

# HOUSE BILL REPORT

## HB 2681

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

**Title:** An act relating to authorizing pharmacists to prescribe and dispense contraceptives.

**Brief Description:** Authorizing pharmacists to prescribe and dispense contraceptives.

**Sponsors:** Representatives Stambaugh, Manweller, Short, Kochmar, Wilson, Magendanz, Griffey, Riccelli, Cody and Robinson.

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 1/27/16, 2/3/16 [DPS];

Appropriations: 2/8/16, 2/9/16 [DP2S(w/o sub HCW)].

**Brief Summary of Second Substitute Bill**

- Authorizes pharmacists to enter into agreements with the state health officer or a county health officer in order for the pharmacist to initiate or modify drug therapy related to self-administered hormonal contraceptives.
- Requires the Pharmacy Quality Assurance Commission to develop a sign or sticker for pharmacies in order to increase awareness of the availability of contraceptives in pharmacies.

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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 13 members: Representatives Cody, Chair; Riccelli, Vice Chair; Schmick, Ranking Minority Member; Harris, Assistant Ranking Minority Member; Caldier, Clibborn, DeBolt, Jinkins, Moeller, Robinson, Short, Tharinger and Van De Wege.

**Minority Report:** Do not pass. Signed by 1 member: Representative Johnson.

**Minority Report:** Without recommendation. Signed by 1 member: Representative Rodne.

**Staff:** Ariele Landstrom (786-7190).

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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.*

**Background:**

The Pharmacy Quality Assurance Commission (Commission) regulates the practice of pharmacy and enforces all laws placed under its jurisdiction.

A pharmacist is a person properly licensed by the Commission to engage in the practice of pharmacy. The practice of pharmacy includes the initiation or modification of drug therapy in accordance with written guidelines or protocols previously established and approved for his or her practice by a practitioner authorized to prescribe drugs. The written guideline or protocol, also known as a collaborative drug therapy agreement, is defined as an agreement in which any practitioner authorized to prescribe legend drugs delegates to a pharmacist or group of pharmacists authority to conduct specified prescribing functions. The agreement must include:

- the parties subject to the agreement. The practitioner authorized to prescribe must be in active practice, and the authority granted must be within the scope of the practitioners' current practice;
- a time period not to exceed two years during which the written guidelines or protocol will be in effect; and
- the type of prescriptive authority decisions which the pharmacist or pharmacists are authorized to make.

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**Summary of Substitute Bill:**

The state health officer or a county health officer may enter into an agreement with a pharmacist in order for the pharmacist to initiate or modify drug therapy related to self-administered hormonal contraceptives in accordance with written guidelines and protocols previously established and approved for the pharmacist's practice by the state health officer or a county health officer.

A "self-administered hormonal contraceptive" is defined as: (a) a drug taken orally that is composed of a combination of hormones and that is approved by the United States Food and Drug Administration (FDA) to prevent pregnancy; (b) a transdermal patch applied to the skin that releases a drug composed of a combination of hormones and that is approved by the FDA to prevent pregnancy; and (c) an intravaginal ring that releases a combination of hormones and that is approved by the FDA to prevent pregnancy.

The definition of "practice of pharmacy" is modified to include the initiation or modification of drug therapy related to self-administered hormonal contraceptives in accordance with written guidelines or protocols previously established and approved for the pharmacist's practice by the state health officer of a county health officer.

To increase awareness of the availability of contraceptives in pharmacies, the Commission must develop a sticker or sign to be displayed on the window or door of a pharmacy that initiates or modifies drug therapy related to self-administered hormonal contraceptives.

**Substitute Bill Compared to Original Bill:**

The substitute bill:

- removes provisions related to the authorization of pharmacists to prescribe self-administered hormonal contraceptives;
  - authorizes the state health officer or a county health officer to enter into collaborative drug therapy agreements with pharmacists in order for the pharmacists to initiate or modify drug therapy related to self-administered hormonal contraception;
  - modifies the definition of "self-administered hormonal contraceptive" to include an intravaginal ring that releases a combination of hormones and that is approved by the FDA to prevent pregnancy;
  - modifies the definition of "practice of pharmacy" to include the initiation or modification of drug therapy related to self-administered hormonal contraceptives in accordance with a collaborative drug therapy agreement with the state health officer of a county health officer; and
  - requires the Pharmacy Commission to develop a sign or sticker for the door or window of participating pharmacies to increase awareness of pharmacies that are able to prescribe self-administered hormonal contraceptives.
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**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date of Substitute Bill:** The bill takes effect on January 1, 2017.

**Staff Summary of Public Testimony:**

(In support) This bill is about access to birth control for women. Statistics show that women with access to birth control have higher education levels, higher career achievement, and higher wages. Women face barriers to access to birth control: long wait times to see their doctor; having to pay for expensive exams; women in rural areas need transportation to get to the doctor; and women in college have to go home to access birth control. Other states have similar laws. Washington currently has collaborative drug therapy agreements (CDTAs) that allow pharmacists to prescribe medication under the supervision of a doctor. However, there are not very many pharmacists that agree on birth control access for women. There needs to be alternative options. Pharmacists can play an important role in women accessing birth control. This will increase options for women and play an important part in our community. There are awareness issues with CDTAs. Pharmacist access to the training program increases awareness.

(Opposed) None.

(Other) There are concerns that this bill falls short. Most people are probably not aware that pharmacists in this state have seen 250,000 women in the last 20 years in order to prescribe contraceptives. The patient may not be eligible if they haven't seen a provider within the last three years or if they are under 18 years of age. Reproductive health services require careful screening of the patient's risks and education of the patient; this is why pharmacists do not use CDTAs. This would add a lot to pharmacists' workload, with training and counseling

patients. Pharmacists are not compensated for these services, but will be in 2017. The Commission should not have a role in this; the pharmacy industry should lead this. Awareness needs to be raised. The bill should expand the number of contraceptives. The age restriction is not evidence-based and medically unnecessary. Half of pregnancies are unintended and women need more access to birth control. One-third of women with public insurance and one-fourth of women with private insurance face some sort of barrier to access to contraceptives: finding a doctor, getting an appointment, getting time off work, and transportation. This falls disproportionately on women who are already at risk of unintended pregnancy. This bill does not remove the need for a prescription. Counseling services may not be covered under an insurance plan; pharmacist has to have an agreement with insurance carrier. There should be insurance coverage regardless of what type of provider provides it. There's an opportunity to increase the take-up rate.

**Persons Testifying:** (In support) Representative Stambaugh, prime sponsor; and Melanie Smith, NARAL Pro-Choice Washington.

(Other) Steve Breaux, Planned Parenthood Votes; Janet Chung, Legal Voice; Sean Graham, Washington State Medical Association; Don Downing; and Mark Johnson, Washington Retail Association.

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

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## HOUSE COMMITTEE ON APPROPRIATIONS

**Majority Report:** The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Health Care & Wellness. Signed by 26 members: Representatives Dunshee, Chair; Ormsby, Vice Chair; Chandler, Ranking Minority Member; Parker, Assistant Ranking Minority Member; Wilcox, Assistant Ranking Minority Member; Cody, Dent, Fitzgibbon, Hansen, Harris, Hudgins, S. Hunt, Jinkins, Kagi, Lytton, Magendanz, Pettigrew, Robinson, Sawyer, Schmick, Senn, Springer, Stokesbary, Sullivan, Tharinger and Walkinshaw.

**Minority Report:** Do not pass. Signed by 6 members: Representatives Buys, Condotta, Haler, MacEwen, Taylor and Van Werven.

**Staff:** Linda Merelle (786-7092).

### **Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Health Care & Wellness:**

The definition for "self-administered hormonal contraceptive" is removed.

**Appropriation:** None.

**Fiscal Note:** Available. New fiscal note requested on February 6, 2016.

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

**Staff Summary of Public Testimony:**

(In support) Fifty percent of all pregnancies in Washington are unintended. Anything that increases access to birth control is the right thing.

(Opposed) None.

(Other) We already have the ability to prescribe contraceptives through collaborative drug therapy agreements without this legislation. This bill has a formulary that lists the kinds of contraceptives that may be prescribed. Pharmacists are currently prescribing contraceptives without a formulary. This should be done at the professional level and not at the legislative level.

**Persons Testifying:** (In support) Melanie Smith, National Abortion and Reproductive Rights Action League Pro-Choice Washington.

(Other) Jeff Rochon, Washington State Pharmacy Association; and Don Downing.

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