

HOUSE BILL REPORT

ESHB 2798

As Passed Legislature

Title: An act relating to legibility of prescriptions.

Brief Description: Requiring legible prescriptions.

Sponsors: By House Committee on (originally sponsored by Representatives Lambert, Campbell, Cody, Parlette, Kagi, Benson and Haigh).

Brief History:

Committee Activity:

Health Care: 2/3/00, 2/4/00 [DPS].

Floor Activity:

Passed House: 2/9/00, 78-19.

Passed Senate: 3/1/00, 43-4.

Passed Legislature.

Brief Summary of Substitute Bill

- A prescription for legend drugs must be legible. A legible prescription means a prescription or medication order issued by a practitioner that is capable of being read and understood by the pharmacist filling the prescription or the nurse implementing the medication order.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 11 members: Representatives Cody, Democratic Co-Chair; Parlette, Republican Co-Chair; Pflug, Republican Vice Chair; Alexander; Campbell; Conway; Edmonds; Edwards; Mulliken; Pennington and Ruderman.

Minority Report: Do not pass. Signed by 1 member: Representative Schual-Berke, Democratic Vice Chair.

Staff: John Welsh (786-7133).

Background:

There are expressed concerns about the legibility of prescriptions issued by some prescribing health care practitioners that can lead to errors in filling prescriptions. These errors can, and have, resulted in risks to the health and safety of patients.

There is nothing in law requiring prescriptions to be legible.

Summary of Bill:

There is a legislative finding that illegibly written drug orders are factors in medical mistakes, and account for over 100,000 deaths annually in the nation. Data suggests that over 25 percent of medical errors result from mistakes in writing prescriptions.

A prescription for a legend drug must be legible. A legible prescription means a prescription or medical order issued by a practitioner that is capable of being read and understood by the pharmacist filling the prescription or the nurse or other practitioner implementing the medication order.

The Department of Health is directed to develop recommendations on methods for reducing medication errors, including legibility, prescription drug labeling, medication error reporting, the use of automated drug-ordering systems, and increasing patient awareness. Recommendations must be submitted to the legislature by December 31, 2000.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: Illegible prescriptions account for a significant portion of medical errors. A practitioner who issues an illegible prescription commits unprofessional conduct and is negligent under the Uniform Disciplinary Act, and the practitioner should be sanctioned appropriately.

Testimony Against: The sanctions for unprofessional conduct are too severe for not hand-printing a prescription. The Legislature should target positively the real cause of medical errors, not simply legibility.

Testified: (In support) Representative Lambert, prime sponsor; Don Williams, Department of Health Board of Pharmacy; Dr. Bill Robertson, Washington Poison Center; and Skip Dreps, Northwest Paralyzed Veterans' Association.

(Opposed) Jeff Larsen, Washington Osteopathic Medical Association; and Dr. Mark Adams and Cliff Webster, Washington State Medical Association.