

HOUSE BILL REPORT

ESSB 5460

As Reported by House Committee On: Health Care & Wellness

Title: An act relating to access to prepackaged emergency medications in hospital emergency departments when community or hospital pharmacy services are not available.

Brief Description: Allowing practitioners to prescribe and distribute prepackaged emergency medications to emergency room patients when a pharmacy is not available.

Sponsors: Senate Committee on Health Care (originally sponsored by Senators Parlette, Cleveland, Rivers, Keiser, Angel, Chase and Bailey).

Brief History:

Committee Activity:

Health Care & Wellness: 3/18/15, 3/26/15 [DPA].

Brief Summary of Engrossed Substitute Bill (As Amended by Committee)

- Allows for the prescription and distribution of prepackaged emergency medications at times when a hospital pharmacy is closed and a community pharmacy is not available within 15 miles, or when a practitioner determines that a patient has no reasonable ability to reach a local pharmacy.
- Establishes policy standards for the types of emergency medications that may be distributed and the circumstances under which distribution is appropriate.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass as amended. Signed by 14 members: Representatives Cody, Chair; Riccelli, Vice Chair; Schmick, Ranking Minority Member; Harris, Assistant Ranking Minority Member; Caldier, Clibborn, Jinkins, Johnson, Moeller, Robinson, Rodne, Short, Tharinger and Van De Wege.

Staff: Chris Blake (786-7392).

Background:

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.

Under Pharmacy Quality Assurance Commission rules, the director of pharmacy at a hospital must develop policies and procedures to provide emergency medications to outpatients for times when community or hospital pharmacy services are not available. Under these policies, designated registered nurses may deliver medications other than controlled substances. The policies must require that an order of a practitioner with prescriptive authority be presented and retained for verification by the pharmacist; the medication be prepackaged and appropriately labeled; no more than a 24-hour supply be provided to the patient; the container be labeled by the designated registered nurse; and the medications be stored in a secure place. The procedures do not apply to controlled substances, except in 10 specified rural hospitals.

Summary of Amended Bill:

A hospital may allow prepackaged emergency medications for patients being discharged from the emergency department to be prescribed by practitioners with prescriptive authority and distributed by these practitioners and registered nurses when: (1) community pharmacies and outpatient hospital services are not available within 15 miles by road; or (2) in the judgment of a practitioner and consistent with hospital policies, the patient has no reasonable ability to reach a local community or outpatient pharmacy.

The director of the hospital pharmacy must develop policies and procedures regarding the types of emergency medications to be prepackaged; the preparation of the emergency medications by, or under the supervision of, a pharmacist; the criteria under which prepackaged emergency medications may be prescribed and distributed; the training requirements for staff; the maintenance of prescriptions; the storage of the medications; and patient counseling on the medications. In addition, the policies must establish a limit of a 48-hour supply of the emergency medications, except when a community pharmacy or the hospital pharmacy will not be available within 48 hours, in which case a 96-hour supply may be dispensed. The delivery of a single dose of medication for immediate administration is exempt from the requirements.

The term "emergency medication" is defined as medication commonly prescribed to emergency department patients and includes controlled substances.

Amended Bill Compared to Engrossed Substitute Bill:

In addition to the 15-mile distribution authority, the amended bill allows prepackaged emergency medications to be distributed to a patient when it is consistent with hospital policy and a practitioner with prescriptive authority has determined that a patient has no reasonable ability to reach the local community or outpatient pharmacy.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Amended Bill: The bill contains an emergency clause and takes effect immediately.

Staff Summary of Public Testimony:

(In support) This bill is intended to put into law what pharmacies currently do. For years patients have had access to prepackaged medications even when community pharmacies were closed, but the Pharmacy Quality Assurance Commission recently narrowed the interpretation of current rules which resulted in a decrease in patient access. Current interpretations of the rules may force patients to go without adequate treatment and possibly have to drive long distances at night to obtain medications. This bill will allow all hospital emergency departments to provide emergency take-home medication when community pharmacy services are unavailable. This bill is critical for providing quality, compassionate care to patients. Without this bill, patient health may be jeopardized.

There has been a title amendment to the bill to allow for further changes related to allowing hospitals to transfer drugs within the hospital system, to clarify the definition of a health care entity, clarify that hospital pharmacies do not need additional licenses to distribute drugs to another entity with common ownership, and allow hospitals to use other clinics owned and operated by the hospital. Hospital pharmacies have provided drugs to facilities under common ownership for years without any safety issues or quality concerns. Having to seek separate licenses ignores long-standing practices and places additional burdens on hospitals and clinics. Without this bill, hospital-owned clinics will be held to unequal standards as compared to freestanding clinics simply due to ownership structure, and will be a financial and administrative burden.

(Opposed) None.

Persons Testifying: Senator Parlette, prime sponsor; Karen Bright, Olympic Medical Center; Lisa Thatcher, Washington State Hospital Association; Dominick Castle, Providence Health Systems; and Drew Bouton, Department of Health.

Persons Signed In To Testify But Not Testifying: None.