

# HOUSE BILL REPORT

## SHB 1041

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### As Passed Legislature

**Title:** An act relating to the authority of occupational therapists to purchase, store, and administer medications.

**Brief Description:** Authorizing the purchase, storage, and administration of medications by occupational therapists.

**Sponsors:** House Committee on Health Care & Wellness (originally sponsored by Representatives Morrell, Warnick, O'Brien, McCune, Lias, Kagi, Kenney and Wallace).

#### **Brief History:**

##### **Committee Activity:**

Health Care & Wellness: 1/20/09, 1/30/09 [DPS].

##### **Floor Activity**

Passed House: 2/13/09, 95-0.

Passed Senate: 4/2/09, 44-0.

Passed Legislature.

#### **Brief Summary of Substitute Bill**

- Authorizes occupational therapists to purchase, store, and administer certain medications.

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### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 12 members: Representatives Cody, Chair; Driscoll, Vice Chair; Ericksen, Ranking Minority Member; Bailey, Campbell, Green, Herrera, Hinkle, Kelley, Moeller, Morrell and Pedersen.

**Staff:** Jim Morishima (786-7191)

#### **Background:**

Occupational Therapists.

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

Occupational therapy is the scientifically-based use of purposeful activity that maximizes independence, prevents disability, and maintains the health of individuals who are limited by physical injury or illness, psychosocial dysfunction, developmental or learning disabilities, or the aging process. Examples of the practice of occupational therapy include:

- using specifically-designed activities and exercises to enhance neuro-developmental, cognitive, perceptual motor, sensory integrative, and psychomotor functioning;
- administering and interpreting tests such as manual muscle and sensory integration;
- teaching daily living skills;
- developing pre-vocational skills and play and avocational activities;
- designing, fabricating, or applying selected orthotic and prosthetic devices or selected adaptive equipment; and
- adapting environments for persons with disabilities.

#### The Purchase, Storage, and Administration of Medications.

Certain health professionals are authorized to purchase, store, and administer medications. For example, physical therapists are authorized to purchase, store, and administer medications such as hydrocortisone (an anti-inflammatory), fluocinonide (an anti-inflammatory), topical anesthetics, silver sulfadiazine (used to treat bacterial or fungal infections), lidocaine (a local anesthetic), magnesium sulfate (Epsom salt), zinc oxide (used to treat skin irritations), and other similar medications. A pharmacist who dispenses these drugs to a licensed physical therapist is not liable for any adverse reactions caused by any method of use by the physical therapist.

#### **Summary of Substitute Bill:**

Occupational therapists are authorized to purchase, store, and administer topical and transdermal medications such as hydrocortisone, dexamethasone, fluocinonide, topical anesthetics, lidocaine, magnesium sulfate, and other similar medications, as prescribed by a health care provider with prescribing authority. The administration of the medication must be documented in the patient's medical record. Some medications may be applied by the use of iontophoresis or phonophoresis. An occupational therapist may not purchase, store, or administer controlled substances. A pharmacist who dispenses drugs to a licensed occupational therapist is not liable for any adverse reactions caused by any method of use by the physical therapist.

**Appropriation:** None.

**Fiscal Note:** Not requested.

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

#### **Staff Summary of Public Testimony:**

(In support) Occupational therapists provide a variety of care ranging from tendonitis to broken bones. This bill merely codifies what has been common practice in the profession; it

does not expand an occupational therapist's scope of practice to include wound care. The bill only allows these drugs to be administered if they are prescribed.

(With concerns on original bill) Last year, the Board of Occupational Therapy Practice (Board) issued a memorandum that wound care is in an occupational therapist's scope of practice. This bill should be clarified so that it is not a backdoor way to expand an occupational therapist's scope of practice to include wound care. Occupational therapists should also have education and training in order to administer the drugs. The parameters of the medications should be narrowed to topical medications only.

(Opposed) There is no indication that there is any problem here. Setting this language in statute may lead to an expanded scope of practice for occupational therapists, which causes concerns given the recent decision by the Board.

**Persons Testifying:** (In support) Representative Morrell, prime sponsor; JoAnn Keller Green, Jim Bevier, and Mark Gjurasic, Washington Occupational Therapy Association.

(With concerns on original bill) Gail McGaffick and Susan Scanlan, Washington State Podiatric Medical Association; Melanie Stewart, Washington Osteopathic Medical Association; Sofia Aragon, Washington State Nurses Association; Karen Jensen, Washington State Department of Health; and Melissa Johnson, Physical Therapy Association of Washington.

(Opposed) Tim Layton and Carl Nelson, Washington State Medical Association.

**Persons Signed In To Testify But Not Testifying:** None.