

HOUSE BILL REPORT

SHB 2730

As Passed Legislature

Title: An act relating to the prescription monitoring program.

Brief Description: Concerning the prescription monitoring program.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Peterson, Walkinshaw, Ortiz-Self, Bergquist, Kagi, Gregerson, Kilduff, Frame and Pollet).

Brief History:

Committee Activity:

Health Care & Wellness: 1/26/16, 2/3/16 [DPS];

Appropriations: 2/8/16, 2/9/16 [DPS(HCW)].

Floor Activity:

Passed House: 2/12/16, 80-16.

Passed Senate: 3/3/16, 47-1.

Passed Legislature.

<p>Brief Summary of Substitute Bill</p> <ul style="list-style-type: none">• Expands access to the prescription monitoring program.

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; Riccelli, Vice Chair; Schmick, Ranking Minority Member; Harris, Assistant Ranking Minority Member; Caldier, Clibborn, DeBolt, Jinkins, Johnson, Moeller, Robinson, Rodne, Short, Tharinger and Van De Wege.

Staff: Jim Morishima (786-7191).

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The substitute bill by Committee on Health Care & Wellness be substituted therefor and the substitute bill do pass. Signed by 29 members: Representatives Dunshee, Chair; Ormsby, Vice Chair; Chandler, Ranking Minority Member; Parker, Assistant

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Ranking Minority Member; Wilcox, Assistant Ranking Minority Member; Cody, Condotta, Dent, Fitzgibbon, Hansen, Harris, Hudgins, S. Hunt, Jinkins, Kagi, Lytton, MacEwen, Magendanz, Pettigrew, Robinson, Sawyer, Schmick, Senn, Springer, Stokesbary, Sullivan, Tharinger, Van Werven and Walkinshaw.

Minority Report: Do not pass. Signed by 3 members: Representatives Buys, Haler and Taylor.

Staff: Mary Mulholland (786-7391).

Background:

The Prescription Monitoring Program.

The Department of Health (DOH) maintains a prescription monitoring program (PMP) to monitor the prescribing and dispensing of controlled substances and other drugs that demonstrate a potential for abuse. Each time one of these drugs is dispensed, the dispenser must electronically submit the following information to the PMP:

- a patient identifier;
- the drug dispensed;
- the dispensing date;
- the quantity dispensed;
- the prescriber; and
- the dispenser.

Prescribers are not required to query the PMP prior to prescribing a controlled substance.

Data in the PMP may be accessed by the following people:

- a person authorized to prescribe or dispense a controlled substance for the purpose of providing medical or pharmaceutical care for his or her patients;
- a person requesting his or her own PMP information;
- a health professional licensing, certification, or regulatory agency;
- an appropriate law enforcement or prosecutorial official;
- an authorized practitioner of the Department of Social and Health Services or the Health Care Authority regarding Medicaid recipients;
- the Director of the Department of Labor and Industries (or designee) regarding workers' compensation claimants;
- the Secretary of the Department of Corrections (or designee) regarding offenders in the custody of the Department of Corrections;
- an entity under grand jury subpoena or court order;
- personnel of the DOH for administration of the PMP or the Uniform Controlled Substances Act; and
- certain medical test sites licensed by the DOH.

The Health Information Exchange.

A Health Information Exchange (HIE) is a secure way for health care organizations to share messages and clinical information. Washington's HIE, established through grant funding from the federal Health Information Technology for Economic and Clinical Health Act, is

operated by OneHealthPort, a lead organization designated by the Health Care Authority. To participate in the HIE, organizations must sign a participation agreement and pay a subscription fee.

Summary of Substitute Bill:

Access to the PMP is expanded to include:

- a prescriber of legend drugs;
- a health care facility or entity for the purpose of providing medical or pharmaceutical care to the patients of the facility or entity if: (1) the facility or entity is licensed by the DOH; and (2) the facility or entity is a trading partner with the HIE; and
- a health care provider group of five or more providers for the purpose of providing medical or pharmaceutical care to the patients of the provider group if: (1) all of the providers in the group are licensed; and (2) the provider group is a trading partner with the HIE.

Appropriation: None.

Fiscal Note: Available.

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

Staff Summary of Public Testimony (Health Care & Wellness):

(In support, proposed substitute bill) There is currently a prescription opioid and heroin addiction crisis in Washington. Overdose deaths have decreased, but there is still more work to do. The PMP is a valuable resource, but it is underutilized. Only 30 percent of prescribers currently access the PMP. The main barrier to use is the time it takes to register and log in—this is time that could be spent caring for patients. Expanding access to the PMP will help prescribers get better control over these drugs. This bill is a simple step that can make a difference. The bill allows streamlined, global registration, which will allow electronic access with the same protections. Allowing legend drug prescribers to access the PMP will increase the number of providers who can access the system. Not all physicians work in a hospital, so this bill expands PMP access to clinics of five or more physicians. Only licensed personnel should have access to the PMP.

(Opposed) None.

Staff Summary of Public Testimony (Appropriations):

(In support) There is support for the underlying policy of providing PMP access to more providers so that they better understand what their clients with opioid addictions are being exposed to. Physicians need to have access to the data that the PMP provides.

The fiscal note has changed substantially. The part of the bill that drove the fiscal impact in the original bill was removed in the substitute bill. There is a one-time cost that does not directly impact the State General Fund.

(Opposed) None.

Persons Testifying (Health Care & Wellness): Representative Peterson, prime sponsor; Chris Baumgartner, Department of Health; Michael Schiesser, Evergreen Health; Lisa Thatcher, Washington State Hospital Association; and Katie Kolan, Washington State Medical Association.

Persons Testifying (Appropriations): Lisa Thatcher, Washington State Hospital Association; and Kathryn Kolan, Washington State Medical Association.

Persons Signed In To Testify But Not Testifying (Health Care & Wellness): None.

Persons Signed In To Testify But Not Testifying (Appropriations): None.