

SENATE BILL REPORT

SHB 2725

As of February 18, 2016

Title: An act relating to the authority of pharmacists to dispense prescription drugs.

Brief Description: Addressing the authority of pharmacists to dispense prescription drugs.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Rossetti, Kirby, Appleton, Ortiz-Self and Jinkins).

Brief History: Passed House: 2/11/16, 97-0.

Committee Activity: Health Care: 2/18/16.

SENATE COMMITTEE ON HEALTH CARE

Staff: Kathleen Buchli (786-7488)

Background: Pharmacists engage in the practice of pharmacy. This practice includes interpreting prescription orders; compounding, dispensing, labeling, administering, and distributing drugs; monitoring drug therapy; participating in drug utilization reviews and drug product selection; storing, distributing, and maintaining records of drugs and devices; providing information on legend drugs; and initiating drug therapy in accordance with a collaborative drug therapy agreement.

In emergency situations, a pharmacist may dispense up to a 72 hours' supply of medication without a valid prescription. This authority applies if the prescriber is not available and in the professional judgment of the pharmacist an emergency need for the medication has been demonstrated.

Summary of Bill: A pharmacist may dispense a prescription drug to a patient with an expired prescription if: (1) reasonable efforts to contact the prescribing practitioner were unsuccessful; (2) the patient has been on a consistent drug therapy; (3) the drug is not a controlled substance; and (4) the original prescription does not indicate any restriction or limitation by the practitioner. The amount may not exceed a seven days' supply or the minimum packaging size that cannot be broken. A pharmacist must promptly notify the prescriber that the patient's expired prescription has been refilled. A pharmacist may not dispense drugs to the same patient without a prescription within a 12 month period.

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.

It is specified that the exception does not limit the terms of a collaborative drug therapy agreement or alter the authority of the Pharmacy Quality Assurance Commission to allow for other exceptions to the prescription requirement.

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: This will help people who live in rural areas who may have a 40-minute or more drive to a doctor's office or pharmacy. The 72-hour rule does not help with rural populations; changing it to seven days will give them more time to get to a doctor. This will help patients access their medications and avoid interruptions in therapy. The three days of refills permitted currently still has issues and people still have problems seeing their doctor during this time. A key component is the minimum package size because some packages may not be broken into three days of supply.

OTHER: This solves a problem that has occurred in another state but which isn't going to happen here because Washington pharmacists may provide three days of a prescription on an emergency basis. It is not clear what can be provided by a seven day refill that cannot be accomplished through the three day refill. Flexibility on the minimum size of the package, which may have more doses than three days, does have validity. We also need to ensure that pharmacists are not liable for costs.

Persons Testifying: PRO: Representative Rossetti; Jeff Rochon, WA State Pharmacy Association.

OTHER: Sean Graham, Washington State Medical Association; Sydney Smith Zvara, Association of WA Healthcare Plans.

Persons Signed In To Testify But Not Testifying: No one.