CERTIFICATION OF ENROLLMENT

SUBSTITUTE HOUSE BILL 1186

Chapter 213, Laws of 2025

69th Legislature
2025 Regular Session

HOSPITALS AND HEALTH CARE ENTITIES—MEDICATION DISPENSING—CONDITIONS

EFFECTIVE DATE: July 27, 2025

Passed by the House April 21, 2025
Yeas 97 Nays 0

LAURIE JINKINS

Speaker of the House of Representatives

Passed by the Senate April 16, 2025
Yeas 49 Nays 0

DENNY HECK

President of the Senate

Approved May 12, 2025 9:35 AM

BOB FERGUSON

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 1186** as passed by the House of Representatives and the Senate on the dates hereon set forth.

BERNARD DEAN

Chief Clerk

FILED

May 14, 2025

Secretary of State
State of Washington

SUBSTITUTE HOUSE BILL 1186

AS AMENDED BY THE SENATE

Passed Legislature - 2025 Regular Session

State of Washington 69th Legislature 2025 Regular Session

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

READ FIRST TIME 02/04/25.

AN ACT Relating to expanding the situations in which medications can be dispensed or delivered from hospitals and health care entities; and amending RCW 70.41.480 and 18.64.450.

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

Sec. 1. RCW 70.41.480 and 2024 c 251 s 2 are each amended to read as follows:

(1) The legislature finds that high quality, safe, and compassionate health care services for patients of Washington state must be available at all times. The legislature further finds that there is a need for patients being released from hospital emergency departments to maintain access to emergency medications when community or hospital pharmacy services are not available, including medication for opioid overdose reversal and for the treatment for opioid use disorder as appropriate, human immunodeficiency virus postexposure prophylaxis drugs, anti-infectives, and drugs that come prepackaged by the manufacturer. It is the intent of the legislature to accomplish this objective by allowing practitioners with prescriptive authority to prescribe limited amounts of prepackaged emergency medications to patients being discharged from hospital emergency departments when access to community or outpatient hospital pharmacy services is not otherwise available.

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

(a) During times when community or outpatient hospital pharmacy services are not available within 15 miles within Washington by road;

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

(c) When a patient is identified as needing human immunodeficiency virus postexposure prophylaxis drugs or therapies.

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

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

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

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

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

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

(f) Establishment of a limit of no more than a 48 hour supply of emergency medication as the maximum to be dispensed to a patient, except when ((~~community~~)):

(i) Community or hospital outpatient pharmacy services will not be available within 48 hours((~~, or when antibiotics~~));

(ii) Anti-infectives or human immunodeficiency virus postexposure prophylaxis drugs or therapies are required; or

(iii) Drugs or therapies are packaged directly by the manufacturer in quantities larger than a 48-hour supply that cannot be altered to limit the quantity to a 48-hour supply;

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

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

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

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

(6) A practitioner or a nurse in a hospital emergency department must dispense or distribute opioid overdose reversal medication in compliance with RCW 70.41.485.

(7) Except as permitted for human immunodeficiency virus postexposure prophylaxis or opioid overdose reversal drugs or therapies, nothing in this section permits a hospital to bill separately from the bundled payment for drugs or therapies dispensed pursuant to this section.

(8) For purposes of this section:

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

(b) "Distribute" means the delivery of a drug or device other than by administering or dispensing((~~,~~)) ;

(c) "Manufacturer" has the same meaning as provided in RCW 18.64.011;

(d) "Opioid overdose reversal medication" has the same meaning as provided in RCW 69.41.095((~~,~~

~~(d)~~));

(e) "Practitioner" means any person duly authorized by law or rule in the state of Washington to prescribe drugs as defined in RCW 18.64.011((~~(29).~~

~~(e)~~)); and

(f) "Nurse" means a registered nurse or licensed practical nurse as defined in chapter 18.79 RCW.

Sec. 2. RCW 18.64.450 and 2013 c 19 s 26 are each amended to read as follows:

(1) In order for a health care entity to purchase, administer, dispense, and deliver legend drugs, the health care entity must be licensed by the department.

(2) In order for a health care entity to purchase, administer, dispense, and deliver controlled substances, the health care entity must annually obtain a license from the department in accordance with the commission's rules.

(3) The receipt, administration, dispensing, and delivery of legend drugs or controlled substances by a health care entity must be performed under the supervision or at the direction of a pharmacist.

(4) A health care entity 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 rules of the commission. Nothing in this subsection shall prohibit a practitioner, in carrying out his or her licensed responsibilities within a health care entity, 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 ((~~seventy-two~~)) 72 hours of usage. The 72-hour limit does not apply when:

(a) Community or hospital outpatient pharmacy services will not be available within 72 hours;

(b) Anti-infectives or human immunodeficiency virus postexposure prophylaxis drugs or therapies are required; or

(c) Drugs or therapies are packaged directly by the manufacturer in quantities larger than a 72-hour supply that cannot be altered to limit the quantity to a 72-hour supply.

(5) Nothing in this section permits a health care entity to bill separately for drugs or therapies dispensed pursuant to subsection (4)(a) through (c) of this section.

Passed by the House April 21, 2025.
Passed by the Senate April 16, 2025.

Approved by the Governor May 12, 2025.
Filed in Office of Secretary of State May 14, 2025.

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