
HOUSE BILL 2730

State of Washington

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2016 Regular Session

By Representatives Peterson, Walkinshaw, Ortiz-Self, Bergquist, Kagi, Gregerson, Kilduff, Frame, and Pollet

Read first time 01/19/16. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to the prescription drug monitoring program; and
2 reenacting and amending RCW 69.50.308 and 70.225.040.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 **Sec. 1.** RCW 69.50.308 and 2013 c 276 s 3 and 2013 c 19 s 103 are
5 each reenacted and amended to read as follows:

6 (a) A controlled substance may be dispensed only as provided in
7 this section. Prescriptions electronically communicated must also
8 meet the requirements under RCW 69.50.312.

9 (b) Except when dispensed directly by a practitioner authorized
10 to prescribe or administer a controlled substance, other than a
11 pharmacy, to an ultimate user, a substance included in Schedule II
12 may not be dispensed without the written or electronically
13 communicated prescription of a practitioner.

14 (1) Schedule II narcotic substances may be dispensed by a
15 pharmacy pursuant to a facsimile prescription under the following
16 circumstances:

17 (i) The facsimile prescription is transmitted by a practitioner
18 to the pharmacy; and

19 (ii) The facsimile prescription is for a patient in a long-term
20 care facility or a hospice program certified or paid by medicare
21 under Title XVIII of the federal social security act. "Long-term care

1 facility" means nursing homes licensed under chapter 18.51 RCW,
2 assisted living facilities licensed under chapter 18.20 RCW, and
3 adult family homes licensed under chapter 70.128 RCW; or

4 (iii) The facsimile prescription is for a patient of a hospice
5 program licensed by the state; and

6 (iv) The practitioner or the practitioner's agent notes on the
7 facsimile prescription that the patient is a long-term care or
8 hospice patient.

9 (2) Injectable Schedule II narcotic substances that are to be
10 compounded for patient use may be dispensed by a pharmacy pursuant to
11 a facsimile prescription if the facsimile prescription is transmitted
12 by a practitioner to the pharmacy.

13 (3) Under (1) and (2) of this subsection the facsimile
14 prescription shall serve as the original prescription and shall be
15 maintained as other Schedule II narcotic substances prescriptions.

16 (c) In emergency situations, as defined by rule of the
17 commission, a substance included in Schedule II may be dispensed upon
18 oral prescription of a practitioner, reduced promptly to writing and
19 filed by the pharmacy. Prescriptions shall be retained in conformity
20 with the requirements of RCW 69.50.306.

21 (d) A prescription for a substance included in Schedule II may
22 not be refilled. A prescription for a substance included in Schedule
23 II may not be filled more than six months after the date the
24 prescription was issued.

25 (e) Except when dispensed directly by a practitioner authorized
26 to prescribe or administer a controlled substance, other than a
27 pharmacy, to an ultimate user, a substance included in Schedule III,
28 IV, or V, which is a prescription drug as determined under RCW
29 69.04.560, may not be dispensed without a written, oral, or
30 electronically communicated prescription of a practitioner. Any oral
31 prescription must be promptly reduced to writing.

32 (f) The prescription for a substance included in Schedule III,
33 IV, or V may not be filled or refilled more than six months after the
34 date issued by the practitioner or be refilled more than five times,
35 unless renewed by the practitioner.

36 (g) A valid prescription or lawful order of a practitioner, in
37 order to be effective in legalizing the possession of controlled
38 substances, must be issued in good faith for a legitimate medical
39 purpose by one authorized to prescribe the use of such controlled
40 substance. An order purporting to be a prescription not in the course

1 of professional treatment is not a valid prescription or lawful order
2 of a practitioner within the meaning and intent of this chapter; and
3 the person who knows or should know that the person is filling such
4 an order, as well as the person issuing it, can be charged with a
5 violation of this chapter.

6 (h) A substance included in Schedule V must be distributed or
7 dispensed only for a medical purpose.

8 (i) A practitioner may dispense or deliver a controlled substance
9 to or for an individual or animal only for medical treatment or
10 authorized research in the ordinary course of that practitioner's
11 profession. Medical treatment includes dispensing or administering a
12 narcotic drug for pain, including intractable pain.

13 (j) No administrative sanction, or civil or criminal liability,
14 authorized or created by this chapter may be imposed on a pharmacist
15 for action taken in reliance on a reasonable belief that an order
16 purporting to be a prescription was issued by a practitioner in the
17 usual course of professional treatment or in authorized research.

18 (k) An individual practitioner may not dispense a substance
19 included in Schedule II, III, or IV for that individual
20 practitioner's personal use.

21 (l) A practitioner shall utilize the prescription monitoring
22 program established in chapter 70.225 RCW prior to initially
23 prescribing any substance included in Schedule II or III for the
24 treatment of noncancer-related chronic or intractable pain.

25 **Sec. 2.** RCW 70.225.040 and 2015 c 259 s 1 and 2015 c 49 s 1 are
26 each reenacted and amended to read as follows:

27 (1) Prescription information submitted to the department must be
28 confidential, in compliance with chapter 70.02 RCW and federal health
29 care information privacy requirements and not subject to disclosure,
30 except as provided in subsections (3) and (4) of this section.

31 (2) The department must maintain procedures to ensure that the
32 privacy and confidentiality of patients and patient information
33 collected, recorded, transmitted, and maintained is not disclosed to
34 persons except as in subsections (3) and (4) of this section.

35 (3) The department may provide data in the prescription
36 monitoring program to the following persons:

37 (a) Persons authorized to prescribe or dispense controlled
38 substances or legend drugs, for the purpose of providing medical or
39 pharmaceutical care for their patients;

1 (b) An individual who requests the individual's own prescription
2 monitoring information;

3 (c) Health professional licensing, certification, or regulatory
4 agency or entity;

5 (d) Appropriate law enforcement or prosecutorial officials,
6 including local, state, and federal officials and officials of
7 federally recognized tribes, who are engaged in a bona fide specific
8 investigation involving a designated person;

9 (e) Authorized practitioners of the department of social and
10 health services and the health care authority regarding medicaid
11 program recipients;

12 (f) The director or director's designee within the department of
13 labor and industries regarding workers' compensation claimants;

14 (g) The director or the director's designee within the department
15 of corrections regarding offenders committed to the department of
16 corrections;

17 (h) Other entities under grand jury subpoena or court order;

18 (i) Personnel of the department for purposes of administration
19 and enforcement of this chapter or chapter 69.50 RCW; (~~and~~)

20 (j) Personnel of a test site that meet the standards under RCW
21 70.225.070 pursuant to an agreement between the test site and a
22 person identified in (a) of this subsection to provide assistance in
23 determining which medications are being used by an identified patient
24 who is under the care of that person; and

25 (k)(i) Personnel of a health care facility or entity who are
26 registered subscribers of the state's health information exchange for
27 the purpose of providing medical or pharmaceutical care to the
28 patients of the facility or entity, if the facility or entity is:

29 (A) Licensed by the department; and

30 (B) A trading partner with the state's health information
31 exchange.

32 (ii) Personnel who are provided data under this subsection (k)
33 may receive the data from the prescription monitoring program without
34 individually registering with the department.

35 (4) The department may provide data to public or private entities
36 for statistical, research, or educational purposes after removing
37 information that could be used to identify individual patients,
38 dispensers, prescribers, and persons who received prescriptions from
39 dispensers.

1 (5) A dispenser or practitioner acting in good faith is immune
2 from any civil, criminal, or administrative liability that might
3 otherwise be incurred or imposed for requesting, receiving, or using
4 information from the program.

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