

HOUSE BILL REPORT

HB 1720

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to expanding the types of medication assistance that may be provided to residents of community-based care settings.

Brief Description: Expanding the types of medication assistance that may be provided to residents of community-based care settings.

Sponsors: Representatives Schmick and Low.

Brief History:

Committee Activity:

Health Care & Wellness: 2/11/25, 2/12/25 [DPS].

Brief Summary of Substitute Bill

- Expands the authority for persons who are not practitioners to assist persons with prefilled insulin syringes to apply to setting up diabetic devices for self-administration and handing injectable medications to the person for self-administration.

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: Chris Blake (786-7392).

Background:

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.

Legend drugs are those drugs that may only be dispensed by prescription or that are restricted to use by practitioners only. The term "practitioner" includes 18 different health professions, as well as certain health care facilities, such as pharmacies and hospitals. A practitioner's authority to prescribe, dispense, and administer legend drugs varies by profession and facility.

Persons who are not practitioners may provide medication assistance to persons living in specified care settings. The term "medication assistance" includes assistance to facilitate a person's self-administration of a legend drug, such as coaching the person, handing the medication container to the person, opening the medication container, placing the medication in the person's hand, and similar activities. The term does not include assistance with intravenous or injectable medications, except for prefilled insulin syringes. The applicable care settings include in-home care settings, such as an individual's residence, and community-based care settings, such as adult family homes, assisted living facilities, and community residential programs for persons with developmental disabilities.

Summary of Substitute Bill:

The authority for nonpractitioners to assist persons in community-based care settings and in-home care settings with prefilled insulin syringes is expanded to allow the nonpractitioner to set up diabetic devices for self-administration or hand injectable medications to the individual for self-administration.

Substitute Bill Compared to Original Bill:

The substitute bill specifies that a reference to "drugs" that nonpractitioners may provide assistance with applies to "legend drugs."

Appropriation: None.

Fiscal Note: Available.

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

Staff Summary of Public Testimony:

(In support) Diabetic medication delivery devices have made significant advances so that now most residents with diabetes use an insulin pen, but Washington law limits a caregiver's assistance to only handing the resident a pre-filled insulin syringe. This bill will allow a caregiver to legally assist in handing residents the type of insulin device that they

use for self-injection. This bill will allow residents who use noninsulin medications to receive assistance from a caregiver. This bill will help residents in long-term care settings as well as the workers that care for them.

(Opposed) None.

(Other) Current law limits medication assistance to simply insulin which fails to keep pace with the rapid development of medications and delivery methods. This bill has broad statutory language which allows for flexibility to meet the specific needs of residents and ensures that they will receive their medications as intended. This bill avoids unnecessary limits that may prevent timely access to prescribed regimens. Expanding support in community-based settings enhances medication adherence by ensuring devices are set up correctly and reduces the risk of missed doses or incorrect administration.

Persons Testifying: (In support) Representative Joe Schmick, prime sponsor; and Vicki McNealley, Washington Health Care Association.

(Other) Alison Bradywood, Washington State Board of Nursing.

Persons Signed In To Testify But Not Testifying: None.