

HOUSE BILL REPORT

SHB 1186

As Passed House:

March 4, 2025

Title: An act relating to expanding the situations in which medications can be dispensed or delivered from hospitals and health care entities.

Brief Description: Expanding the situations in which medications can be dispensed or delivered from hospitals and health care entities.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Parshley, Rule, Low, Reed, Ramel, Macri, Obras, Farivar, Doglio, Fosse, Ormsby, Salahuddin, Bernbaum and Hill).

Brief History:

Committee Activity:

Health Care & Wellness: 1/24/25, 1/31/25 [DPS].

Floor Activity:

Passed House: 3/4/25, 97-0.

Brief Summary of Substitute Bill

- Authorizes hospitals and health care entities to dispense or distribute medications in additional circumstances.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 19 members: Representatives Bronoske, Chair; Lekanoff, Vice Chair; Rule, Vice Chair; Schmick, Ranking Minority Member; Caldier, Assistant Ranking Minority Member; Marshall, Assistant Ranking Minority Member; Davis, Engell, Low, Macri, Manjarrez, Obras, Parshley, Shavers, Simmons, Stonier, Stuebe, Thai and Tharinger.

Staff: Kim Weidenaar (786-7120).

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Background:

Hospitals.

A hospital may allow prepackaged emergency medications for patients being discharged from the emergency department to be prescribed by practitioners with prescriptive authority and distributed by these practitioners and registered nurses when:

- community pharmacies and outpatient hospital services are not available within 15 miles by road;
- in the judgment of a practitioner and consistent with hospital policies, the patient has no reasonable ability to reach a local community or outpatient pharmacy; or
- when a patient is identified as needing Human immunodeficiency virus (HIV) postexposure prophylaxis (PEP) drugs or therapies.

A hospital may only allow this practice if the director of the hospital pharmacy develops policies and procedures regarding:

- the types of emergency medications to be prepackaged;
- the preparation of the emergency medications by, or under the supervision of, a pharmacist;
- the criteria under which prepackaged emergency medications may be prescribed and distributed;
- the training requirements for staff;
- the maintenance of prescriptions;
- the storage of the medications; and
- patient counseling on the medications.

In addition, the policies must establish a limit of a 48-hour supply of emergency medications, except when:

- a community pharmacy or the hospital pharmacy will not be available within 48 hours; or
- antibiotics or HIV PEP drugs or therapies are required.

"Emergency medication" is defined as any medication commonly prescribed to emergency department patients.

Health Care Entities.

In order for a health care entity to purchase, administer, dispense, and deliver legend drugs and controlled substances, the health care entity must be licensed by the Department of Health. Health care entities may only administer, dispense, or deliver legend drugs and controlled substances to patients who receive care within the health care entity and in compliance with the rules of the Pharmacy Commission. A health care practitioner, in carrying out his or her licensed responsibilities within a health care entity, is not prohibited from dispensing or delivering to a patient of the health care entity drugs for that patient's personal use in an amount not to exceed 72 hours of usage.

"Health care entity" is defined as an organization that provides health care services in a setting that is not otherwise licensed by the state to acquire or possess legend drugs. Health care entity includes a freestanding outpatient surgery center, a residential treatment facility, and a freestanding cardiac care center. It does not include an individual practitioner's office or a multi-practitioner clinic, regardless of ownership, unless the owner elects licensure as a health care entity.

Anti-infectives.

Anti-infectives are not defined in state law but are generally considered to be medications that work to prevent or treat infections; they include antibiotics, antivirals, antifungals and antiparasitic medications.

Human Immunodeficiency Virus Post-Exposure Prophylaxis.

Human immunodeficiency virus PEP is used when an HIV-negative person believes that they may have been exposed to HIV. Human immunodeficiency virus PEP consists of taking HIV medications once or twice a day for 28 days to prevent becoming infected and must be started within 72 hours of possible exposure.

Summary of Substitute Bill:

Hospitals.

A hospital may dispense more than a 48-hour supply of a prepackaged emergency medication when:

- community or hospital outpatient pharmacy services will not be available within 48 hours;
- anti-infectives or HIV PEP drugs or therapies are required; or
- drugs or therapies are packaged directly by the manufacturer in quantities larger than a 48-hour supply that cannot be limited to a 48-hour supply.

The authorization allowing hospitals to dispense prepackaged emergency medications to patients being discharged from a hospital emergency department when community or outpatient hospital pharmacy services are not available within 15 miles by road, is modified to specify that it is within 15 miles within Washington, by road.

"Manufacturer" is defined as a person, corporation, or other entity engaged in the manufacture of drugs or devices.

Health Care Entities.

The prohibition on a health care provider dispensing or delivering to a patient of the health care entity drugs for a patient's personal use not to exceed a 72-hour limit is modified to create three exceptions. The three exceptions to the 72-hour limit are when:

- community or hospital outpatient pharmacy services will not be available within 72 hours;
- anti-infectives or HIV PEP drugs or therapies are required; or

- drugs or therapies are packaged directly by the manufacturer in quantities larger than a 72-hour supply that cannot be limited to a 72-hour supply.

Appropriation: None.

Fiscal Note: Available.

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

Staff Summary of Public Testimony:

(In support) This bill will help hospitals and communities in situations in which a patient cannot get to a pharmacy. Many towns and cities do not have a seven-days-a-week pharmacy, which means that people need to wait over the weekend to get access to necessary medications. This particularly impacts rural areas. Rural hospitals in small communities are often the only option for these communities.

This practice has been allowed in some form since 2015 and there are currently a number of exceptions for opioid-related medications, HIV PEP, and others. Many medications like inhalers, insulin pens, and topical creams cannot be safely divided up and this leads to waste. Patients are often shown how to use something like an inhaler in an emergency room, but since the inhaler contains more than a 48-supply it must be thrown away once the patient is discharged. This bill would remove this unnecessary barrier.

This bill allows patients to start medications in a timely manner. Having to wait until a pharmacy opens creates a hardship and provides challenges to care. This bill also allows dispensing of the full course of anti-infectives, which is the safest approach.

(Opposed) None.

Persons Testifying: Representative Lisa Parshley, prime sponsor; Katie Kolan, Washington State Hospital Association; Kelly Thompson, Forks Community Hospital; Andrea Howell, Pullman Regional Hospital; Cindy Wilson, MultiCare Health System; and Jenny Arnold, Washington State Pharmacy Association.

Persons Signed In To Testify But Not Testifying: None.