

SENATE BILL REPORT

SB 5460

As Reported by Senate Committee On:
Health Care, February 9, 2015

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: Senators Parlette, Cleveland, Rivers, Keiser, Angel, Chase and Bailey.

Brief History:

Committee Activity: Health Care: 2/02/15, 2/09/15 [DPS].

SENATE COMMITTEE ON HEALTH CARE

Majority Report: That Substitute Senate Bill No. 5460 be substituted therefor, and the substitute bill do pass.

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

Staff: Kathleen Buchli (786-7488)

Background: Community pharmacies dispense prescription drugs and other over-the-counter medications under the direction of a registered pharmacist. In many rural areas, community pharmacies are the only source for prescription drugs and discussion of health-related concerns.

Hospital pharmacies can usually be found within the premises of a hospital. Hospital pharmacies usually stock a larger range of medications, including more specialized and investigational medications, than would be feasible in the community setting. Hospital pharmacies typically provide medications for the hospitalized patients only, and are not retail establishments. Some hospitals do have retail pharmacies within them, which sell over-the-counter as well as prescription medications to the public.

Summary of Bill (Recommended Substitute): Emergency medication is defined as medication commonly prescribed to emergency room patients, including controlled substances listed in schedules II through V.

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.

Hospitals may allow health care practitioners with prescriptive authority to prescribe, and both health care practitioners and registered nurses to distribute, prepackaged emergency medications to patients being discharged from a hospital emergency department if community or hospital pharmacies are not available within 15 miles by road. In order to prescribe and distribute prepackaged emergency medications, hospitals must develop policies and procedures on the following: development of a list of the types of emergency medications to be prepackaged and distributed; requiring that emergency medications be prepackaged by a pharmacist; development of the specific criteria under which emergency prepackaged medications may be prescribed and distributed; ensuring that the practitioner who is prescribing the emergency medication is trained on the prepackaged medication available and when they may be dispensed; recordkeeping requirements; permitting only a 48–96 hour supply of emergency medication to be dispensed; providing that the prepackaged emergency medications are stored in the emergency room; and ensuring patient counseling on the medicine before distribution.

EFFECT OF CHANGES MADE BY HEALTH CARE COMMITTEE (Recommended Substitute): Registered nurses are permitted to dispense packaged emergency medication. Emergency medication must be prepackaged under the supervision of a pharmacist. The 48-hour supply to be dispensed is a maximum amount, not a minimum amount. Schedule I drugs are not included in the drugs permitted to be dispensed as emergency medication.

Appropriation: None.

Fiscal Note: Not requested.

Committee/Commission/Task Force Created: No.

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

Staff Summary of Public Testimony on Original Bill: PRO: The use of prepackaged medication has long been the practice in hospitals but because of a recent interpretation of the Pharmacy Quality Assurance Commission, the practice has been stopped. This needs to be addressed quickly because patients are at risk if they do not have their medications when discharged. This is needed for those towns with retail pharmacies that are not open 24 hours. Delays in dispensing medications harms the patient.

Persons Testifying: PRO: Senator Parlette, prime sponsor; Lisa Thatcher, WA State Hospital Assn.; Glenn Adams, Confluence Health, Wenatchee Valley Medical Center.