

SENATE BILL REPORT

SB 6028

As of January 15, 2018

Title: An act relating to the prescription drug monitoring program.

Brief Description: Concerning the prescription drug monitoring program.

Sponsors: Senators Van De Wege, Walsh, Fain, Cleveland, Darneille, Keiser, Rolfes, Conway, Chase, Saldaña and Kuderer; by request of Attorney General.

Brief History:

Committee Activity: Health & Long Term Care: 1/15/18.

Brief Summary of Bill

- Creates requirements for the review of the patient's prescription monitoring information when prescribing an opiate or benzodiazepine.
- Defines the term practitioner for the purposes of the prescription monitoring program.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Staff: LeighBeth Merrick (786-7445)

Background: In 2007, the Department of Health (DOH) was authorized to create and maintain a prescription monitoring program (PMP) that monitors the prescribing and dispensing of controlled substances and other drugs that demonstrate a potential for abuse. Each time one of these drugs is dispensed, the dispenser must electronically submit the following information to the PMP:

- patient identifier;
- drug dispensed;
- date of dispensing;
- quantity dispensed;
- prescriber; and
- the dispenser.

Prescribers are not required to query the PMP prior to prescribing a controlled substance.

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.

Summary of Bill: Practitioner is defined as a physician licensed to practice medicine and surgery, a physician licensed to practice osteopathic medicine and surgery; a dentist licensed to practice dentistry; a podiatric physician and surgeon licensed to practice podiatric medicine and surgery; a licensed physician assistant or a licensed osteopathic physician assistant approved to prescribe controlled substances; or an advanced registered nurse practitioner licensed to prescribe controlled substances.

Prior to issuing a prescription for an opiate or benzodiazepine, a practitioner must review the patient's prescription monitoring information. This does not apply to medications administered to patients receiving inpatient services provided at hospitals or other settings within the hospital's license, medications administered to offenders in Department of Corrections institutions, emergency medical situations where patient's outcomes may be adversely affected by the time needed to access the PMP, or instances when the PMP cannot be accessed due to a temporary technological or electrical failure.

The practitioner must document in the patient's medical record that they reviewed the PMP information or why they did not review the PMP.

Appropriation: None.

Fiscal Note: Not requested.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: These requirements can't wait for the rulemaking process to happen. The PMP is currently underutilized by providers. Research from the Centers for Disease Control and John Hopkins show that PMP mandates are effective by reducing doctor shopping and increase identification of patients that need treatment. PMP integration with the electronic health record is not needed for a prescriber to access the PMP. The time it takes for a doctor to access the PMP is insignificant. Doctors can order authorized delegates to obtain PMP information before or during a patient visit so that their staff can assist.

CON: The requirement for all prescribers to check the PMP is burdensome. It should only be mandatory for necessary situations. A lot has been done to improve physician access to the PMP and many more doctors are accessing it. Solo practitioners or small clinics don't have the staff to check the PMP daily. The way Washington provides PMP access is unique and the state should work with electronic health record vendors to grant access to data like is done in other states.

OTHER: Using the PMP is time-consuming and inefficient. Before a mandate is implemented it would be better to make improvements to the PMP. There is current rule-making underway about how the PMP should be used. Efforts should be focused on the most effective interventions to ensure the right approach is taken.

Persons Testifying: PRO: Senator Kevin Van De Wege, Prime Sponsor; Kelly Richburg, Office of the Attorney General, Senior Policy Analyst; Bob Ferguson, Washington Attorney General; Michelle Braun, citizen.

CON: Katie Kolan, Washington State Medical Association; Lisa Thatcher, Washington State Hospital Association; Nathan Schlicher, Washington State Medical Association.

OTHER: Mellani McAleenan, Washington State Dental Association; Gary Franklin, Agency Medical Director's Group.

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