

# SENATE BILL REPORT

## SB 5973

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As Reported By Senate Committee On:  
Health & Long-Term Care, February 27, 2007

**Title:** An act relating to a controlled substances prescription monitoring program.

**Brief Description:** Establishing a controlled substances prescription monitoring program.

**Sponsors:** Senators Parlette, Rasmussen, Keiser, Sheldon, Delvin and Shin.

**Brief History:**

**Committee Activity:** Health & Long-Term Care: 2/21/07, 2/27/07 [DPS-WM].  
Ways & Means:

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### SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

**Majority Report:** That Substitute Senate Bill No. 5973 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Keiser, Chair; Franklin, Vice Chair; Pflug, Ranking Minority Member; Fairley, Kastama, Kohl-Welles and Parlette.

**Staff:** Edith Rice (786-7444)

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### SENATE COMMITTEE ON WAYS & MEANS

**Staff:** Elaine Deschamps (786-7441)

**Background:** As increasingly powerful and effective pharmaceuticals enter the market, a concurrent risk exists that these drugs may be used for nonmedical or recreational use. With many of these drugs, a great potential exists to develop addictions that could lead to debilitation or death. Prescription drug abuse is a continued problem for states, despite controls such as prescription schedules. Because recent national surveys indicate that prescription drug abuse is on the rise once again, many states are turning to additional measures such as prescription drug monitoring programs, to prevent misuse of pharmaceuticals.

The 2003 National Survey on Drug Use and Health (NSDUH) revealed that some 19.5 million Americans (8.2 percent of the population) age 12 or older are current illicit drug users. Of this total, 6.3 million abuse prescription drugs (2.7 percent of the population), a figure second only to use of marijuana at 14.6 million (6.2 percent of the population). The NSDUH defines "current" as use of the indicated drug during the month prior to the survey.

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The prescription drugs most commonly abused fall into three general classes: opioids (most often prescribed for severe pain), central nervous system depressants (most often prescribed for anxiety and sleep disorders), and stimulants (most often prescribed for ADHD, narcolepsy, and obesity).

There are currently twenty one states which provide for some type of electronic monitoring of prescription drugs.

**Summary of Bill:** The Department of Health (DOH) will establish a prescription monitoring program. Dispensers will provide information electronically to DOH. Information submitted will include at a minimum, drugs prescribed, date, quantity, patient, prescriber, and dispenser. DOH can seek federal grants to cover the costs of operating the prescription monitoring program. DOH cannot tax or assess a fee against pharmacists or practitioners for the purpose of funding the prescription monitoring system.

Privacy and confidentiality must be maintained, and disclosure is limited. DOH can notify appropriate law enforcement or regulatory agencies in the event there has been a violation of law. The individuals to whom and the purposes for which prescription data can be provided are limited to: authorized prescribers and dispensers, individuals for the purpose of monitoring their own information, health professional regulatory agencies, law enforcement for purposes of investigation of a designated person, the Department of Social and Health Services practitioners regarding medicaid recipients, other entities under grand jury subpoena or court order and DOH personnel for purposes of administration. DOH can provide statistical information after removing all identifiers. DOH can contract with another entity for the operation of the prescription monitoring program.

Penalties are described for failure to submit prescription monitoring information to DOH, unpermitted disclosure, and inappropriate use.

**EFFECT OF CHANGES MADE BY RECOMMENDED SUBSTITUTE AS PASSED COMMITTEE (Health & Long-Term Care):** An incorrect reference to HIPPA is corrected to reference the "health insurance portability and accountability act."

**Appropriation:** None.

**Fiscal Note:** Available.

**Committee/Commission/Task Force Created:** No.

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

**Staff Summary of Public Testimony:** PRO: Pharmacists and medical personnel need information in real time. This is the best way to address patients with drug seeking behavior. There are resources at the federal level

CON: This is a tool for law enforcement, not health care. There are no clear limits regarding access. There is no audit trail, and no way to opt out.

OTHER: Please don't allow this bill to have a chilling effect on hospice care and pain management. There is not good data about other states experience, the real time aspect raises privacy concerns. Cost is a concern and federal grants would not cover this adequately.

**Persons Testifying:** PRO: Senator Parlette, prime sponsor; Carl Nelson, Washington State Medical Association; Joseph Jasper, MD.

CON: Jennifer Shaw, American Civil Liberties Union.

OTHER: Anne Koepsell, Washington State Hospice; Laurie Jenkins, Assistant Secretary, Department of Health.