

SENATE BILL REPORT

SB 5554

As of February 20, 2013

Title: An act relating to requiring a study of the prescription monitoring program and its role in increasing coordination of care.

Brief Description: Requiring a study of the prescription monitoring program and its role in increasing coordination of care.

Sponsors: Senators Schlicher, Becker, Parlette, Keiser, Frockt, Ranker, Hasegawa, Shin and Kline.

Brief History:

Committee Activity: Health Care: 2/19/13.

SENATE COMMITTEE ON HEALTH CARE

Staff: Kathleen Buchli (786-7488)

Background: The Prescription Monitoring Program (PMP) was created in 2007 to improve patient care and stop prescription drug misuse by collecting records for Schedule II, III, IV, and V drugs filled by pharmacies in this state. Information on these controlled substances is made available to medical providers and pharmacists as a patient safety tool. Under the PMP, practitioners have access to the controlled substance history of the patient before a prescription is issued or dispensed. This helps to prevent overdoses and misuse and promotes referrals for pain management and for treatment of addiction.

The supplemental operating budget adopted in 2012 required the Health Care Authority (HCA), in consultation with the Washington State Hospital Association, the Washington State Medical Association, and the Washington Chapter of the American College of Emergency Physicians to designate best practices and performance measures to reduce medically unnecessary emergency room visits of Medicaid clients. One of those best practices was to adopt a system to exchange patient information among emergency room departments on a regional or statewide basis. According to the HCA's January 15, 2013, report on the implementation of these best practices, this electronic information system allows emergency department physicians to see all of the patient's emergency room visits from all hospitals over the past 12 months, and to know the diagnosis and treatment given on these previous visits.

Summary of Bill: The bill as referred to committee not considered.

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.

Summary of Bill (Proposed Substitute): By January 1, 2014, the Department of Health must integrate the PMP into the coordinated care electronic tracking program developed in response to the seven best practices in emergency medicine detailed in the 2012 supplemental operating budget. The integration must be done in real time and pushed to the provider when a patient registers in an emergency department.

All insurers and third-party administrators that provide coverage to residents of Washington State must provide information regarding the assigned primary care provider to the coordinated care electronic tracking program for real-time communication to emergency department providers; and provide information on any available care plans or treatment plans for patients with higher utilization of services to the coordinated care electronic tracking program for dissemination to the treating provider.

By January 1, 2014, the coordinated care electronic tracking program must integrate PMP information into the reports provided to medical providers in real-time and must develop a system for real-time notification of previously identified primary care providers when a patient arrives in an emergency department.

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: The seven best practices of emergency medicine will save money on an ongoing basis. This bill will help to improve coordination of care and will use the PMP if funded. We support moving into the next stage of the best practices of emergency medicine. This will result in more information being shared between the PMP, primary care providers, and emergency departments. It is important that the PMP be funded.

CON: We are strong supporters of the PMP, but the bill requires us to provide information that we do not have, such as information on primary care providers and treatment plans.

OTHER: We concur with the objective of the bill and there are efforts underway to integrate the PMP with One Health Port.

Persons Testifying: PRO: Senator Schlicher, prime sponsor; Susie Tracy, WA State Medical Assn.

CON: Chris Bandoli, Regence Blue Shield; Len Sorrin, Premera Blue Cross.

OTHER: Nathan Johnson, HCA.