

# SENATE BILL REPORT

## SHB 1625

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As Reported by Senate Committee On:  
Health Care, March 30, 2015

**Title:** An act relating to the provision of drugs to ambulance and aid services.

**Brief Description:** Concerning provision of drugs to ambulance or aid services.

**Sponsors:** House Committee on Health Care & Wellness (originally sponsored by Representatives Schmick and Wylie).

**Brief History:** Passed House: 3/02/15, 97-0.

**Committee Activity:** Health Care: 3/16/15, 3/30/15 [DPA].

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### SENATE COMMITTEE ON HEALTH CARE

**Majority Report:** Do pass as amended.

Signed by Senators Becker, Chair; Dammeier, Vice Chair; Frockt, Ranking Minority Member; Angel, Bailey, Brown, Cleveland, Conway, Jayapal, Keiser, Parlette and Rivers.

**Staff:** Kathleen Buchli (786-7488)

**Background:** Hospitals that have pharmaceutical services are responsible for the distribution of drugs throughout the hospital. Hospital pharmacies must be licensed by the Pharmacy Quality Assurance Commission. They provide pharmaceutical services that include procuring, preparing, storing, distributing, and controlling all drugs in the hospital; inspecting nursing care units where medications are dispensed, administered, or stored; monitoring drug therapy; providing drug information to patients and providers; and surveying and reporting adverse drug reactions.

Regulations adopted by the Pharmacy Quality Assurance Commission define wholesale distribution as the sale of prescription drugs to a person who is not a consumer or patient. Hospital pharmacies are not generally engaged in wholesale drug distribution activities; however, they may perform some similar functions that are specifically exempt from the term. These exemptions include certain intra-company transfers to affiliated entities and the sale of a drug for emergency medical reasons. The term emergency medical reasons is not defined, but includes transfers of drugs between retail pharmacies to alleviate temporary shortages.

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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.*

The Emergency Medical Services and Trauma Care Steering Committee (Committee) is composed of representatives of individuals knowledgeable in emergency medical services and trauma care. The Committee must advise the Department of Health (DOH) regarding emergency medical services and trauma care needs, review the regional emergency medical services and trauma care plans, recommend changes to DOH before the plans are adopted, and review and recommend updates on DOH rules for emergency medical services and trauma care.

**Summary of Bill (Recommended Amendments):** Pharmacies operated by a hospital may provide drugs to ambulances or aid services if:

1. the hospital is located in the same county or an adjacent county to the ambulance or aid service's area of operation;
2. a medical program director of an ambulance or aid service has requested drugs from the hospital as per agreed protocol. These drugs must be:
  - a. relevant to the level of service provided by the ambulance or aid service and the training of its emergency medical personnel; and
  - b. approved as part of the ambulance or aid service pre-hospital protocols for use by the emergency medical personnel in the county in which the ambulance or aid service is located; and
3. the provision of the medications is not contingent upon arrangements to transport patients to the hospital other than for reasons related to the medical needs of patients and patient care procedures.

The Emergency Medical Services and Trauma Care Steering Committee must review the use of hydrocortisone sodium succinate and glucagon emergency kits by emergency medical technicians. This review must consider the adequacy of emergency medical technician training to administer these medicines, the feasibility of supplementing this training, the costs and likely utilization of stocking ambulances with these medicines, and options for localized solutions to specific community needs for these medicines. The Committee must submit a report on its review to the Legislature by December 15, 2015.

**EFFECT OF CHANGES MADE BY HEALTH CARE COMMITTEE (Recommended Amendments):** Removes the requirement that the Pharmacy Quality Assurance Commission adopt guidelines for the provision of drugs to ambulance or aid services. Proves that the ambulance or aid services may only request drugs that: are relevant to the level of service provided by the ambulance or aid service and the training of the emergency medical personnel, and are approved as part of the ambulance or aid service pre-hospital patient care protocols in the county.

**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 on Substitute House Bill:** PRO: Because of a recent Pharmacy Quality Assurance Commission rule, hospitals that support emergency services in rural areas are not able to do so. The emergency medical technicians must set up their own accounts with drug manufacturers to buy emergency medications and they are no longer able to work with hospitals to acquire medications. This allows them to use the hospital to acquire medications. We would like an amendment to the bill removing the requirement that guidelines be established by 2016. We would like to be able to do this sooner and not wait for the guidelines.

**Persons Testifying:** PRO: Representative Schmick, prime sponsor; Lisa Thatcher, WA State Hospital Assn.

**Persons Signed in to Testify But Not Testifying:** No one.