

CERTIFICATION OF ENROLLMENT  
ENGROSSED SUBSTITUTE HOUSE BILL 2798

56th Legislature  
2000 Regular Session

Passed by the House February 9, 2000  
Yeas 78 Nays 19

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Speaker of the House of Representatives

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Speaker of the House of Representatives

Passed by the Senate March 1, 2000  
Yeas 43 Nays 4

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President of the Senate

Approved

\_\_\_\_\_  
Governor of the State of Washington

CERTIFICATE

We, Timothy A. Martin and Cynthia Zehnder, Co-Chief Clerks of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE HOUSE BILL 2798** as passed by the House of Representatives and the Senate on the dates hereon set forth.

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Chief Clerk

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Chief Clerk

FILED

Secretary of State  
State of Washington

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**ENGROSSED SUBSTITUTE HOUSE BILL 2798**

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Passed Legislature - 2000 Regular Session

**State of Washington**

**56th Legislature**

**2000 Regular Session**

**By** House Committee on Health Care (originally sponsored by Representatives Lambert, Campbell, Cody, Parlette, Kagi, Benson and Haigh)

Read first time 02/04/2000. Referred to Committee on .

1 AN ACT Relating to legibility of prescriptions; amending RCW  
2 69.41.120; reenacting and amending RCW 69.41.010; adding a new section  
3 to chapter 69.41 RCW; creating a new section; and providing an  
4 expiration date.

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

6 NEW SECTION. **Sec. 1.** The legislature finds that we have one of  
7 the finest health care systems in the world and excellent professionals  
8 to deliver that care. However, there are incidents of medication  
9 errors that are avoidable and serious mistakes that are preventable.  
10 Medical errors throughout the health care system constitute one of the  
11 nation's leading causes of death and injury resulting in over seven  
12 thousand deaths a year, according to a recent report from the institute  
13 of medicine. The majority of medical errors do not result from  
14 individual recklessness, but from basic flaws in the way the health  
15 system is organized. There is a need for a comprehensive strategy for  
16 government, industry, consumers, and health providers to reduce medical  
17 errors. The legislature declares a need to bring about greater safety  
18 for patients in this state who depend on prescription drugs.

1 It is the intent of the legislature to promote medical safety as a  
2 top priority for all citizens of our state.

3 **Sec. 2.** RCW 69.41.010 and 1998 c 222 s 1 and 1998 c 70 s 2 are  
4 each reenacted and amended to read as follows:

5 As used in this chapter, the following terms have the meanings  
6 indicated unless the context clearly requires otherwise:

7 (1) "Administer" means the direct application of a legend drug  
8 whether by injection, inhalation, ingestion, or any other means, to the  
9 body of a patient or research subject by:

10 (a) A practitioner; or

11 (b) The patient or research subject at the direction of the  
12 practitioner.

13 (2) "Deliver" or "delivery" means the actual, constructive, or  
14 attempted transfer from one person to another of a legend drug, whether  
15 or not there is an agency relationship.

16 (3) "Department" means the department of health.

17 (4) "Dispense" means the interpretation of a prescription or order  
18 for a legend drug and, pursuant to that prescription or order, the  
19 proper selection, measuring, compounding, labeling, or packaging  
20 necessary to prepare that prescription or order for delivery.

21 (5) "Dispenser" means a practitioner who dispenses.

22 (6) "Distribute" means to deliver other than by administering or  
23 dispensing a legend drug.

24 (7) "Distributor" means a person who distributes.

25 (8) "Drug" means:

26 (a) Substances recognized as drugs in the official United States  
27 pharmacopoeia, official homeopathic pharmacopoeia of the United States,  
28 or official national formulary, or any supplement to any of them;

29 (b) Substances intended for use in the diagnosis, cure, mitigation,  
30 treatment, or prevention of disease in man or animals;

31 (c) Substances (other than food, minerals or vitamins) intended to  
32 affect the structure or any function of the body of man or animals; and

33 (d) Substances intended for use as a component of any article  
34 specified in clause (a), (b), or (c) of this subsection. It does not  
35 include devices or their components, parts, or accessories.

36 (9) "Electronic communication of prescription information" means  
37 the communication of prescription information by computer, or the  
38 transmission of an exact visual image of a prescription by facsimile,

1 or other electronic means for original prescription information or  
2 prescription refill information for a legend drug between an authorized  
3 practitioner and a pharmacy or the transfer of prescription information  
4 for a legend drug from one pharmacy to another pharmacy.

5 (10) "Legend drugs" means any drugs which are required by state law  
6 or regulation of the state board of pharmacy to be dispensed on  
7 prescription only or are restricted to use by practitioners only.

8 (11) "Legible prescription" means a prescription or medication  
9 order issued by a practitioner that is capable of being read and  
10 understood by the pharmacist filling the prescription or the nurse or  
11 other practitioner implementing the medication order.

12 (12) "Medication assistance" means assistance rendered by a  
13 nonpractitioner to an individual residing in a community-based setting  
14 specified in RCW 69.41.085 to facilitate the individual's self-  
15 administration of a legend drug or controlled substance. It includes  
16 reminding or coaching the individual, handing the medication container  
17 to the individual, opening the individual's medication container, using  
18 an enabler, or placing the medication in the individual's hand, and  
19 such other means of medication assistance as defined by rule adopted by  
20 the department. The nonpractitioner may help in the preparation of  
21 legend drugs or controlled substances for self-administration where a  
22 practitioner has determined, in consultation with the individual or the  
23 individual's representative, that such medication assistance is  
24 necessary and appropriate. Medication assistance shall not include  
25 assistance with intravenous medications or injectable medications.

26 (~~(12)~~) (13) "Person" means individual, corporation, government or  
27 governmental subdivision or agency, business trust, estate, trust,  
28 partnership or association, or any other legal entity.

29 (~~(13)~~) (14) "Practitioner" means:

30 (a) A physician under chapter 18.71 RCW, an osteopathic physician  
31 or an osteopathic physician and surgeon under chapter 18.57 RCW, a  
32 dentist under chapter 18.32 RCW, a podiatric physician and surgeon  
33 under chapter 18.22 RCW, a veterinarian under chapter 18.92 RCW, a  
34 registered nurse, advanced registered nurse practitioner, or licensed  
35 practical nurse under chapter 18.79 RCW, an optometrist under chapter  
36 18.53 RCW who is certified by the optometry board under RCW 18.53.010,  
37 an osteopathic physician assistant under chapter 18.57A RCW, a  
38 physician assistant under chapter 18.71A RCW, a naturopath licensed  
39 under chapter 18.36A RCW, or a pharmacist under chapter 18.64 RCW;

1 (b) A pharmacy, hospital, or other institution licensed,  
2 registered, or otherwise permitted to distribute, dispense, conduct  
3 research with respect to, or to administer a legend drug in the course  
4 of professional practice or research in this state; and

5 (c) A physician licensed to practice medicine and surgery or a  
6 physician licensed to practice osteopathic medicine and surgery in any  
7 state, or province of Canada, which shares a common border with the  
8 state of Washington.

9 (~~(14)~~) (15) "Secretary" means the secretary of health or the  
10 secretary's designee.

11 **Sec. 3.** RCW 69.41.120 and 1990 c 218 s 1 are each amended to read  
12 as follows:

13 Every drug prescription shall contain an instruction on whether or  
14 not a therapeutically equivalent generic drug may be substituted in its  
15 place, unless substitution is permitted under a prior-consent  
16 authorization.

17 If a written prescription is involved, the prescription must be  
18 legible and the form shall have two signature lines at opposite ends on  
19 the bottom of the form. Under the line at the right side shall be  
20 clearly printed the words "DISPENSE AS WRITTEN". Under the line at the  
21 left side shall be clearly printed the words "SUBSTITUTION PERMITTED".  
22 The practitioner shall communicate the instructions to the pharmacist  
23 by signing the appropriate line. No prescription shall be valid  
24 without the signature of the practitioner on one of these lines. In  
25 the case of a prescription issued by a practitioner in another state  
26 that uses a one-line prescription form or variation thereof, the  
27 pharmacist may substitute a therapeutically equivalent generic drug  
28 unless otherwise instructed by the practitioner through the use of the  
29 words "dispense as written", words of similar meaning, or some other  
30 indication.

31 If an oral prescription is involved, the practitioner or the  
32 practitioner's agent shall instruct the pharmacist as to whether or not  
33 a therapeutically equivalent generic drug may be substituted in its  
34 place. The pharmacist shall note the instructions on the file copy of  
35 the prescription.

36 The pharmacist shall note the manufacturer of the drug dispensed on  
37 the file copy of a written or oral prescription.

1        NEW SECTION.    **Sec. 4.**    A new section is added to chapter 69.41 RCW  
2 to read as follows:

3        (1) In consultation with the board of pharmacy and professional  
4 licensing boards of providers with prescribing authority, the  
5 department will develop recommendations on methods for reducing  
6 medication errors including:

7            (a) Increasing prescription legibility;

8            (b) Minimizing confusion in prescription drug labeling and  
9 packaging;

10          (c) Developing medication error reporting plans;

11          (d) Encouraging hospitals and health care organizations to  
12 implement proven medication safety practices, including the use of  
13 automated drug-ordering systems;

14          (e) Reducing confusion created by similar-sounding drug names; and

15          (f) Increasing patient education on the medications they are  
16 prescribed.

17        (2) The department shall submit its recommendations to the  
18 legislature by December 31, 2000.

19        (3) This section expires June 30, 2001.

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