

# HOUSE BILL REPORT

## HB 1382

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**As Reported by House Committee On:**  
Health Care & Wellness

**Title:** An act relating to medication access for the uninsured.

**Brief Description:** Allowing for redistribution of medications under certain conditions.

**Sponsors:** Representatives Jinkins, Harris, Cody, Tharinger, Green, Morrell, Ryu, Riccelli, Bergquist, Reykdal, Lytton, Fitzgibbon, Van De Wege, Maxwell, Pollet and Santos.

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 2/5/13, 2/8/13 [DPS].

**Brief Summary of Substitute Bill**

- Establishes a program for health practitioners, pharmacists, medical facilities, and drug manufacturers and wholesalers to donate, accept, and redistribute prescription drugs and supplies without compensation.
- Provides immunity to participants in the prescription drug redistribution program.

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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 15 members: Representatives Cody, Chair; Jinkins, Vice Chair; Hope, Assistant Ranking Minority Member; Angel, Clibborn, Green, Harris, Manweller, Moeller, Morrell, Riccelli, Ross, Short, Tharinger and Van De Wege.

**Minority Report:** Do not pass. Signed by 1 member: Representative Schmick, Ranking Minority Member.

**Staff:** Chris Blake (786-7392).

**Background:**

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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.*

Except in limited situations, the Board of Pharmacy prohibits pharmacies from accepting drugs and supplies for return or exchange after they have been taken off of the premises from where they were sold, distributed, or dispensed. Exceptions apply to drugs that have been dispensed in unit dose forms or in a sealed ampoule that allows the pharmacist to determine if it has been tampered with and that it meets standards for storage conditions, including temperature, light sensitivity, and chemical and physical stability. In addition, hospitals and long-term care facilities may accept drugs for return and reuse under similar circumstances. Controlled substances may not be returned to a pharmacy except to be destroyed.

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

Practitioners, pharmacists, medical facilities, drug manufacturers, or drug wholesalers may donate prescription drugs and supplies to a pharmacy for redistribution to individuals at no cost. The drugs may either be distributed by the receiving pharmacy or sent to another pharmacy, pharmacist, or prescribing practitioner for distribution under the program. Priority for the redistributed drugs and supplies must be given to those who are uninsured and at or below 200 percent of the federal poverty level. Other individuals expressing need may receive the drugs or supplies if an uninsured, low-income individual has not been identified. Drugs and supplies received under the program may not be resold.

Prescription drugs and supplies may only be accepted and dispensed if they are inspected by the accepting pharmacist who determines that they have not been adulterated or misbranded. Prescription drugs must be more than six months from expiration at the date of donation and be in their original sealed and tamper-evident packaging or an unopened single dose package. If a donor has received a recall notice regarding donated prescription drugs or supplies, he or she must notify the pharmacy which must immediately remove the recalled medications.

Immunity from civil or criminal liability or professional discipline is established for those who donate, accept, or distribute prescription drugs as long as they acted in good faith and did not act with gross negligence or willful or wanton misconduct. Drug manufacturers may receive immunity from civil or criminal liability relating to donation, acceptance, or dispensing activities related to drugs that they manufactured, including liability for the failure to communicate product information or the expiration date of the donated prescription drug.

The Department of Health must adopt rules establishing forms and procedures to verify the eligibility and priority of patients and other rules necessary to implement the program.

### **Substitute Bill Compared to Original Bill:**

The substitute bill clarifies that the immunity for participants, other than drug manufacturers, applies to acts of negligence as long as the participant was acting in good faith.

It is specified that the drugs and supplies under the program may not be reimbursed by either public or private health care payers and that the prohibition applies to both the prescription drug and any related dispensing fee.

The emergency clause is removed and makes the act effective on July 1, 2014.

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**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date of Substitute Bill:** The bill takes effect on July 1, 2014.

**Staff Summary of Public Testimony:**

(In support) When a person passes away, often times there are many drugs that family members do not need and they wind up getting destroyed rather than reused. This bill is a completely voluntary attempt to allow these drugs to be reused. The bill has safeguards for pharmacists to follow. This bill will not solve all medication access problems, but is a small step toward helping some people and keeping medications from being released into the environment. The bill clearly defines what would be a safe medication.

This is a thoughtful, helpful approach to disposing of medications and increasing access to medications. This reduces youth access to inappropriate medications by seeing that medications get into the right hands. This is a thoughtful approach to addressing rising health care costs. Veterinarians can also accept the medications to help get affordable medications to other animals.

This bill would allow free clinics to offer medication provided by donation from local pharmacies. Patients with limited means sometimes get care at a free clinic, only to find that they cannot afford their medication and cannot comply with their treatment plan. Purchasing medications to fix this problem is the third highest expense of a free clinic. This bill could help free clinics treat their patients.

(Opposed) None.

**Persons Testifying:** Representative Jinkins, prime sponsor; Seth Dawson, Washington Association for Substance Abuse; and Katie Rains, Washington Healthcare Access Alliance.

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