have multiple substance use
disorders, as well as histories of trauma, developmental
disabilities, or mental health conditions. As such, all individuals
experiencing opioid use disorder should be offered evidence-supported
treatments to include federal food and drug administration approved
medications for the treatment of opioid use disorders and behavioral
counseling and social supports to address them. For behavioral health
agencies, an effective plan of treatment for most persons with opioid
use disorder integrates access to medications and psychosocial
counseling and should be consistent with the American society of

addiction medicine patient placement criteria. Providers must inform patients with opioid use disorder or substance use disorder of options to access federal food and drug administration approved medications for the treatment of opioid use disorder or substance use disorder. Because some such medications are controlled substances in chapter 69.50 RCW, the state of Washington maintains the legal obligation and right to regulate the ((clinical)) uses of these medications in the treatment of opioid use disorder.

((Further,)) (b) The authority must work with other state agencies and stakeholders to develop value-based payment strategies to better support the ongoing care of persons with opioid and other substance use disorders.

(c) The department of corrections shall develop policies to prioritize services based on available grant funding and funds appropriated specifically for opioid use disorder treatment.

(2) The authority must promote the use of medication therapies and other evidence-based strategies to address the opioid epidemic in Washington state. Additionally, by January 1, 2020, the authority must prioritize state resources for the provision of treatment and recovery support services to inpatient and outpatient treatment settings that allow patients to start or maintain their use of medications for opioid use disorder while engaging in services.

(3) The state declares that the main goals of ((opiate substitution treatment is total abstinence from substance use for the individuals who participate in the treatment program, but recognizes the additional goals of reduced morbidity, and restoration of the ability to lead a productive and fulfilling life. The state recognizes that a small percentage of persons who participate in opioid treatment programs require treatment for an extended period of time. Opioid treatment programs shall provide a comprehensive transition program to eliminate substance use, including opioid use of program participants)) treatment for persons with opioid use disorder are the cessation of unprescribed opioid use, reduced morbidity, and restoration of the ability to lead a productive and fulfilling life.

(4) To achieve the goals in subsection (3) of this section, to promote public health and safety, and to promote the efficient and economic use of funding for the medicaid program under Title XIX of the social security act, the authority may seek, receive, and expend

1 alternative sources of funding to support all aspects of the state's
2 response to the opioid crisis.

3 (5) The authority must partner with the department of social and
4 health services, the department of corrections, the department of
5 health, the department of children, youth, and families, and any
6 other agencies or entities the authority deems appropriate to develop
7 a statewide approach to leveraging medicaid funding to treat opioid
8 use disorder and provide emergency overdose treatment. Such
9 alternative sources of funding may include:

10 (a) Seeking a section 1115 demonstration waiver from the federal
11 centers for medicare and medicaid services to fund opioid treatment
12 medications for persons eligible for medicaid at or during the time
13 of incarceration and juvenile detention facilities; and

14 (b) Soliciting and receiving private funds, grants, and donations
15 from any willing person or entity.

16 (6) (a) The authority shall work with the department of health to
17 promote coordination between medication-assisted treatment
18 prescribers, federally accredited opioid treatment programs,
19 substance use disorder treatment facilities, and state-certified
20 substance use disorder treatment agencies to:

21 (i) Increase patient choice in receiving medication and
22 counseling;

23 (ii) Strengthen relationships between opioid use disorder
24 providers;

25 (iii) Acknowledge and address the challenges presented for
26 individuals needing treatment for multiple substance use disorders
27 simultaneously; and

28 (iv) Study and review effective methods to identify and reach out
29 to individuals with opioid use disorder who are at high risk of
30 overdose and not involved in traditional systems of care, such as
31 homeless individuals using syringe service programs, and connect such
32 individuals to appropriate treatment.

33 (b) The authority must work with stakeholders to develop a set of
34 recommendations to the governor and the legislature that:

35 (i) Propose, in addition to those required by federal law, a
36 standard set of services needed to support the complex treatment
37 needs of persons with opioid use disorder treated in opioid treatment
38 programs;

1 (ii) Outline the components of and strategies needed to develop
2 opioid treatment program centers of excellence that provide fully
3 integrated care for persons with opioid use disorder;

4 (iii) Estimate the costs needed to support these models and
5 recommendations for funding strategies that must be included in the
6 report;

7 (iv) Outline strategies to increase the number of waivered health
8 care providers approved for prescribing buprenorphine by the
9 substance abuse and mental health services administration; and

10 (v) Outline strategies to lower the cost of federal food and drug
11 administration approved products for the treatment of opioid use
12 disorder.

13 (7) State agencies shall review and promote positive outcomes
14 associated with the accountable communities of health funded opioid
15 projects and local law enforcement and human services opioid
16 collaborations as set forth in the Washington state interagency
17 opioid working plan.

18 (8) The authority must partner with the department and other
19 state agencies to replicate effective approaches for linking
20 individuals who have had a nonfatal overdose with treatment
21 opportunities, with a goal to connect certified peer counselors with
22 individuals who have had a nonfatal overdose.

23 (9) State agencies must work together to increase outreach and
24 education about opioid overdoses to non-English-speaking communities
25 by developing a plan to conduct outreach and education to non-
26 English-speaking communities. The department must submit a report on
27 the outreach and education plan with recommendations for
28 implementation to the appropriate legislative committees by July 1,
29 2020.

30 NEW SECTION. **Sec. 29.** A new section is added to chapter 71.24
31 RCW to read as follows:

32 (1) Subject to funds appropriated by the legislature, the
33 authority shall implement a pilot project for law enforcement
34 assisted diversion which shall adhere to law enforcement assisted
35 diversion core principles recognized by the law enforcement assisted
36 diversion national support bureau, the efficacy of which have been
37 demonstrated in peer-reviewed research studies.

38 (2) Under the pilot project, the authority must partner with the
39 law enforcement assisted diversion national support bureau to award a

1 contract, subject to appropriation, for two or more geographic areas
2 in the state of Washington for law enforcement assisted diversion.
3 Cities, counties, and tribes may compete for participation in a pilot
4 project.

5 (3) The pilot projects must provide for comprehensive technical
6 assistance from law enforcement assisted diversion implementation
7 experts to develop and implement a law enforcement assisted diversion
8 program in the pilot project's geographic areas in a way that ensures
9 fidelity to the research-based law enforcement assisted diversion
10 model.

11 (4) The key elements of a law enforcement assisted diversion
12 pilot project must include:

13 (a) Long-term case management for individuals with substance use
14 disorders;

15 (b) Facilitation and coordination with community resources
16 focusing on overdose prevention;

17 (c) Facilitation and coordination with community resources
18 focused on the prevention of infectious disease transmission;

19 (d) Facilitation and coordination with community resources
20 providing physical and behavioral health services;

21 (e) Facilitation and coordination with community resources
22 providing medications for the treatment of substance use disorders;

23 (f) Facilitation and coordination with community resources
24 focusing on housing, employment, and public assistance;

25 (g) Twenty-four hours per day and seven days per week response to
26 law enforcement for arrest diversions; and

27 (h) Prosecutorial support for diversion services.

28 **Sec. 30.** RCW 71.24.590 and 2018 c 201 s 4045 are each amended to
29 read as follows:

30 (1) When making a decision on an application for licensing or
31 certification of a program, the department shall:

32 (a) Consult with the county legislative authorities in the area
33 in which an applicant proposes to locate a program and the city
34 legislative authority in any city in which an applicant proposes to
35 locate a program;

36 (b) License or certify only programs that will be sited in
37 accordance with the appropriate county or city land use ordinances.
38 Counties and cities may require conditional use permits with
39 reasonable conditions for the siting of programs. Pursuant to RCW

1 36.70A.200, no local comprehensive plan or development regulation may
2 preclude the siting of essential public facilities;

3 (c) Not discriminate in its licensing or certification decision
4 on the basis of the corporate structure of the applicant;

5 (d) Consider the size of the population in need of treatment in
6 the area in which the program would be located and license or certify
7 only applicants whose programs meet the necessary treatment needs of
8 that population;

9 (e) Consider the availability of other certified opioid treatment
10 programs near the area in which the applicant proposes to locate the
11 program;

12 (f) Consider the transportation systems that would provide
13 service to the program and whether the systems will provide
14 reasonable opportunities to access the program for persons in need of
15 treatment;

16 (g) Consider whether the applicant has, or has demonstrated in
17 the past, the capability to provide the appropriate services to
18 assist the persons who utilize the program in meeting goals
19 established by the legislature in RCW 71.24.585. The department shall
20 prioritize licensing or certification to applicants who have
21 demonstrated such capability and are able to measure their success in
22 meeting such outcomes;

23 (h) Hold one public hearing in the community in which the
24 facility is proposed to be located. The hearing shall be held at a
25 time and location that are most likely to permit the largest number
26 of interested persons to attend and present testimony. The department
27 shall notify all appropriate media outlets of the time, date, and
28 location of the hearing at least three weeks in advance of the
29 hearing.

30 (2) A county may impose a maximum capacity for a program of not
31 less than three hundred fifty participants if necessary to address
32 specific local conditions cited by the county.

33 (3) A program applying for licensing or certification from the
34 department and a program applying for a contract from a state agency
35 that has been denied the licensing or certification or contract shall
36 be provided with a written notice specifying the rationale and
37 reasons for the denial.

38 (4) Opioid treatment programs may order, possess, dispense, and
39 administer medications approved by the United States food and drug
40 administration for the treatment of opioid use disorder, alcohol use

disorder, tobacco use disorder, and reversal of opioid overdose. For an opioid treatment program to order, possess, and dispense any other legend drug, including controlled substances, the opioid treatment program must obtain additional licensure as required by the department, except for patient-owned medications.

(5) Opioid treatment programs may accept, possess, and administer patient-owned medications.

(6) Registered nurses and licensed practical nurses may dispense up to a thirty-one day supply of medications approved by the United States food and drug administration for the treatment of opioid use disorder to patients of the opioid treatment program, under an order or prescription and in compliance with 42 C.F.R. Sec. 8.12.

(7) For the purpose of this chapter, "opioid treatment program" means a program that:

(a) ((Dispensing a)) Engages in the treatment of opioid use disorder with medications approved by the ((federal)) United States food and drug administration for the treatment of opioid use disorder and ((dispensing medication for the)) reversal of opioid overdose; and

(b) ((Providing)) Provides a comprehensive range of medical and rehabilitative services.

Sec. 31. RCW 71.24.595 and 2018 c 201 s 4046 are each amended to read as follows:

(1) To achieve more medication options, the authority must work with the department and the authority's medicaid managed care organizations, to eliminate barriers and promote access to effective medications known to address opioid use disorders at state-certified opioid treatment programs. Medications include, but are not limited to: Methadone, buprenorphine, and naltrexone. The authority must encourage the distribution of naloxone to patients who are at risk of an opioid overdose.

(2) The department, in consultation with opioid treatment program service providers and counties and cities, shall establish statewide treatment standards for licensed or certified opioid treatment programs. The department shall enforce these treatment standards. The treatment standards shall include, but not be limited to, reasonable provisions for all appropriate and necessary medical procedures, counseling requirements, urinalysis, and other suitable tests as needed to ensure compliance with this chapter.

1 ((+2)) (3) The department, in consultation with opioid treatment
2 programs and counties, shall establish statewide operating standards
3 for certified opioid treatment programs. The department shall enforce
4 these operating standards. The operating standards shall include, but
5 not be limited to, reasonable provisions necessary to enable the
6 department and counties to monitor certified or licensed opioid
7 treatment programs for compliance with this chapter and the treatment
8 standards authorized by this chapter and to minimize the impact of
9 the opioid treatment programs upon the business and residential
10 neighborhoods in which the program is located.

11 ((+3)) (4) The department shall analyze and evaluate the data
12 submitted by each treatment program and take corrective action where
13 necessary to ensure compliance with the goals and standards
14 enumerated under this chapter. Opioid treatment programs are subject
15 to the oversight required for other substance use disorder treatment
16 programs, as described in this chapter.

17 NEW SECTION. **Sec. 32.** A new section is added to chapter 71.24
18 RCW to read as follows:

19 By October 1, 2019, the authority must work with the department,
20 the accountable communities of health, and community stakeholders to
21 develop a plan for the coordinated purchasing and distribution of
22 opioid overdose reversal medication across the state of Washington.
23 The plan must be developed in consultation with the University of
24 Washington's alcohol and drug abuse institute and community agencies
25 participating in the federal demonstration grant titled Washington
26 state project to prevent prescription drug or opioid overdose.

27 NEW SECTION. **Sec. 33.** A new section is added to chapter 71.24
28 RCW to read as follows:

29 (1) The department, in coordination with the authority, must
30 develop a strategy to rapidly deploy a response team to a local
31 community identified as having a high number of fentanyl-related or
32 other drug overdoses by the local emergency management system,
33 hospital emergency department, local health jurisdiction, law
34 enforcement agency, or surveillance data. The response team must
35 provide technical assistance and other support to the local health
36 jurisdiction, health care clinics, hospital emergency departments,
37 substance use disorder treatment providers, and other community-based

1 organizations, and are expected to increase the local capacity to
2 provide medication-assisted treatment and overdose education.

3 (2) The department and the authority must reduce barriers and
4 promote medication treatment therapies for opioid use disorder in
5 emergency departments and same-day referrals to opioid treatment
6 programs, substance use disorder treatment facilities, and community-
7 based medication treatment prescribers for individuals experiencing
8 an overdose.

9 **NEW SECTION.** **Sec. 34.** A new section is added to chapter 71.24
10 RCW to read as follows:

11 (1) Subject to funds appropriated by the legislature, or approval
12 of a section 1115 demonstration waiver from the federal centers for
13 medicare and medicaid services, to fund opioid treatment medications
14 for persons eligible for medicaid at or during the time of
15 incarceration and juvenile detention facilities, the authority shall
16 establish a methodology for distributing funds to city and county
17 jails to provide medication for the treatment of opioid use disorder
18 to individuals in the custody of the facility in any status. The
19 authority must prioritize funding for the services required in (a) of
20 this subsection. To the extent that funding is provided, city and
21 county jails must:

22 (a) Provide medication for the treatment of opioid use disorder
23 to individuals in the custody of the facility, in any status, who
24 were receiving medication for the treatment of opioid use disorder
25 through a legally authorized medical program or by a valid
26 prescription immediately before incarceration; and

27 (b) Provide medication for the treatment of opioid use disorder
28 to incarcerated individuals not less than thirty days before release
29 when treatment is determined to be medically appropriate by a health
30 care practitioner.

31 (2) City and county jails must make reasonable efforts to
32 directly connect incarcerated individuals receiving medication for
33 the treatment of opioid use disorder to an appropriate provider or
34 treatment site in the geographic region in which the individual will
35 reside before release. If a connection is not possible, the facility
36 must document its efforts in the individual's record.

37 **NEW SECTION.** **Sec. 35.** A new section is added to chapter 74.09
38 RCW to read as follows:

1 (1) In order to support prevention of potential opioid use
2 disorders, the authority must develop and recommend for coverage
3 nonpharmacologic treatments for acute, subacute, and chronic
4 noncancer pain and must report to the governor and the appropriate
5 committees of the legislature, including any requests for funding
6 necessary to implement the recommendations under this section. The
7 recommendations must contain the following elements:

8 (a) A list of which nonpharmacologic treatments will be covered;

9 (b) Recommendations as to the duration, amount, and type of
10 treatment eligible for coverage;

11 (c) Guidance on the type of providers eligible to provide these
12 treatments; and

13 (d) Recommendations regarding the need to add any provider types
14 to the list of currently eligible medicaid provider types.

15 (2) The authority must ensure only treatments that are evidence-
16 based for the treatment of the specific acute, subacute, and chronic
17 pain conditions will be eligible for coverage recommendations.

18 NEW SECTION. **Sec. 36.** A new section is added to chapter 41.05
19 RCW to read as follows:

20 A health plan offered to employees, school employees, and their
21 covered dependents under this chapter issued or renewed on or after
22 January 1, 2020, shall provide coverage without prior authorization
23 of at least one federal food and drug administration approved product
24 for the treatment of opioid use disorder in the drug classes opioid
25 agonists, opioid antagonists, and opioid partial agonists.

26 NEW SECTION. **Sec. 37.** A new section is added to chapter 48.43
27 RCW to read as follows:

28 For health plans issued or renewed on or after January 1, 2020, a
29 health carrier shall provide coverage without prior authorization of
30 at least one federal food and drug administration approved product
31 for the treatment of opioid use disorder in the drug classes opioid
32 agonists, opioid antagonists, and opioid partial agonists.

33 NEW SECTION. **Sec. 38.** A new section is added to chapter 74.09
34 RCW to read as follows:

35 Upon initiation or renewal of a contract with the authority to
36 administer a medicaid managed care plan, a managed health care system
37 shall provide coverage without prior authorization of at least one

1 federal food and drug administration approved product for the
2 treatment of opioid use disorder in the drug classes opioid agonists,
3 opioid antagonists, and opioid partial agonists.

4 **NEW SECTION.** **Sec. 39.** A new section is added to chapter 28A.210
5 RCW to read as follows:

6 (1) For the purposes of this section:

7 (a) "High school" means a school enrolling students in any of
8 grades nine through twelve;

9 (b) "Opioid overdose reversal medication" has the meaning
10 provided in RCW 69.41.095;

11 (c) "Opioid-related overdose" has the meaning provided in RCW
12 69.41.095; and

13 (d) "Standing order" has the meaning provided in RCW 69.41.095.

14 (2) (a) For the purpose of assisting a person at risk of
15 experiencing an opioid-related overdose, a high school may obtain and
16 maintain opioid overdose reversal medication through a standing order
17 prescribed and dispensed in accordance with RCW 69.41.095.

18 (b) Opioid overdose reversal medication may be obtained from
19 donation sources, but must be maintained and administered in a manner
20 consistent with a standing order issued in accordance with RCW
21 69.41.095.

22 (c) A school district with two thousand or more students must
23 obtain and maintain at least one set of opioid overdose reversal
24 medication doses in each of its high schools as provided in (a) and
25 (b) of this subsection. A school district that demonstrates a good
26 faith effort to obtain the opioid overdose reversal medication
27 through a donation source, but is unable to do so, is exempt from the
28 requirement in this subsection (2) (c).

29 (3) (a) The following personnel may distribute or administer the
30 school-owned opioid overdose reversal medication to respond to
31 symptoms of an opioid-related overdose pursuant to a prescription or
32 a standing order issued in accordance with RCW 69.41.095: (i) A
33 school nurse; (ii) a health care professional or trained staff person
34 located at a health care clinic on public school property or under
35 contract with the school district; or (iii) designated trained school
36 personnel.

37 (b) Opioid overdose reversal medication may be used on school
38 property, including the school building, playground, and school bus,
39 as well as during field trips or sanctioned excursions away from

1 school property. A school nurse or designated trained school
2 personnel may carry an appropriate supply of school-owned opioid
3 overdose reversal medication on field trips or sanctioned excursions.

4 (4) Training for school personnel who have been designated to
5 distribute or administer opioid overdose reversal medication under
6 this section must meet the requirements for training described in
7 section 40 of this act and any rules or guidelines for such training
8 adopted by the office of the superintendent of public instruction.
9 Each high school is encouraged to designate and train at least one
10 school personnel to distribute and administer opioid overdose
11 reversal medication if the high school does not have a full-time
12 school nurse or trained health care clinic staff.

13 (5)(a) The liability of a person or entity who complies with this
14 section and RCW 69.41.095 is limited as described in RCW 69.41.095.

15 (b) If a student is injured or harmed due to the administration
16 of opioid overdose reversal medication that a practitioner, as
17 defined in RCW 69.41.095, has prescribed and a pharmacist has
18 dispensed to a school under this section, the practitioner and
19 pharmacist may not be held responsible for the injury unless he or
20 she acted with conscious disregard for safety.

21 **NEW SECTION. Sec. 40.** A new section is added to chapter 28A.210
22 RCW to read as follows:

23 (1) For the purposes of this section:

24 (a) "Opioid overdose reversal medication" has the meaning
25 provided in RCW 69.41.095; and

26 (b) "Opioid-related overdose" has the meaning provided in RCW
27 69.41.095.

28 (2)(a) To prevent opioid-related overdoses and respond to medical
29 emergencies resulting from overdoses, by January 1, 2020, the office
30 of the superintendent of public instruction, in consultation with the
31 department of health and the Washington state school directors'
32 association, shall develop opioid-related overdose policy guidelines
33 and training requirements for public schools and school districts.

34 (b)(i) The opioid-related overdose policy guidelines and training
35 requirements must include information about: The identification of
36 opioid-related overdose symptoms; how to obtain and maintain opioid
37 overdose reversal medication on school property issued through a
38 standing order in accordance with section 39 of this act; how to
39 obtain opioid overdose reversal medication through donation sources;

1 the distribution and administration of opioid overdose reversal
2 medication by designated trained school personnel; free online
3 training resources that meet the training requirements in this
4 section; and sample standing orders for opioid overdose reversal
5 medication.

6 (ii) The opioid-related overdose policy guidelines may: Include
7 recommendations for the storage and labeling of opioid overdose
8 reversal medications that are based on input from relevant health
9 agencies or experts; and allow for opioid-related overdose reversal
10 medications to be obtained, maintained, distributed, and administered
11 by health care professionals and trained staff located at a health
12 care clinic on public school property or under contract with the
13 school district.

14 (c) In addition to being offered by the school, training on the
15 distribution or administration of opioid overdose reversal medication
16 that meets the requirements of this subsection (2) may be offered by
17 nonprofit organizations, higher education institutions, and local
18 public health organizations.

19 (3)(a) By March 1, 2020, the Washington state school directors'
20 association must collaborate with the office of the superintendent of
21 public instruction and the department of health to either update
22 existing model policy or develop a new model policy that meets the
23 requirements of subsection (2) of this section.

24 (b) Beginning with the 2020-21 school year, the following school
25 districts must adopt an opioid-related overdose policy: (a) School
26 districts with a school that obtains, maintains, distributes, or
27 administers opioid overdose reversal medication under section 39 of
28 this act; and (b) school districts with two thousand or more
29 students.

30 (c) The office of the superintendent of public instruction and
31 the Washington state school directors' association must maintain the
32 model policy and procedure on each agency's web site at no cost to
33 school districts.

34 (4) Subject to the availability of amounts appropriated for this
35 specific purpose, the office of the superintendent of public
36 instruction shall develop and administer a grant program to provide
37 funding to public schools with any of grades nine through twelve and
38 public higher education institutions to purchase opioid overdose
39 reversal medication and train personnel on the administration of
40 opioid overdose reversal medication to respond to symptoms of an

1 opioid-related overdose. The office must publish on its web site a
2 list of annual grant recipients, including award amounts.

3 **Sec. 41.** RCW 28A.210.260 and 2017 c 186 s 2 are each amended to
4 read as follows:

5 (1) Public school districts and private schools which conduct any
6 of grades kindergarten through the twelfth grade may provide for the
7 administration of oral medication, topical medication, eye drops, ear
8 drops, or nasal spray, of any nature to students who are in the
9 custody of the school district or school at the time of
10 administration, but are not required to do so by this section,
11 subject to the following conditions:

12 ((1))) (a) The board of directors of the public school district
13 or the governing board of the private school or, if none, the chief
14 administrator of the private school shall adopt policies which
15 address the designation of employees who may administer oral
16 medications, topical medications, eye drops, ear drops, or nasal
17 spray to students, the acquisition of parent requests and
18 instructions, and the acquisition of requests from licensed health
19 professionals prescribing within the scope of their prescriptive
20 authority and instructions regarding students who require medication
21 for more than fifteen consecutive school days, the identification of
22 the medication to be administered, the means of safekeeping
23 medications with special attention given to the safeguarding of
24 legend drugs as defined in chapter 69.41 RCW, and the means of
25 maintaining a record of the administration of such medication;

26 ((2))) (b) The board of directors shall seek advice from one or
27 more licensed physicians or nurses in the course of developing the
28 foregoing policies;

29 ((3))) (c) The public school district or private school is in
30 receipt of a written, current and unexpired request from a parent, or
31 a legal guardian, or other person having legal control over the
32 student to administer the medication to the student;

33 ((4))) (d) The public school district or the private school is
34 in receipt of ((a)): (i) A written, current and unexpired request
35 from a licensed health professional prescribing within the scope of
36 his or her prescriptive authority for administration of the
37 medication, as there exists a valid health reason which makes
38 administration of such medication advisable during the hours when
39 school is in session or the hours in which the student is under the

1 supervision of school officials~~((r))~~i and ~~((b))~~(ii) written,
2 current and unexpired instructions from such licensed health
3 professional prescribing within the scope of his or her prescriptive
4 authority regarding the administration of prescribed medication to
5 students who require medication for more than fifteen consecutive
6 workdays;

7 ~~((5))~~ (e) The medication is administered by an employee
8 designated by or pursuant to the policies adopted pursuant to (a) of
9 this subsection ~~((1) of this section)~~ and in substantial compliance
10 with the prescription of a licensed health professional prescribing
11 within the scope of his or her prescriptive authority or the written
12 instructions provided pursuant to (d) of this subsection ~~((4) of~~
13 ~~this section)~~. If a school nurse is on the premises, a nasal spray
14 that is a legend drug or a controlled substance must be administered
15 by the school nurse. If no school nurse is on the premises, a nasal
16 spray that is a legend drug or a controlled substance may be
17 administered by a trained school employee or parent-designated adult
18 who is not a school nurse. The board of directors shall allow school
19 personnel, who have received appropriate training and volunteered for
20 such training, to administer a nasal spray that is a legend drug or a
21 controlled substance. After a school employee who is not a school
22 nurse administers a nasal spray that is a legend drug or a controlled
23 substance, the employee shall summon emergency medical assistance as
24 soon as practicable;

25 ~~((6))~~ (f) The medication is first examined by the employee
26 administering the same to determine in his or her judgment that it
27 appears to be in the original container and to be properly labeled;
28 and

29 ~~((7))~~ (g) The board of directors shall designate a professional
30 person licensed pursuant to chapter 18.71 RCW or chapter 18.79 RCW as
31 it applies to registered nurses and advanced registered nurse
32 practitioners, to delegate to, train, and supervise the designated
33 school district personnel in proper medication procedures;

34 ~~((8)(a))~~ For the purposes of this section, "parent-designated
35 ~~adult" means a volunteer, who may be a school district employee, who~~
36 ~~receives additional training from a health care professional or~~
37 ~~expert in epileptic seizure care selected by the parents, and who~~
38 ~~provides care for the child consistent with the individual health~~
39 ~~plan.~~

1 ((b))) (h) To be eligible to be a parent-designated adult, a
2 school district employee not licensed under chapter 18.79 RCW must
3 file, without coercion by the employer, a voluntary written, current,
4 and unexpired letter of intent stating the employee's willingness to
5 be a parent-designated adult. If a school employee who is not
6 licensed under chapter 18.79 RCW chooses not to file a letter under
7 this section, the employee shall not be subject to any employer
8 reprisal or disciplinary action for refusing to file a letter. A
9 parent-designated adult must be a volunteer, who may be a school
10 district employee, who receives additional training from a health
11 care professional or expert in epileptic seizure care selected by the
12 parents, and who provides care for the child consistent with the
13 individual health plan; and

14 ((+9))) (i) The board of directors shall designate a professional
15 person licensed under chapter 18.71, 18.57, or 18.79 RCW as it
16 applies to registered nurses and advanced registered nurse
17 practitioners, to consult and coordinate with the student's parents
18 and health care provider, and train and supervise the appropriate
19 school district personnel in proper procedures for care for students
20 with epilepsy to ensure a safe, therapeutic learning environment.
21 Training may also be provided by an epilepsy educator who is
22 nationally certified. Parent-designated adults who are school
23 employees are required to receive the training provided under this
24 subsection. Parent-designated adults who are not school employees
25 must show evidence of comparable training. The parent-designated
26 adult must also receive additional training as established in (h) of
27 this subsection ((8)(a) of this section)) for the additional care
28 the parents have authorized the parent-designated adult to provide.
29 The professional person designated under this subsection is not
30 responsible for the supervision of the parent-designated adult for
31 those procedures that are authorized by the parents~~((+))~~.

32 ((+10))) (2) This section does not apply to:

33 (a) Topical sunscreen products regulated by the United States
34 food and drug administration for over-the-counter use. Provisions
35 related to possession and application of topical sunscreen products
36 are in RCW 28A.210.278; and

37 (b) Opioid overdose reversal medication. Provisions related to
38 maintenance and administration of opioid overdose reversal medication
39 are in section 39 of this act.

1 **Sec. 42.** RCW 28A.210.270 and 2013 c 180 s 2 are each amended to
2 read as follows:

3 (1) In the event a school employee administers oral medication,
4 topical medication, eye drops, ear drops, or nasal spray to a student
5 pursuant to RCW 28A.210.260 in substantial compliance with the
6 prescription of the student's licensed health professional
7 prescribing within the scope of the professional's prescriptive
8 authority or the written instructions provided pursuant to RCW
9 28A.210.260((+4)) (1)(d), and the other conditions set forth in RCW
10 28A.210.260 have been substantially complied with, then the employee,
11 the employee's school district or school of employment, and the
12 members of the governing board and chief administrator thereof shall
13 not be liable in any criminal action or for civil damages in their
14 individual or marital or governmental or corporate or other
15 capacities as a result of the administration of the medication.

16 (2) The administration of oral medication, topical medication,
17 eye drops, ear drops, or nasal spray to any student pursuant to RCW
18 28A.210.260 may be discontinued by a public school district or
19 private school and the school district or school, its employees, its
20 chief administrator, and members of its governing board shall not be
21 liable in any criminal action or for civil damages in their
22 governmental or corporate or individual or marital or other
23 capacities as a result of the discontinuance of such administration:
24 PROVIDED, That the chief administrator of the public school district
25 or private school, or his or her designee, has first provided actual
26 notice orally or in writing in advance of the date of discontinuance
27 to a parent or legal guardian of the student or other person having
28 legal control over the student.

29 NEW SECTION. **Sec. 43.** A new section is added to chapter 28B.10
30 RCW to read as follows:

31 (1) For the purposes of this section:

32 (a) "Opioid overdose reversal medication" has the meaning
33 provided in RCW 69.41.095; and

34 (b) "Opioid-related overdose" has the meaning provided in RCW
35 69.41.095.

36 (2) By the beginning of the 2019-20 academic year, a public
37 institution of higher education with a residence hall housing at
38 least one hundred students must develop a plan: (a) For the
39 maintenance and administration of opioid overdose reversal medication

1 in and around the residence hall; and (b) for the training of
2 designated personnel to administer opioid overdose reversal
3 medication to respond to symptoms of an opioid-related overdose. The
4 training may utilize free online training resources including, but
5 not limited to, the free online training resources identified as
6 appropriate for public schools in section 40 of this act. The plan
7 may identify: The ratio of residents to opioid overdose reversal
8 medication doses; the designated trained personnel, who may include
9 residence hall advisers; and whether the designated trained personnel
10 covers more than one residence hall.

11 (3) The state board for community and technical colleges shall
12 assist an individual community or technical college with applying for
13 grants or donations to obtain opioid overdose reversal medication at
14 no cost or at a discount.

15 NEW SECTION. **Sec. 44.** (1) Section 15 of this act expires
16 January 1, 2021.

17 (2) Section 16 of this act takes effect January 1, 2021.

18 NEW SECTION. **Sec. 45.** If specific funding for the purposes of
19 this act, referencing this act by bill or chapter number, is not
20 provided by June 30, 2019, in the omnibus appropriations act, this
21 act is null and void.

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