

SSB 5380 - H COMM AMD

By Committee on Health Care & Wellness

NOT ADOPTED 04/16/2019

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** The legislature declares that opioid use
4 disorder is a public health crisis. State agencies must increase
5 access to evidence-based opioid use disorder treatment services,
6 promote coordination of services within the substance use disorder
7 treatment and recovery support system, strengthen partnerships
8 between opioid use disorder treatment providers and their allied
9 community partners, expand the use of the Washington state
10 prescription drug monitoring program, and support comprehensive
11 school and community-based substance use prevention services.

12 This act leverages the direction provided by the Washington state
13 interagency opioid working plan in order to address the opioid
14 epidemic challenging communities throughout the state.

15 Agencies administering state purchased health care programs, as
16 defined in RCW 41.05.011, shall coordinate activities to implement
17 the provisions of this act and the Washington state interagency
18 opioid working plan, explore opportunities to address the opioid
19 epidemic, and provide status updates as directed by the joint
20 legislative executive committee on health care oversight to promote
21 legislative and executive coordination.

22 **Sec. 2.** 2005 c 70 s 1 (uncodified) is amended to read as
23 follows:

24 The legislature finds that drug use among pregnant (~~women~~)
25 individuals is a significant and growing concern statewide. (~~The~~
26 ~~legislature further finds that methadone, although an effective~~
27 ~~alternative to other substance use treatments, can result in babies~~
28 ~~who are exposed to methadone while in uteri being born addicted and~~
29 ~~facing the painful effects of withdrawal.)) Evidence-informed group
30 prenatal care reduces preterm birth for infants, and increases~~

1 maternal social cohesion and support during pregnancy and postpartum,
2 which is good for maternal mental health.

3 It is the intent of the legislature to notify all pregnant
4 (~~mothers~~) individuals who are receiving (~~methadone treatment~~)
5 medication for the treatment of opioid use disorder of the risks and
6 benefits (~~methadone~~) such medication could have on their baby
7 during pregnancy through birth and to inform them of the potential
8 need for the newborn baby to be (~~taken care of~~) treated in a
9 hospital setting or in a specialized supportive environment designed
10 specifically to address (~~newborn addiction problems~~) and manage
11 neonatal opioid or other drug withdrawal syndromes.

12 NEW SECTION. Sec. 3. A new section is added to chapter 18.22
13 RCW to read as follows:

14 By January 1, 2020, the board must adopt or amend its rules to
15 require podiatric physicians who prescribe opioids to inform patients
16 of their right to refuse an opioid prescription or order for any
17 reason. If a patient indicates a desire to not receive an opioid, the
18 podiatric physician must document the patient's request and avoid
19 prescribing or ordering opioids, unless the request is revoked by the
20 patient.

21 NEW SECTION. Sec. 4. A new section is added to chapter 18.32
22 RCW to read as follows:

23 By January 1, 2020, the commission must adopt or amend its rules
24 to require dentists who prescribe opioids to inform patients of their
25 right to refuse an opioid prescription or order for any reason. If a
26 patient indicates a desire to not receive an opioid, the dentist must
27 document the patient's request and avoid prescribing or ordering
28 opioids, unless the request is revoked by the patient.

29 NEW SECTION. Sec. 5. A new section is added to chapter 18.57
30 RCW to read as follows:

31 By January 1, 2020, the board must adopt or amend its rules to
32 require osteopathic physicians who prescribe opioids to inform
33 patients of their right to refuse an opioid prescription or order for
34 any reason. If a patient indicates a desire to not receive an opioid,
35 the osteopathic physician must document the patient's request and
36 avoid prescribing or ordering opioids, unless the request is revoked
37 by the patient.

1 NEW SECTION. **Sec. 6.** A new section is added to chapter 18.57A
2 RCW to read as follows:

3 By January 1, 2020, the board must adopt or amend its rules to
4 require osteopathic physicians' assistants who prescribe opioids to
5 inform patients of their right to refuse an opioid prescription or
6 order for any reason. If a patient indicates a desire to not receive
7 an opioid, the osteopathic physician's assistant must document the
8 patient's request and avoid prescribing or ordering opioids, unless
9 the request is revoked by the patient.

10 NEW SECTION. **Sec. 7.** A new section is added to chapter 18.64
11 RCW to read as follows:

12 A pharmacist may partially fill a prescription for a schedule II
13 controlled substance, if the partial fill is requested by the patient
14 or the prescribing practitioner and the total quantity dispensed in
15 all partial fillings does not exceed the quantity prescribed.

16 NEW SECTION. **Sec. 8.** A new section is added to chapter 18.71
17 RCW to read as follows:

18 By January 1, 2020, the commission must adopt or amend its rules
19 to require physicians who prescribe opioids to inform patients of
20 their right to refuse an opioid prescription or order for any reason.
21 If a patient indicates a desire to not receive an opioid, the
22 physician must document the patient's request and avoid prescribing
23 or ordering opioids, unless the request is revoked by the patient.

24 NEW SECTION. **Sec. 9.** A new section is added to chapter 18.71A
25 RCW to read as follows:

26 By January 1, 2020, the commission must adopt or amend its rules
27 to require physician assistants who prescribe opioids to inform
28 patients of their right to refuse an opioid prescription or order for
29 any reason. If a patient indicates a desire to not receive an opioid,
30 the physician assistant must document the patient's request and avoid
31 prescribing or ordering opioids, unless the request is revoked by the
32 patient.

33 NEW SECTION. **Sec. 10.** A new section is added to chapter 18.79
34 RCW to read as follows:

35 By January 1, 2020, the commission must adopt or amend its rules
36 to require advanced registered nurse practitioners who prescribe

1 opioids to inform patients of their right to refuse an opioid
2 prescription or order for any reason. If a patient indicates a desire
3 to not receive an opioid, the advanced registered nurse practitioner
4 must document the patient's request and avoid prescribing or ordering
5 opioids, unless the request is revoked by the patient.

6 NEW SECTION. **Sec. 11.** A new section is added to chapter 43.70
7 RCW to read as follows:

8 (1) The department must create a statement warning individuals
9 about the risks of opioid use and abuse and provide information about
10 safe disposal of opioids. The department must provide the warning on
11 its web site.

12 (2) The department must review the science, data, and best
13 practices around the use of opioids and their associated risks. As
14 evidence and best practices evolve, the department must update its
15 warning to reflect these changes.

16 (3) The department must update its patient education materials to
17 reflect the patient's right to refuse an opioid prescription or
18 order.

19 NEW SECTION. **Sec. 12.** A new section is added to chapter 43.70
20 RCW to read as follows:

21 The secretary shall be responsible for coordinating the statewide
22 response to the opioid epidemic and executing the state opioid
23 response plan, in partnership with the health care authority. The
24 department and the health care authority must collaborate with each
25 of the agencies and organizations identified in the state opioid
26 response plan.

27 **Sec. 13.** RCW 69.41.055 and 2016 c 148 s 15 are each amended to
28 read as follows:

29 (1) Information concerning an original prescription or
30 information concerning a prescription refill for a legend drug may be
31 electronically communicated between an authorized practitioner and a
32 pharmacy of the patient's choice with no intervening person having
33 access to the prescription drug order pursuant to the provisions of
34 this chapter if the electronically communicated prescription
35 information complies with the following:

36 (a) Electronically communicated prescription information must
37 comply with all applicable statutes and rules regarding the form,

1 content, recordkeeping, and processing of a prescription or order for
2 a legend drug;

3 ~~(b) ((The system used for transmitting electronically
4 communicated prescription information and the system used for
5 receiving electronically communicated prescription information must
6 be approved by the commission. This subsection does not apply to
7 currently used facsimile equipment transmitting an exact visual image
8 of the prescription. The commission shall maintain and provide, upon
9 request, a list of systems used for electronically communicating
10 prescription information currently approved by the commission;~~

11 ~~(e))~~ An explicit opportunity for practitioners must be made to
12 indicate their preference on whether or not a therapeutically
13 equivalent generic drug or interchangeable biological product may be
14 substituted. This section does not limit the ability of practitioners
15 and pharmacists to permit substitution by default under a prior-
16 consent authorization;

17 ~~((d))~~ (c) Prescription drug orders are confidential health
18 information, and may be released only to the patient or the patient's
19 authorized representative, the prescriber or other authorized
20 practitioner then caring for the patient, or other persons
21 specifically authorized by law to receive such information;

22 ~~((e))~~ (d) To maintain confidentiality of prescription records,
23 the electronic system shall have adequate security and systems
24 safeguards designed to prevent and detect unauthorized access,
25 modification, or manipulation of these records ~~((The pharmacist in
26 charge shall establish or verify the existence of policies and
27 procedures which ensure the integrity and confidentiality of
28 prescription information transmitted to the pharmacy by electronic
29 means. All managers, employees, and agents of the pharmacy are
30 required to read, sign, and comply with the established policies and
31 procedures))~~; and

32 ~~((f))~~ (e) The pharmacist shall exercise professional judgment
33 regarding the accuracy, validity, and authenticity of the
34 prescription drug order received by way of electronic transmission,
35 consistent with federal and state laws and rules and guidelines of
36 the commission.

37 (2) The electronic or digital signature of the prescribing
38 practitioner's agent on behalf of the prescribing practitioner for a
39 resident in a long-term care facility or hospice program, pursuant to
40 a valid order and authorization under RCW 18.64.550, constitutes a

1 valid electronic communication of prescription information. Such an
2 authorized signature and transmission by an agent in a long-term care
3 facility or hospice program does not constitute an intervening person
4 having access to the prescription drug order.

5 (3) The commission may adopt rules implementing this section.

6 **Sec. 14.** RCW 69.41.095 and 2015 c 205 s 2 are each amended to
7 read as follows:

8 (1)(a) A practitioner may prescribe, dispense, distribute, and
9 deliver an opioid overdose reversal medication: (i) Directly to a
10 person at risk of experiencing an opioid-related overdose; or (ii) by
11 prescription, collaborative drug therapy agreement, standing order,
12 or protocol to a first responder, family member, or other person or
13 entity in a position to assist a person at risk of experiencing an
14 opioid-related overdose. Any such prescription, standing order, or
15 protocol (~~(order)~~) is issued for a legitimate medical purpose in the
16 usual course of professional practice.

17 (b) At the time of prescribing, dispensing, distributing, or
18 delivering the opioid overdose reversal medication, the practitioner
19 shall inform the recipient that as soon as possible after
20 administration of the opioid overdose reversal medication, the person
21 at risk of experiencing an opioid-related overdose should be
22 transported to a hospital or a first responder should be summoned.

23 (2) A pharmacist may dispense an opioid overdose reversal
24 medication pursuant to a prescription, collaborative drug therapy
25 agreement, standing order, or protocol issued in accordance with
26 subsection (1)(a) of this section and may administer an opioid
27 overdose reversal medication to a person at risk of experiencing an
28 opioid-related overdose. At the time of dispensing an opioid overdose
29 reversal medication, a pharmacist shall provide written instructions
30 on the proper response to an opioid-related overdose, including
31 instructions for seeking immediate medical attention. The
32 instructions to seek immediate (~~(medication)~~) medical attention must
33 be conspicuously displayed.

34 (3) Any person or entity may lawfully possess, store, deliver,
35 distribute, or administer an opioid overdose reversal medication
36 pursuant to a prescription (~~(or)~~), collaborative drug therapy
37 agreement, standing order, or protocol issued by a practitioner in
38 accordance with subsection (1) of this section.

1 (4) The following individuals, if acting in good faith and with
2 reasonable care, are not subject to criminal or civil liability or
3 disciplinary action under chapter 18.130 RCW for any actions
4 authorized by this section or the outcomes of any actions authorized
5 by this section:

6 (a) A practitioner who prescribes, dispenses, distributes, or
7 delivers an opioid overdose reversal medication pursuant to
8 subsection (1) of this section;

9 (b) A pharmacist who dispenses an opioid overdose reversal
10 medication pursuant to subsection (2) or (5)(a) of this section;

11 (c) A person who possesses, stores, distributes, or administers
12 an opioid overdose reversal medication pursuant to subsection (3) of
13 this section.

14 (5) The secretary or the secretary's designee may issue a
15 standing order prescribing opioid overdose reversal medications to
16 any person at risk of experiencing an opioid-related overdose or any
17 person or entity in a position to assist a person at risk of
18 experiencing an opioid-related overdose. The standing order may be
19 limited to specific areas in the state or issued statewide.

20 (a) A pharmacist shall dispense an opioid overdose reversal
21 medication pursuant to a standing order issued in accordance with
22 this subsection, consistent with the pharmacist's responsibilities to
23 dispense prescribed legend drugs, and may administer an opioid
24 overdose reversal medication to a person at risk of experiencing an
25 opioid-related overdose. At the time of dispensing an opioid overdose
26 reversal medication, a pharmacist shall provide written instructions
27 on the proper response to an opioid-related overdose, including
28 instructions for seeking immediate medical attention. The
29 instructions to seek immediate medical attention must be
30 conspicuously displayed.

31 (b) Any person or entity may lawfully possess, store, deliver,
32 distribute, or administer an opioid overdose reversal medication
33 pursuant to a standing order issued in accordance with this
34 subsection (5). The department, in coordination with the appropriate
35 entity or entities, shall ensure availability of a training module
36 that provides training regarding the identification of a person
37 suffering from an opioid-related overdose and the use of opioid
38 overdose reversal medications. The training must be available
39 electronically and in a variety of media from the department.

1 (c) This subsection (5) does not create a private cause of
2 action. Notwithstanding any other provision of law, neither the state
3 nor the secretary nor the secretary's designee has any civil
4 liability for issuing standing orders or for any other actions taken
5 pursuant to this chapter or for the outcomes of issuing standing
6 orders or any other actions taken pursuant to this chapter. Neither
7 the secretary nor the secretary's designee is subject to any criminal
8 liability or professional disciplinary action for issuing standing
9 orders or for any other actions taken pursuant to this chapter.

10 (d) For purposes of this subsection (5), "standing order" means
11 an order prescribing medication by the secretary or the secretary's
12 designee. Such standing order can only be issued by a practitioner as
13 defined in this chapter.

14 (6) The labeling requirements of RCW 69.41.050 and 18.64.246 do
15 not apply to opioid overdose reversal medications dispensed,
16 distributed, or delivered pursuant to a prescription, collaborative
17 drug therapy agreement, standing order, or protocol issued in
18 accordance with this section. The individual or entity that
19 dispenses, distributes, or delivers an opioid overdose reversal
20 medication as authorized by this section shall ensure that directions
21 for use are provided.

22 (7) For purposes of this section, the following terms have the
23 following meanings unless the context clearly requires otherwise:

24 (a) "First responder" means: (i) A career or volunteer
25 firefighter, law enforcement officer, paramedic as defined in RCW
26 18.71.200, or first responder or emergency medical technician as
27 defined in RCW 18.73.030; and (ii) an entity that employs or
28 supervises an individual listed in (a)(i) of this subsection,
29 including a volunteer fire department.

30 (b) "Opioid overdose reversal medication" means any drug used to
31 reverse an opioid overdose that binds to opioid receptors and blocks
32 or inhibits the effects of opioids acting on those receptors. It does
33 not include intentional administration via the intravenous route.

34 (c) "Opioid-related overdose" means a condition including, but
35 not limited to, (~~extreme physical illness,~~) decreased level of
36 consciousness, nonresponsiveness, respiratory depression, coma, or
37 death that: (i) Results from the consumption or use of an opioid or
38 another substance with which an opioid was combined; or (ii) a lay
39 person would reasonably believe to be an opioid-related overdose
40 requiring medical assistance.

1 (d) "Practitioner" means a health care practitioner who is
2 authorized under RCW 69.41.030 to prescribe legend drugs.

3 (e) "Standing order" or "protocol" means written or
4 electronically recorded instructions, prepared by a prescriber, for
5 distribution and administration of a drug by designated and trained
6 staff or volunteers of an organization or entity, as well as other
7 actions and interventions to be used upon the occurrence of clearly
8 defined clinical events in order to improve patients' timely access
9 to treatment.

10 **Sec. 15.** RCW 69.50.312 and 2013 c 276 s 4 and 2013 c 19 s 105
11 are each reenacted and amended to read as follows:

12 (1) Information concerning a prescription for a controlled
13 substance included in Schedules II through V, or information
14 concerning a refill authorization for a controlled substance included
15 in Schedules III through V(~~(+)~~), may be electronically communicated
16 to a pharmacy of the patient's choice pursuant to the provisions of
17 this chapter if the electronically communicated prescription
18 information complies with the following:

19 (a) Electronically communicated prescription information must
20 comply with all applicable statutes and rules regarding the form,
21 content, recordkeeping, and processing of a prescription for a legend
22 drug;

23 (b) The system used for transmitting electronically communicated
24 prescription information must (~~(be approved by the commission and in~~
25 ~~accordance)) comply with federal rules for electronically~~
26 ~~communicated prescriptions for controlled substance(~~(+)~~)s~~
27 ~~included in Schedules II through V, as set forth in Title 21 C.F.R. Parts~~
28 ~~1300, 1304, 1306, and 1311(~~(. This subsection does not apply to~~~~
29 ~~currently used facsimile equipment transmitting an exact visual image~~
30 ~~of the prescription. The commission shall maintain and provide, upon~~
31 ~~request, a list of systems used for electronically communicating~~
32 ~~prescription information currently approved by the commission))~~;

33 (c) An explicit opportunity for practitioners must be made to
34 indicate their preference on whether a therapeutically equivalent
35 generic drug may be substituted;

36 (d) Prescription drug orders are confidential health information,
37 and may be released only to the patient or the patient's authorized
38 representative, the prescriber or other authorized practitioner then

1 caring for the patient, or other persons specifically authorized by
2 law to receive such information;

3 (e) To maintain confidentiality of prescription records, the
4 electronic system shall have adequate security and systems safeguards
5 designed to prevent and detect unauthorized access, modification, or
6 manipulation of these records (~~(. The pharmacist in charge shall
7 establish or verify the existence of policies and procedures which
8 ensure the integrity and confidentiality of prescription information
9 transmitted to the pharmacy by electronic means. All managers,
10 employees, and agents of the pharmacy are required to read, sign, and
11 comply with the established policies and procedures))~~); and

12 (f) The pharmacist shall exercise professional judgment regarding
13 the accuracy, validity, and authenticity of the prescription drug
14 order received by way of electronic transmission, consistent with
15 federal and state laws and rules and guidelines of the commission.

16 (2) The commission may adopt rules implementing this section.

17 **Sec. 16.** RCW 69.50.312 and 2013 c 276 s 4 and 2013 c 19 s 105
18 are each reenacted and amended to read as follows:

19 (1) Information concerning a prescription for a controlled
20 substance included in Schedules II through V, or information
21 concerning a refill authorization for a controlled substance included
22 in Schedules III through V (~~([,] may)~~), must be electronically
23 communicated to a pharmacy of the patient's choice pursuant to the
24 provisions of this chapter if the electronically communicated
25 prescription information complies with the following:

26 (a) Electronically communicated prescription information must
27 comply with all applicable statutes and rules regarding the form,
28 content, recordkeeping, and processing of a prescription for a legend
29 drug;

30 (b) (~~(The system used for transmitting electronically
31 communicated prescription information must be approved by the
32 commission and in accordance with federal rules for electronically
33 communicated prescriptions for controlled substance[s] included in
34 Schedules II through V, as set forth in Title 21 C.F.R. Parts 1300,
35 1304, 1306, and 1311. This subsection does not apply to currently
36 used facsimile equipment transmitting an exact visual image of the
37 prescription. The commission shall maintain and provide, upon
38 request, a list of systems used for electronically communicating
39 prescription information currently approved by the commission;~~

1 ~~(c) An explicit opportunity for practitioners must be made to~~
2 ~~indicate their preference on whether a therapeutically equivalent~~
3 ~~generic drug may be substituted;~~

4 ~~(d)) Prescription drug orders ((are confidential health~~
5 ~~information, and)) may be released only to the patient or the~~
6 ~~patient's authorized representative, the prescriber or other~~
7 ~~authorized practitioner then caring for the patient, or other persons~~
8 ~~specifically authorized by law to receive such information;~~

9 ~~((c) To maintain confidentiality of prescription records, the~~
10 ~~electronic system shall have adequate security and systems safeguards~~
11 ~~designed to prevent and detect unauthorized access, modification, or~~
12 ~~manipulation of these records. The pharmacist in charge shall~~
13 ~~establish or verify the existence of policies and procedures which~~
14 ~~ensure the integrity and confidentiality of prescription information~~
15 ~~transmitted to the pharmacy by electronic means. All managers,~~
16 ~~employees, and agents of the pharmacy are required to read, sign, and~~
17 ~~comply with the established policies and procedures; and~~

18 ~~(f)) (c) The pharmacist shall exercise professional judgment~~
19 ~~regarding the accuracy, validity, and authenticity of the~~
20 ~~prescription drug order received by way of electronic transmission,~~
21 ~~consistent with federal and state laws and rules and guidelines of~~
22 ~~the commission.~~

23 ~~(2) ((The commission may adopt rules implementing this section.))~~
24 The following are exempt from subsection (1) of this section:

25 (a) Prescriptions issued by veterinarians, as that practice is
26 defined in RCW 18.92.010;

27 (b) Prescriptions issued for a patient of a long-term care
28 facility as defined in RCW 18.64.011, or a hospice program as defined
29 in RCW 18.64.011;

30 (c) When the electronic system used for the communication of
31 prescription information is unavailable due to a temporary
32 technological or electronic failure;

33 (d) Prescriptions issued that are intended for prescription
34 fulfilment and dispensing outside Washington state;

35 (e) When the prescriber and pharmacist are employed by the same
36 entity, or employed by entities under common ownership or control;

37 (f) Prescriptions issued for a drug that the United States food
38 and drug administration or the United States drug enforcement
39 administration requires to contain certain elements that are not able
40 to be accomplished electronically;

1 (g) Any controlled substance prescription that requires
2 compounding as defined in RCW 18.64.011;

3 (h) Prescriptions issued for the dispensing of a nonpatient
4 specific prescription under a standing order, approved protocol for
5 drug therapy, collaborative drug therapy agreement, in response to a
6 public health emergency, or other circumstances allowed by statute or
7 rule where a practitioner may issue a nonpatient specific
8 prescription;

9 (i) Prescriptions issued under a drug research protocol;

10 (j) Prescriptions issued by a practitioner with the capability of
11 electronic communication of prescription information under this
12 section, when the practitioner reasonably determines it is
13 impractical for the patient to obtain the electronically communicated
14 prescription in a timely manner, and such delay would adversely
15 impact the patient's medical condition; or

16 (k) Prescriptions issued by a prescriber who has received a
17 waiver from the department.

18 (3) The department must develop a waiver process for the
19 requirements of subsection (1) of this section for practitioners due
20 to economic hardship, technological limitations that are not
21 reasonably in the control of the practitioner, or other exceptional
22 circumstance demonstrated by the practitioner. The waiver must be
23 limited to one year or less, or for any other specified time frame
24 set by the department.

25 (4) A pharmacist who receives a written, oral, or faxed
26 prescription is not required to verify that the prescription properly
27 meets any exemptions under this section. Pharmacists may continue to
28 dispense and deliver medications from otherwise valid written, oral,
29 or faxed prescriptions.

30 (5) An individual who violates this section commits a civil
31 violation. Disciplinary authorities may impose a fine of two hundred
32 fifty dollars per violation, not to exceed five thousand dollars per
33 calendar year. Fines imposed under this section must be allocated to
34 the health professions account.

35 (6) Systems used for the electronic communication of prescription
36 information must:

37 (a) Comply with federal laws and rules for electronically
38 communicated prescriptions for controlled substances included in
39 Schedules II through V, as required by Title 21 C.F.R. parts 1300,
40 1304, 1306, and 1311;

1 (b) Meet the national council for prescription drug prescriber/
2 pharmacist interface SCRIPT standard as determined by the department
3 in rule;

4 (c) Have adequate security and systems safeguards designed to
5 prevent and detect unauthorized access, modification, or manipulation
6 of these records;

7 (d) Provide an explicit opportunity for practitioners to indicate
8 their preference on whether a therapeutically equivalent generic drug
9 may be substituted; and

10 (e) Include the capability to input and track partial fills of a
11 controlled substance prescription in accordance with section 7 of
12 this act.

13 NEW SECTION. Sec. 17. A new section is added to chapter 69.50
14 RCW to read as follows:

15 (1) Any practitioner who writes the first prescription for an
16 opioid during the course of treatment to any patient must, under
17 professional rules, discuss the following with the patient:

18 (a) The risks of opioids, including risk of dependence and
19 overdose;

20 (b) Pain management alternatives to opioids, including nonopioid
21 pharmacological treatments, and nonpharmacological treatments
22 available to the patient, at the discretion of the practitioner and
23 based on the medical condition of the patient; and

24 (c) A written copy of the warning language provided by the
25 department under section 11 of this act.

26 (2) If the patient is under eighteen years old or is not
27 competent, the discussion required by subsection (1) of this section
28 must include the patient's parent, guardian, or the person identified
29 in RCW 7.70.065, unless otherwise provided by law.

30 (3) The practitioner shall document completion of the
31 requirements in subsection (1) of this section in the patient's
32 health care record.

33 (4) To fulfill the requirements of subsection (1) of this
34 section, a practitioner may designate any individual who holds a
35 credential issued by a disciplining authority under RCW 18.130.040 to
36 conduct the discussion.

37 (5) Violation of this section constitutes unprofessional conduct
38 under chapter 18.130 RCW.

39 (6) This section does not apply to:

1 (a) Opioid prescriptions issued for the treatment of pain
2 associated with terminal cancer or other terminal diseases, or for
3 palliative, hospice, or other end-of-life care of where the
4 practitioner determines the health, well-being, or care of the
5 patient would be compromised by the requirements of this section and
6 documents such basis for the determination in the patient's health
7 care record; or

8 (b) Administration of an opioid in an inpatient or outpatient
9 treatment setting.

10 (7) This section does not apply to practitioners licensed under
11 chapter 18.92 RCW.

12 (8) The department shall review this section by March 31, 2026,
13 and report to the appropriate committees of the legislature on
14 whether this section should be retained, repealed, or amended.

15 **Sec. 18.** RCW 70.41.480 and 2015 c 234 s 1 are each amended to
16 read as follows:

17 (1) The legislature finds that high quality, safe, and
18 compassionate health care services for patients of Washington state
19 must be available at all times. The legislature further finds that
20 there is a need for patients being released from hospital emergency
21 departments to maintain access to emergency medications when
22 community or hospital pharmacy services are not available, including
23 medication for opioid overdose reversal and for the treatment for
24 opioid use disorder as appropriate. It is the intent of the
25 legislature to accomplish this objective by allowing practitioners
26 with prescriptive authority to prescribe limited amounts of
27 prepackaged emergency medications to patients being discharged from
28 hospital emergency departments when access to community or outpatient
29 hospital pharmacy services is not otherwise available.

30 (2) A hospital may allow a practitioner to prescribe prepackaged
31 emergency medications and allow a practitioner or a registered nurse
32 licensed under chapter 18.79 RCW to distribute prepackaged emergency
33 medications to patients being discharged from a hospital emergency
34 department in the following circumstances:

35 (a) During times when community or outpatient hospital pharmacy
36 services are not available within fifteen miles by road ((or)):

37 (b) When, in the judgment of the practitioner and consistent with
38 hospital policies and procedures, a patient has no reasonable ability
39 to reach the local community or outpatient pharmacy; or

1 (c) When, in the judgment of the practitioner and consistent with
2 hospital policies and procedures, a patient is at risk of opioid
3 overdose and the prepackaged emergency medication being distributed
4 is an opioid overdose reversal medication. The labeling requirements
5 of RCW 69.41.050 and 18.64.246 do not apply to opioid overdose
6 reversal medications dispensed, distributed, or delivered pursuant to
7 a prescription, collaborative drug therapy agreement, standing order,
8 or protocol issued in accordance with this section. The individual or
9 entity that dispenses, distributes, or delivers an opioid overdose
10 reversal medication as authorized by this section must ensure that
11 directions for use are provided.

12 (3) A hospital may only allow this practice if: The director of
13 the hospital pharmacy, in collaboration with appropriate hospital
14 medical staff, develops policies and procedures regarding the
15 following:

16 (a) Development of a list, preapproved by the pharmacy director,
17 of the types of emergency medications to be prepackaged and
18 distributed;

19 (b) Assurances that emergency medications to be prepackaged
20 pursuant to this section are prepared by a pharmacist or under the
21 supervision of a pharmacist licensed under chapter 18.64 RCW;

22 (c) Development of specific criteria under which emergency
23 prepackaged medications may be prescribed and distributed consistent
24 with the limitations of this section;

25 (d) Assurances that any practitioner authorized to prescribe
26 prepackaged emergency medication or any nurse authorized to
27 distribute prepackaged emergency medication is trained on the types
28 of medications available and the circumstances under which they may
29 be distributed;

30 (e) Procedures to require practitioners intending to prescribe
31 prepackaged emergency medications pursuant to this section to
32 maintain a valid prescription either in writing or electronically in
33 the patient's records prior to a medication being distributed to a
34 patient;

35 (f) Establishment of a limit of no more than a forty-eight hour
36 supply of emergency medication as the maximum to be dispensed to a
37 patient, except when community or hospital pharmacy services will not
38 be available within forty-eight hours. In no case may the policy
39 allow a supply exceeding ninety-six hours be dispensed;

1 (g) Assurances that prepackaged emergency medications will be
2 kept in a secure location in or near the emergency department in such
3 a manner as to preclude the necessity for entry into the pharmacy;
4 and

5 (h) Assurances that nurses or practitioners will distribute
6 prepackaged emergency medications to patients only after a
7 practitioner has counseled the patient on the medication.

8 ~~((3))~~ (4) The delivery of a single dose of medication for
9 immediate administration to the patient is not subject to the
10 requirements of this section.

11 ~~((4))~~ (5) Nothing in this section restricts the authority of a
12 practitioner in a hospital emergency department to distribute opioid
13 overdose reversal medication under RCW 69.41.095.

14 (6) For purposes of this section:

15 (a) "Emergency medication" means any medication commonly
16 prescribed to emergency ~~((room))~~ department patients, including those
17 drugs, substances or immediate precursors listed in schedules II
18 through V of the uniform controlled substances act, chapter 69.50
19 RCW, as now or hereafter amended.

20 (b) "Distribute" means the delivery of a drug or device other
21 than by administering or dispensing.

22 (c) "Practitioner" means any person duly authorized by law or
23 rule in the state of Washington to prescribe drugs as defined in RCW
24 18.64.011 ~~((24))~~ (29).

25 (d) "Nurse" means a registered nurse as defined in RCW 18.79.020.

26 **Sec. 19.** RCW 70.168.090 and 2010 c 52 s 5 are each amended to
27 read as follows:

28 (1) (a) By July 1991, the department shall establish a statewide
29 data registry to collect and analyze data on the incidence, severity,
30 and causes of trauma, including traumatic brain injury. The
31 department shall collect additional data on traumatic brain injury
32 should additional data requirements be enacted by the legislature.
33 The registry shall be used to improve the availability and delivery
34 of prehospital and hospital trauma care services. Specific data
35 elements of the registry shall be defined by rule by the department.
36 To the extent possible, the department shall coordinate data
37 collection from hospitals for the trauma registry with the health
38 care data system authorized in chapter 70.170 RCW. Every hospital,
39 facility, or health care provider authorized to provide level I, II,

1 III, IV, or V trauma care services, level I, II, or III pediatric
2 trauma care services, level I, level I-pediatric, II, or III trauma-
3 related rehabilitative services, and prehospital trauma-related
4 services in the state shall furnish data to the registry. All other
5 hospitals and prehospital providers shall furnish trauma data as
6 required by the department by rule.

7 (b) The department may respond to requests for data and other
8 information from the registry for special studies and analysis
9 consistent with requirements for confidentiality of patient and
10 quality assurance records. The department may require requestors to
11 pay any or all of the reasonable costs associated with such requests
12 that might be approved.

13 (2) The department must establish a statewide electronic
14 emergency medical services data system and adopt rules requiring
15 licensed ambulance and aid services to report and furnish patient
16 encounter data to the electronic emergency medical services data
17 system. The data system must be used to improve the availability and
18 delivery of prehospital emergency medical services. The department
19 must establish in rule the specific data elements of the data system
20 and secure transport methods for data. The data collected must
21 include data on suspected drug overdoses for the purposes of
22 including, but not limited to, identifying individuals to engage
23 substance use disorder peer professionals, patient navigators,
24 outreach workers, and other professionals as appropriate to prevent
25 further overdoses and to induct into treatment and provide other
26 needed supports as may be available.

27 (3) In each emergency medical services and trauma care planning
28 and service region, a regional emergency medical services and trauma
29 care systems quality assurance program shall be established by those
30 facilities authorized to provide levels I, II, and III trauma care
31 services. The systems quality assurance program shall evaluate trauma
32 care delivery, patient care outcomes, and compliance with the
33 requirements of this chapter. The systems quality assurance program
34 may also evaluate emergency cardiac and stroke care delivery. The
35 emergency medical services medical program director and all other
36 health care providers and facilities who provide trauma and emergency
37 cardiac and stroke care services within the region shall be invited
38 to participate in the regional emergency medical services and trauma
39 care quality assurance program.

1 (~~(3)~~) (4) Data elements related to the identification of
2 individual patient's, provider's and facility's care outcomes shall
3 be confidential, shall be exempt from RCW 42.56.030 through 42.56.570
4 and 42.17.350 through 42.17.450, and shall not be subject to
5 discovery by subpoena or admissible as evidence.

6 (~~(4)~~) (5) Patient care quality assurance proceedings, records,
7 and reports developed pursuant to this section are confidential,
8 exempt from chapter 42.56 RCW, and are not subject to discovery by
9 subpoena or admissible as evidence(~~(-)~~) in any civil action, except,
10 after in camera review, pursuant to a court order which provides for
11 the protection of sensitive information of interested parties
12 including the department: (a) In actions arising out of the
13 department's designation of a hospital or health care facility
14 pursuant to RCW 70.168.070; (b) in actions arising out of the
15 department's revocation or suspension of designation status of a
16 hospital or health care facility under RCW 70.168.070; (c) in actions
17 arising out of the department's licensing or verification of an
18 ambulance or aid service pursuant to RCW 18.73.030 or 70.168.080; (d)
19 in actions arising out of the certification of a medical program
20 director pursuant to RCW 18.71.212; or (~~(e)~~) (e) in actions arising
21 out of the restriction or revocation of the clinical or staff
22 privileges of a health care provider as defined in RCW 7.70.020 (1)
23 and (2), subject to any further restrictions on disclosure in RCW
24 4.24.250 that may apply. Information that identifies individual
25 patients shall not be publicly disclosed without the patient's
26 consent.

27 **Sec. 20.** RCW 70.225.010 and 2007 c 259 s 42 are each amended to
28 read as follows:

29 The definitions in this section apply throughout this chapter
30 unless the context clearly requires otherwise.

31 (1) "Controlled substance" has the meaning provided in RCW
32 69.50.101.

33 (2) "Department" means the department of health.

34 (3) "Patient" means the person or animal who is the ultimate user
35 of a drug for whom a prescription is issued or for whom a drug is
36 dispensed.

37 (4) "Dispenser" means a practitioner or pharmacy that delivers a
38 Schedule II, III, IV, or V controlled substance to the ultimate user,
39 but does not include:

1 (a) A practitioner or other authorized person who administers, as
2 defined in RCW 69.41.010, a controlled substance; or

3 (b) A licensed wholesale distributor or manufacturer, as defined
4 in chapter 18.64 RCW, of a controlled substance.

5 (5) "Prescriber" means any person authorized to order or
6 prescribe legend drugs or schedule II, III, IV, or V controlled
7 substances to the ultimate user.

8 (6) "Requestor" means any person or entity requesting, accessing,
9 or receiving information from the prescription monitoring program
10 under RCW 70.225.040 (3), (4), or (5).

11 **Sec. 21.** RCW 70.225.020 and 2013 c 36 s 2 and 2013 C 19 S 126
12 are each reenacted and amended to read as follows:

13 (1) The department shall establish and maintain a prescription
14 monitoring program to monitor the prescribing and dispensing of all
15 Schedules II, III, IV, and V controlled substances and any additional
16 drugs identified by the pharmacy quality assurance commission as
17 demonstrating a potential for abuse by all professionals licensed to
18 prescribe or dispense such substances in this state. The program
19 shall be designed to improve health care quality and effectiveness by
20 reducing abuse of controlled substances, reducing duplicative
21 prescribing and overprescribing of controlled substances, and
22 improving controlled substance prescribing practices with the intent
23 of eventually establishing an electronic database available in real
24 time to dispensers and prescribers of controlled substances. As much
25 as possible, the department should establish a common database with
26 other states. This program's management and operations shall be
27 funded entirely from the funds in the account established under RCW
28 74.09.215. Nothing in this chapter prohibits voluntary contributions
29 from private individuals and business entities as defined under Title
30 23, 23B, 24, or 25 RCW to assist in funding the prescription
31 monitoring program.

32 (2) Except as provided in subsection (4) of this section, each
33 dispenser shall submit to the department by electronic means
34 information regarding each prescription dispensed for a drug included
35 under subsection (1) of this section. Drug prescriptions for more
36 than one day use should be reported. The information submitted for
37 each prescription shall include, but not be limited to:

38 (a) Patient identifier;

39 (b) Drug dispensed;

- 1 (c) Date of dispensing;
- 2 (d) Quantity dispensed;
- 3 (e) Prescriber; and
- 4 (f) Dispenser.

5 (3) (a) Until January 1, 2021, each dispenser shall submit the
6 information in accordance with transmission methods established by
7 the department, not later than one business day from the date of
8 dispensing or at the interval required by the department in rule,
9 whichever is sooner.

10 (b) Beginning January 1, 2021, each dispenser must submit the
11 information as soon as readily available, but no later than one
12 business day from the date of distributing, and in accordance with
13 transmission methods established by the department.

14 (4) The data submission requirements of subsections (1) through
15 (3) of this section do not apply to:

16 (a) Medications provided to patients receiving inpatient services
17 provided at hospitals licensed under chapter 70.41 RCW; or patients
18 of such hospitals receiving services at the clinics, day surgery
19 areas, or other settings within the hospital's license where the
20 medications are administered in single doses;

21 (b) Pharmacies operated by the department of corrections for the
22 purpose of providing medications to offenders in department of
23 corrections institutions who are receiving pharmaceutical services
24 from a department of corrections pharmacy, except that the department
25 of corrections must submit data related to each offender's current
26 prescriptions for controlled substances upon the offender's release
27 from a department of corrections institution; or

28 (c) Veterinarians licensed under chapter 18.92 RCW. The
29 department, in collaboration with the veterinary board of governors,
30 shall establish alternative data reporting requirements for
31 veterinarians that allow veterinarians to report:

32 (i) By either electronic or nonelectronic methods;

33 (ii) Only those data elements that are relevant to veterinary
34 practices and necessary to accomplish the public protection goals of
35 this chapter; and

36 (iii) No more frequently than once every three months and no less
37 frequently than once every six months.

38 (5) The department shall continue to seek federal grants to
39 support the activities described in chapter 259, Laws of 2007. The
40 department may not require a practitioner or a pharmacist to pay a

1 fee or tax specifically dedicated to the operation and management of
2 the system.

3 NEW SECTION. **Sec. 22.** A new section is added to chapter 70.225
4 RCW to read as follows:

5 (1) In order to expand integration of prescription monitoring
6 program data into certified electronic health record technologies,
7 the department must collaborate with health professional and facility
8 associations, vendors, and others to:

9 (a) Conduct an assessment of the current status of integration;

10 (b) Provide recommendations for improving integration among small
11 and rural health care facilities, offices, and clinics;

12 (c) Establish a program to provide financial assistance to small
13 and rural health care facilities and clinics with integration as
14 funding is available, especially under federal programs;

15 (d) Conduct security assessments of other commonly used platforms
16 for integrating prescription monitoring program data with certified
17 electronic health records for possible use in Washington; and

18 (e) Assess improvements to the prescription monitoring program to
19 establish a modality to identify patients that do not wish to receive
20 opioid medications in a manner that allows an ordering or prescribing
21 physician to be able to use the prescription monitoring program to
22 identify patients who do not wish to receive opioids or patients that
23 have had an opioid-related overdose.

24 (2)(a) By January 1, 2021, a facility, entity, office, or
25 provider group identified in RCW 70.225.040 with ten or more
26 providers that is not a critical access hospital as defined in RCW
27 74.60.010 that uses a federally certified electronic health records
28 system must demonstrate that the facility's or entity's federally
29 certified electronic health record is able to fully integrate data to
30 and from the prescription monitoring program using a mechanism
31 approved by the department under subsection (3) of this section.

32 (b) The department must develop a waiver process for the
33 requirements of (a) of this subsection for facilities, entities,
34 offices, or provider groups due to economic hardship, technological
35 limitations that are not reasonably in the control of the
36 practitioner, or other exceptional circumstance demonstrated by the
37 practitioner. The waiver must be limited to one year or less, or for
38 any other specified time frame set by the department.

1 (3) Electronic health record system vendors who are fully
2 integrated with the prescription monitoring program in Washington
3 state may not charge an ongoing fee or a fee based on the number of
4 transactions or providers. Total costs of connection must not impose
5 unreasonable costs on any facility, entity, office, or provider group
6 using the electronic health record and must be consistent with
7 current industry pricing structures. For the purposes of this
8 subsection, "fully integrated" means that the electronic health
9 records system must:

10 (a) Send information to the prescription monitoring program
11 without provider intervention using a mechanism approved by the
12 department;

13 (b) Make current information from the prescription monitoring
14 program available to a provider within the workflow of the electronic
15 health records system; and

16 (c) Make information available in a way that is unlikely to
17 interfere with, prevent, or materially discourage access, exchange,
18 or use of electronic health information, in accordance with the
19 information blocking provisions of the federal twenty-first century
20 cures act, P.L. 114-255.

21 **Sec. 23.** RCW 70.225.040 and 2017 c 297 s 9 are each amended to
22 read as follows:

23 (1) ~~((Prescription))~~ All information submitted to the
24 ~~((department—must—be))~~ prescription monitoring program is
25 confidential, ((in compliance with chapter 70.02 RCW and)) exempt
26 from public inspection, copying, and disclosure under chapter 42.56
27 RCW, not subject to subpoena or discovery in any civil action, and
28 protected under federal health care information privacy requirements
29 ~~((and not subject to disclosure)),~~ except as provided in subsections
30 (3) ~~((, (4), and (5)))~~ through (6) of this section. Such
31 confidentiality and exemption from disclosure continues whenever
32 information from the prescription monitoring program is provided to a
33 requestor under subsection (3), (4), (5), or (6) of this section
34 except when used in proceedings specifically authorized in subsection
35 (3), (4), or (5) of this section.

36 (2) The department must maintain procedures to ensure that the
37 privacy and confidentiality of ~~((patients—and—patient))~~ all
38 information collected, recorded, transmitted, and maintained
39 including, but not limited to, the prescriber, requestor, dispenser,

1 patient, and persons who received prescriptions from dispensers, is
2 not disclosed to persons except as in subsections (3) (~~(4), and~~
3 ~~(5))~~) through (6) of this section.

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

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

9 (b) An individual who requests the individual's own prescription
10 monitoring information;

11 (c) A health professional licensing, certification, or regulatory
12 agency or entity in this or another jurisdiction. Consistent with
13 current practice, the data provided may be used in legal proceedings
14 concerning the license;

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

19 ~~(e) ((Authorized practitioners of the department of social and~~
20 ~~health services and the health care authority regarding medicaid~~
21 ~~program recipients;~~

22 ~~(f))~~) recipients and members of the health care authority self-
23 funded or self-insured health plans;
24 ~~((clients for the purposes of~~
25 ~~quality improvement, patient safety, and care coordination. The~~
26 ~~information may not be used for contracting or value-based purchasing~~
27 ~~decisions))~~

28 ~~((g))~~) (f) The director or director's designee within the
29 department of labor and industries regarding workers' compensation
30 claimants;

31 ~~((h))~~) (g) The director or the director's designee within the
32 department of corrections regarding offenders committed to the
33 department of corrections;

34 ~~((i))~~) (h) Other entities under grand jury subpoena or court
35 order;

36 ~~((j))~~) (i) Personnel of the department for purposes of:

37 (i) Assessing prescribing and treatment practices (~~(, including~~
38 ~~controlled substances related to mortality and morbidity))~~) and
39 morbidity and mortality related to use of controlled substances and
40 developing and implementing initiatives to protect the public health

1 including, but not limited to, initiatives to address opioid use
2 disorder;

3 (ii) Providing quality improvement feedback to ~~((providers))~~
4 prescribers, including comparison of their respective data to
5 aggregate data for ~~((providers))~~ prescribers with the same type of
6 license and same specialty; and

7 (iii) Administration and enforcement of this chapter or chapter
8 69.50 RCW;

9 ~~((k))~~ (j) Personnel of a test site that meet the standards
10 under RCW 70.225.070 pursuant to an agreement between the test site
11 and a person identified in (a) of this subsection to provide
12 assistance in determining which medications are being used by an
13 identified patient who is under the care of that person;

14 ~~((l))~~ (k) A health care facility or entity for the purpose of
15 providing medical or pharmaceutical care to the patients of the
16 facility or entity, or for quality improvement purposes if(~~(+~~

17 ~~-i))~~ the facility or entity is licensed by the department or is
18 licensed or certified under chapter 71.24, 71.34, or 71.05 RCW or is
19 an entity deemed for purposes of chapter 71.24 RCW to meet state
20 minimum standards as a result of accreditation by a recognized
21 behavioral health accrediting body, or is operated by the federal
22 government or a federally recognized Indian tribe; (~~and~~

23 ~~(ii) The facility or entity is a trading partner with the state's~~
24 ~~health information exchange;~~

25 ~~(m))~~ (l) A health care provider group of five or more
26 ~~((providers))~~ prescribers or dispensers for purposes of providing
27 medical or pharmaceutical care to the patients of the provider group,
28 or for quality improvement purposes if(~~(+~~

29 ~~-i))~~ all the ((providers)) prescribers or dispensers in the
30 provider group are licensed by the department or the provider group
31 is operated by the federal government or a federally recognized
32 Indian tribe; (~~and~~

33 ~~(ii) The provider group is a trading partner with the state's~~
34 ~~health information exchange;~~

35 ~~(n))~~ (m) The local health officer of a local health jurisdiction
36 for the purposes of patient follow-up and care coordination following
37 a controlled substance overdose event. For the purposes of this
38 subsection "local health officer" has the same meaning as in RCW
39 70.05.010; and

1 (~~(e)~~) (n) The coordinated care electronic tracking program
2 developed in response to section 213, chapter 7, Laws of 2012 2nd sp.
3 sess., commonly referred to as the seven best practices in emergency
4 medicine, for the purposes of providing:

5 (i) Prescription monitoring program data to emergency department
6 personnel when the patient registers in the emergency department; and

7 (ii) Notice to local health officers who have made opioid-related
8 overdose a notifiable condition under RCW 70.05.070 as authorized by
9 rules adopted under RCW 43.20.050, providers, appropriate care
10 coordination staff, and prescribers listed in the patient's
11 prescription monitoring program record that the patient has
12 experienced a controlled substance overdose event. The department
13 shall determine the content and format of the notice in consultation
14 with the Washington state hospital association, Washington state
15 medical association, and Washington state health care authority, and
16 the notice may be modified as necessary to reflect current needs and
17 best practices.

18 (4) The department shall, on at least a quarterly basis, and
19 pursuant to a schedule determined by the department, provide a
20 facility or entity identified under subsection (3) (~~(l)~~) (k) of this
21 section or a provider group identified under subsection (3) (~~(m)~~)
22 (l) of this section with facility or entity and individual prescriber
23 information if the facility, entity, or provider group:

24 (a) Uses the information only for internal quality improvement
25 and individual prescriber quality improvement feedback purposes and
26 does not use the information as the sole basis for any medical staff
27 sanction or adverse employment action; and

28 (b) Provides to the department a standardized list of current
29 prescribers of the facility, entity, or provider group. The specific
30 facility, entity, or provider group information provided pursuant to
31 this subsection and the requirements under this subsection must be
32 determined by the department in consultation with the Washington
33 state hospital association, Washington state medical association, and
34 Washington state health care authority, and may be modified as
35 necessary to reflect current needs and best practices.

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

1 indirect patient identifiers may be provided for research that has
2 been approved by the Washington state institutional review board and
3 by the department through a data-sharing agreement.

4 (b) (i) The department may provide dispenser and prescriber data
5 and data that includes indirect patient identifiers to the Washington
6 state hospital association for use solely in connection with its
7 coordinated quality improvement program maintained under RCW
8 43.70.510 after entering into a data use agreement as specified in
9 RCW 43.70.052(8) with the association. The department may provide
10 dispenser and prescriber data and data that includes indirect patient
11 identifiers to the Washington state medical association for use
12 solely in connection with its coordinated quality improvement program
13 maintained under RCW 43.70.510 after entering into a data use
14 agreement with the association.

15 (ii) The department may provide data including direct and
16 indirect patient identifiers to the department of social and health
17 services office of research and data analysis, the department of
18 labor and industries, and the health care authority for research that
19 has been approved by the Washington state institutional review board
20 and, with a data-sharing agreement approved by the department, for
21 public health purposes to improve the prevention or treatment of
22 substance use disorders.

23 (iii) The department may provide a prescriber feedback report to
24 the largest health professional association representing each of the
25 prescribing professions. The health professional associations must
26 distribute the feedback report to prescribers engaged in the
27 professions represented by the associations for quality improvement
28 purposes, so long as the reports contain no direct patient
29 identifiers that could be used to identify individual patients,
30 dispensers, and persons who received prescriptions from dispensers,
31 and the association enters into a written data-sharing agreement with
32 the department. However, reports may include indirect patient
33 identifiers as agreed to by the department and the association in a
34 written data-sharing agreement.

35 (c) For the purposes of this subsection((~~r~~)):

36 (i) "Indirect patient identifiers" means data that may include:
37 Hospital or provider identifiers, a five-digit zip code, county,
38 state, and country of resident; dates that include month and year;
39 age in years; and race and ethnicity; but does not include the
40 patient's first name; middle name; last name; social security number;

1 control or medical record number; zip code plus four digits; dates
2 that include day, month, and year; or admission and discharge date in
3 combination; and

4 (ii) "Prescribing professions" include:

5 (A) Allopathic physicians and physician assistants;

6 (B) Osteopathic physicians and physician assistants;

7 (C) Podiatric physicians;

8 (D) Dentists; and

9 (E) Advanced registered nurse practitioners.

10 (6) The department may enter into agreements to exchange
11 prescription monitoring program data with established prescription
12 monitoring programs in other jurisdictions. Under these agreements,
13 the department may share prescription monitoring system data
14 containing direct and indirect patient identifiers with other
15 jurisdictions through a clearinghouse or prescription monitoring
16 program data exchange that meets federal health care information
17 privacy requirements. Data the department receives from other
18 jurisdictions must be retained, used, protected, and destroyed as
19 provided by the agreements to the extent consistent with the laws in
20 this state.

21 (7) Persons authorized in subsections (3) (~~, (4), and (5)~~)
22 through (6) of this section to receive data in the prescription
23 monitoring program from the department, acting in good faith, are
24 immune from any civil, criminal, disciplinary, or administrative
25 liability that might otherwise be incurred or imposed for acting
26 under this chapter.

27 **Sec. 24.** RCW 71.24.011 and 1982 c 204 s 1 are each amended to
28 read as follows:

29 This chapter may be known and cited as the community (~~mental~~)
30 behavioral health services act.

31 NEW SECTION. **Sec. 25.** A new section is added to chapter 71.24
32 RCW to read as follows:

33 (1) Recognizing that treatment strategies and modalities for the
34 treatment of individuals with opioid use disorder and their newborns
35 continue to evolve, and that improved health outcomes are seen when
36 birth parents and their infants are allowed to room together, the
37 authority must provide recommendations to the office of financial

1 management by October 1, 2019, to better support the care of
2 individuals who have recently delivered and their newborns.

3 (2) These recommendations must support:

4 (a) Successful transition from the early postpartum and newborn
5 period for the birth parent and infant to the next level of care;

6 (b) Reducing the risk of parental infant separation; and

7 (c) Increasing the chance of uninterrupted recovery of the parent
8 and foster the development of positive parenting practices.

9 (3) The authority's recommendations must include:

10 (a) How these interventions could be supported in hospitals,
11 birthing centers, or other appropriate sites of care and descriptions
12 as to current barriers in providing these interventions;

13 (b) Estimates of the costs needed to support this enhanced set of
14 services; and

15 (c) Mechanisms for funding the services.

16 **Sec. 26.** RCW 71.24.560 and 2017 c 297 s 11 are each amended to
17 read as follows:

18 (1) All approved opioid treatment programs that provide services
19 to ~~((women))~~ individuals who are pregnant are required to disseminate
20 up-to-date and accurate health education information to all their
21 pregnant ~~((clients))~~ individuals concerning the ~~((possible addiction
22 and health risks that their treatment may have on their baby))~~
23 effects opioid use and opioid use disorder medication may have on
24 their baby, including the development of dependence and subsequent
25 withdrawal. All pregnant ~~((clients))~~ individuals must also be advised
26 of the risks to both themselves and their ~~((baby))~~ babies associated
27 with ~~((not remaining on the))~~ discontinuing an opioid treatment
28 program. The information must be provided to these ~~((clients))~~
29 individuals both verbally and in writing. The health education
30 information provided to the pregnant ~~((clients))~~ individuals must
31 include referral options for ~~((the substance-exposed baby))~~ a baby
32 who has been exposed to opioids in utero.

33 (2) The department shall adopt rules that require all opioid
34 treatment programs to educate all pregnant ~~((women))~~ individuals in
35 their program on the benefits and risks of medication-assisted
36 treatment to ~~((their))~~ a developing fetus before they are
37 ~~((provided))~~ prescribed these medications, as part of their
38 treatment. The department shall also adopt rules requiring all opioid
39 treatment programs to educate individuals who become pregnant about

1 the risks to both the expecting parent and the fetus of not treating
2 opioid use disorder. The department shall meet the requirements under
3 this subsection within the appropriations provided for opioid
4 treatment programs. The department, working with treatment providers
5 and medical experts, shall develop and disseminate the educational
6 materials to all certified opioid treatment programs.

7 (3) For pregnant individuals who participate in medicaid, the
8 authority, through its managed care organizations, must ensure that
9 pregnant individuals receive outreach related to opioid use disorder
10 when identified as a person at risk.

11 **Sec. 27.** RCW 71.24.580 and 2018 c 205 s 2 and 2018 c 201 s 4044
12 are each reenacted and amended to read as follows:

13 (1) The criminal justice treatment account is created in the
14 state treasury. Moneys in the account may be expended solely for: (a)
15 Substance use disorder treatment and treatment support services for
16 offenders with a substance use disorder that, if not treated, would
17 result in addiction, against whom charges are filed by a prosecuting
18 attorney in Washington state; (b) the provision of substance use
19 disorder treatment services and treatment support services for
20 nonviolent offenders within a drug court program; and (c) the
21 administrative and overhead costs associated with the operation of a
22 drug court. Amounts provided in this subsection must be used for
23 treatment and recovery support services for criminally involved
24 offenders and authorization of these services shall not be subject to
25 determinations of medical necessity. During the 2017-2019 fiscal
26 biennium, the legislature may direct the state treasurer to make
27 transfers of moneys in the criminal justice treatment account to the
28 state general fund. It is the intent of the legislature to continue
29 in the 2019-2021 biennium the policy of transferring to the state
30 general fund such amounts as reflect the excess fund balance of the
31 account. Moneys in the account may be spent only after appropriation.

32 (2) For purposes of this section:

33 (a) "Treatment" means services that are critical to a
34 participant's successful completion of his or her substance use
35 disorder treatment program, including but not limited to the recovery
36 support and other programmatic elements outlined in RCW 2.30.030
37 authorizing therapeutic courts; and

38 (b) "Treatment support" includes transportation to or from
39 inpatient or outpatient treatment services when no viable alternative

1 exists, and child care services that are necessary to ensure a
2 participant's ability to attend outpatient treatment sessions.

3 (3) Revenues to the criminal justice treatment account consist
4 of: (a) Funds transferred to the account pursuant to this section;
5 and (b) any other revenues appropriated to or deposited in the
6 account.

7 (4)(a) For the fiscal year beginning July 1, 2005, and each
8 subsequent fiscal year, the state treasurer shall transfer eight
9 million two hundred fifty thousand dollars from the general fund to
10 the criminal justice treatment account, divided into four equal
11 quarterly payments. For the fiscal year beginning July 1, 2006, and
12 each subsequent fiscal year, the amount transferred shall be
13 increased on an annual basis by the implicit price deflator as
14 published by the federal bureau of labor statistics.

15 (b) In each odd-numbered year, the legislature shall appropriate
16 the amount transferred to the criminal justice treatment account in
17 (a) of this subsection to the department for the purposes of
18 subsection (5) of this section.

19 (5) Moneys appropriated to the authority from the criminal
20 justice treatment account shall be distributed as specified in this
21 subsection. The authority may retain up to three percent of the
22 amount appropriated under subsection (4)(b) of this section for its
23 administrative costs.

24 (a) Seventy percent of amounts appropriated to the authority from
25 the account shall be distributed to counties pursuant to the
26 distribution formula adopted under this section. The authority, in
27 consultation with the department of corrections, the Washington state
28 association of counties, the Washington state association of drug
29 court professionals, the superior court judges' association, the
30 Washington association of prosecuting attorneys, representatives of
31 the criminal defense bar, representatives of substance use disorder
32 treatment providers, and any other person deemed by the authority to
33 be necessary, shall establish a fair and reasonable methodology for
34 distribution to counties of moneys in the criminal justice treatment
35 account. County or regional plans submitted for the expenditure of
36 formula funds must be approved by the panel established in (b) of
37 this subsection.

38 (b) Thirty percent of the amounts appropriated to the authority
39 from the account shall be distributed as grants for purposes of
40 treating offenders against whom charges are filed by a county

1 prosecuting attorney. The authority shall appoint a panel of
2 representatives from the Washington association of prosecuting
3 attorneys, the Washington association of sheriffs and police chiefs,
4 the superior court judges' association, the Washington state
5 association of counties, the Washington defender's association or the
6 Washington association of criminal defense lawyers, the department of
7 corrections, the Washington state association of drug court
8 professionals, and substance use disorder treatment providers. The
9 panel shall review county or regional plans for funding under (a) of
10 this subsection and grants approved under this subsection. The panel
11 shall attempt to ensure that treatment as funded by the grants is
12 available to offenders statewide.

13 (6) The county alcohol and drug coordinator, county prosecutor,
14 county sheriff, county superior court, a substance abuse treatment
15 provider appointed by the county legislative authority, a member of
16 the criminal defense bar appointed by the county legislative
17 authority, and, in counties with a drug court, a representative of
18 the drug court shall jointly submit a plan, approved by the county
19 legislative authority or authorities, to the panel established in
20 subsection (5)(b) of this section, for disposition of all the funds
21 provided from the criminal justice treatment account within that
22 county. The submitted plan should incorporate current evidence-based
23 practices in substance use disorder treatment. The funds shall be
24 used solely to provide approved alcohol and substance ((abuse)) use
25 disorder treatment pursuant to RCW 71.24.560 and treatment support
26 services. No more than ten percent of the total moneys received under
27 subsections (4) and (5) of this section by a county or group of
28 counties participating in a regional agreement shall be spent for
29 treatment support services.

30 (7) Counties are encouraged to consider regional agreements and
31 submit regional plans for the efficient delivery of treatment under
32 this section.

33 (8) Moneys allocated under this section shall be used to
34 supplement, not supplant, other federal, state, and local funds used
35 for substance abuse treatment.

36 (9) If a region or county uses criminal justice treatment account
37 funds to support a therapeutic court, the therapeutic court must
38 allow the use of all medications approved by the federal food and
39 drug administration for the treatment of opioid use disorder as
40 deemed medically appropriate for a participant by a medical

1 professional. If appropriate medication-assisted treatment resources
2 are not available or accessible within the jurisdiction, the health
3 care authority's designee for assistance must assist the court with
4 acquiring the resource.

5 (10) Counties must meet the criteria established in RCW
6 2.30.030(3).

7 **Sec. 28.** RCW 71.24.585 and 2017 c 297 s 12 are each amended to
8 read as follows:

9 ~~((The state of Washington declares that there is no fundamental~~
10 ~~right to medication-assisted treatment for opioid use disorder.))~~

11 (1)(a) The state of Washington ((further)) declares that ((while
12 medications used in the treatment of opioid use disorder are
13 addictive substances, that they nevertheless have several legal,
14 important, and justified uses and that one of their appropriate and
15 legal uses is, in conjunction with other required therapeutic
16 procedures, in the treatment of persons with opioid use disorder. The
17 state of Washington recognizes as evidence-based for the management
18 of opioid use disorder the medications approved by the federal food
19 and drug administration for the treatment of opioid use disorder.
20 Medication-assisted treatment should only be used for participants
21 who are deemed appropriate to need this level of intervention.
22 Providers must inform patients of all treatment options available.
23 The provider and the patient shall consider alternative treatment
24 options, like abstinence, when developing the treatment plan. If
25 medications are prescribed, follow up must be included in the
26 treatment plan in order to work towards the goal of abstinence.))

27 substance use disorders are medical conditions. Substance use
28 disorders should be treated in a manner similar to other medical
29 conditions by using interventions that are supported by evidence.
30 There is a large body of evidence that medications approved by the
31 federal food and drug administration for the treatment of opioid use
32 disorder are highly effective for reducing deaths from opioid
33 overdose and increasing medical outcomes in treatment. It is also
34 recognized that many individuals have multiple substance use
35 disorders, as well as histories of trauma, developmental
36 disabilities, or mental health conditions. As such, all individuals
37 experiencing opioid use disorder should be offered evidence-supported
38 treatments to include federal food and drug administration approved
39 medications for the treatment of opioid use disorders and behavioral

1 counseling and social supports to address them. For behavioral health
2 agencies, an effective plan of treatment for most persons with opioid
3 use disorder integrates access to medications and psychosocial
4 counseling and should be consistent with the American society of
5 addiction medicine patient placement criteria. It is the intent of
6 the legislature that through a strong collaborative care approach,
7 involving the team of providers, the person with opioid use disorder
8 should be provided with a well-coordinated plan of interventions
9 based on evidence while preserving the patient voice in treatment.
10 Providers must inform patients with opioid use disorder or substance
11 use disorder of options to access federal food and drug
12 administration approved medications for the treatment of opioid use
13 disorder or substance use disorder. Because some such medications are
14 controlled substances in chapter 69.50 RCW, the state of Washington
15 maintains the legal obligation and right to regulate the ((clinical))
16 uses of these medications in the treatment of opioid use disorder.

17 ~~((Further,))~~ (b) Given the state of Washington recognizes
18 substance use disorders as chronic medical conditions, the authority
19 must work with other state agencies and stakeholders to develop
20 value-based payment strategies to better support the ongoing care of
21 persons with opioid and other substance use disorders.

22 (c) The department of corrections shall develop policies to
23 prioritize services based on available grant funding and funds
24 appropriated specifically for opioid use disorder treatment.

25 (2) The authority must promote the use of medication therapies
26 and other evidence-based strategies to address the opioid epidemic in
27 Washington state. Additionally, by January 1, 2020, the authority
28 must prioritize state resources for the provision of treatment and
29 recovery support services to inpatient and outpatient treatment
30 settings that allow patients to start or maintain their use of
31 medications for opioid use disorder while engaging in services.

32 (3) The state declares that the main goals of ((opiate
33 substitution treatment is total abstinence from substance use for the
34 individuals who participate in the treatment program, but recognizes
35 the additional goals of reduced morbidity, and restoration of the
36 ability to lead a productive and fulfilling life. The state
37 recognizes that a small percentage of persons who participate in
38 opioid treatment programs require treatment for an extended period of
39 time. Opioid treatment programs shall provide a comprehensive
40 transition program to eliminate substance use, including opioid use

1 of program participants)) treatment for persons with opioid use
2 disorder are the cessation of unprescribed opioid use, reduced
3 morbidity, and restoration of the ability to lead a productive and
4 fulfilling life.

5 (4) To achieve the goals in subsection (3) of this section, to
6 promote public health and safety, and to promote the efficient and
7 economic use of funding for the medicaid program under Title XIX of
8 the social security act, the authority may seek, receive, and expend
9 alternative sources of funding to support all aspects of the state's
10 response to the opioid crisis.

11 (5) The authority must partner with the department of social and
12 health services, the department of corrections, the department of
13 health, the department of children, youth, and families, and any
14 other agencies or entities the authority deems appropriate to develop
15 a statewide approach to leveraging medicaid funding to treat opioid
16 use disorder and provide emergency overdose treatment. Such
17 alternative sources of funding may include, but are not limited to:

18 (a) Seeking a section 1115 demonstration waiver from the federal
19 centers for medicare and medicaid services to fund opioid treatment
20 medications for persons eligible for medicaid at or during the time
21 of incarceration and juvenile detention facilities. The authority's
22 application for any such waiver must comply with all applicable
23 federal requirements for obtaining such waiver; and

24 (b) Soliciting and receiving private funds, grants, and donations
25 from any willing person or entity.

26 (6)(a) The authority may replicate effective approaches such as
27 opioid hub and spoke treatment networks to broaden outreach and
28 patient navigation with allied opioid use disorder community
29 partners, including but not limited to: Federally accredited opioid
30 treatment programs, substance use disorder treatment facilities,
31 jails, syringe exchange programs, community mental health centers,
32 and primary care clinics.

33 (b) To carry out this subsection (6), the authority shall work
34 with the department of health to promote coordination between
35 medication-assisted treatment prescribers, federally accredited
36 opioid treatment programs, substance use disorder treatment
37 facilities, and state-certified substance use disorder treatment
38 agencies to:

39 (i) Increase patient choice in receiving medication and
40 counseling;

1 (ii) Strengthen relationships between opioid use disorder
2 providers;

3 (iii) Acknowledge and address the challenges presented for
4 individuals needing treatment for multiple substance use disorders
5 simultaneously; and

6 (iv) Study and review effective methods to identify and reach out
7 to individuals with opioid use disorder who are at high risk of
8 overdose and not involved in traditional systems of care, such as
9 homeless individuals using syringe service programs, and connect such
10 individuals to appropriate treatment.

11 (c) Given the unique role opioid treatment programs serve in the
12 continuum of care for persons with opioid use disorders, the
13 authority must work with stakeholders to develop a set of
14 recommendations to the governor and the legislature that:

15 (i) Propose, in addition to those required by federal law, a
16 standard set of services needed to support the complex treatment
17 needs of persons with opioid use disorder treated in opioid treatment
18 programs;

19 (ii) Outline the components of and strategies needed to develop
20 opioid treatment program centers of excellence that provide fully
21 integrated care for persons with opioid use disorder; and

22 (iii) Estimate the costs needed to support these models and
23 recommendations for funding strategies that must be included in the
24 report.

25 (7) State agencies shall review and promote positive outcomes
26 associated with the accountable communities of health funded opioid
27 projects and local law enforcement and human services opioid
28 collaborations as set forth in the Washington state interagency
29 opioid working plan.

30 (8) The authority must partner with the department and other
31 state agencies to replicate effective approaches for linking
32 individuals who have had a nonfatal overdose with treatment
33 opportunities, with a goal to connect certified peer counselors with
34 individuals who have had a nonfatal overdose.

35 (9) To achieve the goals of subsection (3) of this section, state
36 agencies must work together to increase outreach and education about
37 opioid overdoses to non-English-speaking communities by developing a
38 plan to conduct outreach and education to non-English-speaking
39 communities. The department must submit a report on the outreach and

1 education plan with recommendations for implementation to the
2 appropriate legislative committees by July 1, 2020.

3 NEW SECTION. **Sec. 29.** A new section is added to chapter 71.24
4 RCW to read as follows:

5 (1) Subject to funds appropriated by the legislature, the
6 authority shall implement a pilot project for law enforcement
7 assisted diversion which shall adhere to law enforcement assisted
8 diversion core principles recognized by the law enforcement assisted
9 diversion national support bureau, the efficacy of which have been
10 demonstrated in peer-reviewed research studies.

11 (2) Under the pilot project, the authority must partner with the
12 law enforcement assisted diversion national support bureau to award a
13 contract, subject to appropriation, for two or more geographic areas
14 in the state of Washington for law enforcement assisted diversion.
15 Cities, counties, and tribes may compete for participation in a pilot
16 project.

17 (3) The pilot projects must provide for comprehensive technical
18 assistance from law enforcement assisted diversion implementation
19 experts to develop and implement a law enforcement assisted diversion
20 program in the pilot project's geographic areas in a way that ensures
21 fidelity to the research-based law enforcement assisted diversion
22 model.

23 (4) The key elements of a law enforcement assisted diversion
24 pilot project must include:

25 (a) Long-term case management for individuals with substance use
26 disorders;

27 (b) Facilitation and coordination with community resources
28 focusing on overdose prevention;

29 (c) Facilitation and coordination with community resources
30 focused on the prevention of infectious disease transmission;

31 (d) Facilitation and coordination with community resources
32 providing physical and behavioral health services;

33 (e) Facilitation and coordination with community resources
34 providing medications for the treatment of substance use disorders;

35 (f) Facilitation and coordination with community resources
36 focusing on housing, employment, and public assistance;

37 (g) Twenty-four hours per day and seven days per week response to
38 law enforcement for arrest diversions; and

39 (h) Prosecutorial support for diversion services.

1 **Sec. 30.** RCW 71.24.590 and 2018 c 201 s 4045 are each amended to
2 read as follows:

3 (1) When making a decision on an application for licensing or
4 certification of a program, the department shall:

5 (a) Consult with the county legislative authorities in the area
6 in which an applicant proposes to locate a program and the city
7 legislative authority in any city in which an applicant proposes to
8 locate a program;

9 (b) License or certify only programs that will be sited in
10 accordance with the appropriate county or city land use ordinances.
11 Counties and cities may require conditional use permits with
12 reasonable conditions for the siting of programs. Pursuant to RCW
13 36.70A.200, no local comprehensive plan or development regulation may
14 preclude the siting of essential public facilities;

15 (c) Not discriminate in its licensing or certification decision
16 on the basis of the corporate structure of the applicant;

17 (d) Consider the size of the population in need of treatment in
18 the area in which the program would be located and license or certify
19 only applicants whose programs meet the necessary treatment needs of
20 that population;

21 (e) Consider the availability of other certified opioid treatment
22 programs near the area in which the applicant proposes to locate the
23 program;

24 (f) Consider the transportation systems that would provide
25 service to the program and whether the systems will provide
26 reasonable opportunities to access the program for persons in need of
27 treatment;

28 (g) Consider whether the applicant has, or has demonstrated in
29 the past, the capability to provide the appropriate services to
30 assist the persons who utilize the program in meeting goals
31 established by the legislature in RCW 71.24.585. The department shall
32 prioritize licensing or certification to applicants who have
33 demonstrated such capability and are able to measure their success in
34 meeting such outcomes;

35 (h) Hold one public hearing in the community in which the
36 facility is proposed to be located. The hearing shall be held at a
37 time and location that are most likely to permit the largest number
38 of interested persons to attend and present testimony. The department
39 shall notify all appropriate media outlets of the time, date, and

1 location of the hearing at least three weeks in advance of the
2 hearing.

3 (2) A county may impose a maximum capacity for a program of not
4 less than three hundred fifty participants if necessary to address
5 specific local conditions cited by the county.

6 (3) A program applying for licensing or certification from the
7 department and a program applying for a contract from a state agency
8 that has been denied the licensing or certification or contract shall
9 be provided with a written notice specifying the rationale and
10 reasons for the denial.

11 (4) Opioid treatment programs may order, possess, dispense, and
12 administer medications approved by the United States food and drug
13 administration for the treatment of opioid use disorder, alcohol use
14 disorder, tobacco use disorder, and reversal of opioid overdose. For
15 an opioid treatment program to order, possess, and dispense any other
16 legend drug, including controlled substances, the opioid treatment
17 program must obtain additional licensure as required by the
18 department, except for patient-owned medications.

19 (5) Opioid treatment programs may accept, possess, and administer
20 patient-owned medications.

21 (6) Registered nurses and licensed practical nurses may dispense
22 up to a thirty-one day supply of medications approved by the United
23 States food and drug administration for the treatment of opioid use
24 disorder to patients of the opioid treatment program, under an order
25 or prescription and in compliance with 42 C.F.R. Sec. 8.12.

26 (7) For the purpose of this chapter, "opioid treatment program"
27 means a program that:

28 (a) (~~(Dispensing a)~~) Engages in the treatment of opioid use
29 disorder with medications approved by the (~~(federal)~~) United States
30 food and drug administration for the treatment of opioid use disorder
31 and (~~(dispensing medication for the)~~) reversal of opioid overdose;
32 and

33 (b) (~~(Providing)~~) Provides a comprehensive range of medical and
34 rehabilitative services.

35 **Sec. 31.** RCW 71.24.595 and 2018 c 201 s 4046 are each amended to
36 read as follows:

37 (1) To achieve more medication options, the authority must work
38 with the department and the authority's medicaid managed care
39 organizations, to eliminate barriers and promote access to effective

1 medications known to address opioid use disorders at state-certified
2 opioid treatment programs. Medications include, but are not limited
3 to: Methadone, buprenorphine, and naltrexone. The authority must
4 encourage the distribution of naloxone to patients who are at risk of
5 an opioid overdose.

6 (2) The department, in consultation with opioid treatment program
7 service providers and counties and cities, shall establish statewide
8 treatment standards for licensed or certified opioid treatment
9 programs. The department shall enforce these treatment standards. The
10 treatment standards shall include, but not be limited to, reasonable
11 provisions for all appropriate and necessary medical procedures,
12 counseling requirements, urinalysis, and other suitable tests as
13 needed to ensure compliance with this chapter.

14 ((+2)) (3) The department, in consultation with opioid treatment
15 programs and counties, shall establish statewide operating standards
16 for certified opioid treatment programs. The department shall enforce
17 these operating standards. The operating standards shall include, but
18 not be limited to, reasonable provisions necessary to enable the
19 department and counties to monitor certified or licensed opioid
20 treatment programs for compliance with this chapter and the treatment
21 standards authorized by this chapter and to minimize the impact of
22 the opioid treatment programs upon the business and residential
23 neighborhoods in which the program is located.

24 ((+3)) (4) The department shall analyze and evaluate the data
25 submitted by each treatment program and take corrective action where
26 necessary to ensure compliance with the goals and standards
27 enumerated under this chapter. Opioid treatment programs are subject
28 to the oversight required for other substance use disorder treatment
29 programs, as described in this chapter.

30 NEW SECTION. Sec. 32. A new section is added to chapter 71.24
31 RCW to read as follows:

32 By October 1, 2019, the authority must work with the department,
33 the accountable communities of health, and community stakeholders to
34 develop a plan for the coordinated purchasing and distribution of
35 opioid overdose reversal medication across the state of Washington.
36 The plan must be developed in consultation with the University of
37 Washington's alcohol and drug abuse institute and community agencies
38 participating in the federal demonstration grant titled Washington
39 state project to prevent prescription drug or opioid overdose.

1 NEW SECTION. **Sec. 33.** A new section is added to chapter 71.24
2 RCW to read as follows:

3 (1) The department, in coordination with the authority, must
4 develop a strategy to rapidly deploy a response team to a local
5 community identified as having a high number of fentanyl-related or
6 other drug overdoses by the local emergency management system,
7 hospital emergency department, local health jurisdiction, law
8 enforcement agency, or surveillance data. The response team must
9 provide technical assistance and other support to the local health
10 jurisdiction, health care clinics, hospital emergency departments,
11 substance use disorder treatment providers, and other community-based
12 organizations, and are expected to increase the local capacity to
13 provide medication-assisted treatment and overdose education.

14 (2) The department and the authority must reduce barriers and
15 promote medication treatment therapies for opioid use disorder in
16 emergency departments and same-day referrals to opioid treatment
17 programs, substance use disorder treatment facilities, and community-
18 based medication treatment prescribers for individuals experiencing
19 an overdose.

20 NEW SECTION. **Sec. 34.** A new section is added to chapter 71.24
21 RCW to read as follows:

22 (1) Subject to funds appropriated by the legislature, or approval
23 of a section 1115 demonstration waiver from the federal centers for
24 medicare and medicaid services, to fund opioid treatment medications
25 for persons eligible for medicaid at or during the time of
26 incarceration and juvenile detention facilities, the authority shall
27 establish a methodology for distributing funds to city and county
28 jails to provide medication for the treatment of opioid use disorder
29 to individuals in the custody of the facility in any status. The
30 authority must prioritize funding for the services required in (a) of
31 this subsection. To the extent that funding is provided, city and
32 county jails must:

33 (a) Provide medication for the treatment of opioid use disorder
34 to individuals in the custody of the facility, in any status, who
35 were receiving medication for the treatment of opioid use disorder
36 through a legally authorized medical program or by a valid
37 prescription immediately before incarceration; and

38 (b) Provide medication for the treatment of opioid use disorder
39 to incarcerated individuals not less than thirty days before release

1 when treatment is determined to be medically appropriate by a health
2 care practitioner.

3 (2) City and county jails must make reasonable efforts to
4 directly connect incarcerated individuals receiving medication for
5 the treatment of opioid use disorder to an appropriate provider or
6 treatment site in the geographic region in which the individual will
7 reside before release. If a connection is not possible, the facility
8 must document its efforts in the individual's record.

9 NEW SECTION. **Sec. 35.** A new section is added to chapter 74.09
10 RCW to read as follows:

11 (1) In order to support prevention of potential opioid use
12 disorders, the authority must develop and recommend for coverage
13 nonpharmacologic treatments for acute, subacute, and chronic
14 noncancer pain and must report to the governor and the appropriate
15 committees of the legislature, including any requests for funding
16 necessary to implement the recommendations under this section. The
17 recommendations must contain the following elements:

- 18 (a) A list of which nonpharmacologic treatments will be covered;
- 19 (b) Recommendations as to the duration, amount, and type of
20 treatment eligible for coverage;
- 21 (c) Guidance on the type of providers eligible to provide these
22 treatments; and
- 23 (d) Recommendations regarding the need to add any provider types
24 to the list of currently eligible medicaid provider types.

25 (2) The authority must ensure only treatments that are evidence-
26 based for the treatment of the specific acute, subacute, and chronic
27 pain conditions will be eligible for coverage recommendations.

28 NEW SECTION. **Sec. 36.** A new section is added to chapter 41.05
29 RCW to read as follows:

30 A health plan offered to employees, school employees, and their
31 covered dependents under this chapter issued or renewed on or after
32 January 1, 2020, shall provide coverage of at least one prescription
33 drug, without prior authorization, within the drug class of substance
34 use disorder—opioid partial agonists as established in the preferred
35 drug list applicable to the medical assistance programs established
36 in chapter 74.09 RCW.

1 NEW SECTION. **Sec. 37.** A new section is added to chapter 48.43
2 RCW to read as follows:

3 For health plans issued or renewed on or after January 1, 2020, a
4 health carrier shall provide coverage of at least one prescription
5 drug, without prior authorization, within the drug class of substance
6 use disorder—opioid partial agonists as established in the preferred
7 drug list applicable to the medical assistance programs established
8 in chapter 74.09 RCW.

9 NEW SECTION. **Sec. 38.** A new section is added to chapter 74.09
10 RCW to read as follows:

11 Upon initiation or renewal of a contract with the authority to
12 administer a medicaid managed care plan, a managed health care system
13 shall provide coverage of at least one prescription drug, without
14 prior authorization, within the drug class of substance use disorder—
15 opioid partial agonists as established in the preferred drug list
16 applicable to the medical assistance programs established in this
17 chapter.

18 NEW SECTION. **Sec. 39.** (1) Section 15 of this act expires
19 January 1, 2021.

20 (2) Section 16 of this act takes effect January 1, 2021.

21 NEW SECTION. **Sec. 40.** If specific funding for the purposes of
22 this act, referencing this act by bill or chapter number, is not
23 provided by June 30, 2019, in the omnibus appropriations act, this
24 act is null and void."

25 Correct the title.

EFFECT: (1) Removes requirements that the Department of Health
(DOH) study a number of issues related to integration of the
prescription monitoring program (PMP) into electronic health records
(EHRs) in Washington.

 (2) States that it is the intent of the Legislature that a person
with opioid use disorder should be provided with a well-coordinated
plan of interventions based on evidence while preserving the patient
voice, rather than a patient must be provided with a well-coordinated
plan of interventions based on evidence while preserving the patient
voice.

 (3) Changes the requirement that the Health Care Authority (HCA)
must replicate effective treatment approaches such as the opioid hub
and spoke treatment networks to broaden outreach and patient
navigation, so that the HCA may replicate these approaches.

 (4) Modifies the requirements on city and county jails:

(a) To provide medication assisted treatment (MAT) to persons in custody who were receiving medication for the treatment of opioid use disorder before incarceration or provide medication to persons in custody 30 days before release if treatment is determined to be medically necessary, so that jails must only provide MAT to the extent that funding is provided through either an appropriation or approval of a Section 1115 waiver.

(b) To make every possible effort to directly connect incarcerated individuals receiving medication for the treatment of opioid use disorder to an appropriate provider or treatment site before release; instead, city and county jails are required to only make reasonable efforts to connect incarcerated individuals to an appropriate provider or treatment site.

(c) Includes physician assistants in the prescriber feedback reports the largest health professional association representing each of the prescribing professions may provide.

(5) Requires:

(a) Dispensers to submit certain controlled substances prescriptions electronically beginning January 1, 2021.

(b) Entities or facilities with ten or more providers to integrate EHRs with the PMP beginning January 1, 2021, unless the DOH grants a waiver.

(c) Department of Corrections to develop policies to prioritize services based on available grant funding and funds appropriated specifically for opioid use disorder treatment.

(d) Medicaid and all state regulated plans to provide coverage of at least one prescription drug, without prior authorization, within the drug class of substance use disorder—opioid partial agonists.

--- END ---