

SSB 5380 - CONF REPT  
By Conference Committee

HOUSE ADOPTED 04/26/2019; SENATE ADOPTED 04/26/2019

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 included  
27 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 fulfillment 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) Comply with federal prescription drug monitoring program  
13 qualification requirements under 42 U.S.C. Sec. 1396w-3a to  
14 facilitate eligibility for federal grants and establish a program to  
15 provide financial assistance to small and rural health care  
16 facilities and clinics with integration as funding is available,  
17 especially under federal programs;

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

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

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

35 (b) The department must develop a waiver process for the  
36 requirements of (a) of this subsection for facilities, entities,  
37 offices, or provider groups due to economic hardship, technological  
38 limitations that are not reasonably in the control of the facility,  
39 entity, office, or provider group, or other exceptional circumstance

1 demonstrated by the facility, entity, office, or provider group. The  
2 waiver must be limited to one year or less, or for any other  
3 specified time frame set by the department.

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

13 (a) Send information to the prescription monitoring program  
14 without provider intervention using a mechanism approved by the  
15 department;

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

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

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

26 (1) (~~(Prescription)~~) All information submitted to the  
27 (~~(department—must—be)~~) prescription monitoring program is  
28 confidential, ((in compliance with chapter 70.02 RCW and)) exempt  
29 from public inspection, copying, and disclosure under chapter 42.56  
30 RCW, not subject to subpoena or discovery in any civil action, and  
31 protected under federal health care information privacy requirements  
32 (~~(and not subject to disclosure)~~), except as provided in subsections  
33 (3) (~~(, (4), and (5))~~) through (6) of this section. Such  
34 confidentiality and exemption from disclosure continues whenever  
35 information from the prescription monitoring program is provided to a  
36 requestor under subsection (3), (4), (5), or (6) of this section  
37 except when used in proceedings specifically authorized in subsection  
38 (3), (4), or (5) of this section.

1 (2) The department must maintain procedures to ensure that the  
2 privacy and confidentiality of ~~((patients and patient))~~ all  
3 information collected, recorded, transmitted, and maintained  
4 including, but not limited to, the prescriber, requestor, dispenser,  
5 patient, and persons who received prescriptions from dispensers, is  
6 not disclosed to persons except as in subsections (3) ~~((, (4), and~~  
7 ~~(5))~~ through (6) of this section.

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

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

13 (b) An individual who requests the individual's own prescription  
14 monitoring information;

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

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

23 ~~((Authorized practitioners of the department of social and~~  
24 ~~health services and the health care authority regarding medicaid~~  
25 ~~program recipients;~~

26 ~~(f))~~ (f) The director or the director's designee within the health  
27 care authority regarding medicaid ~~((clients for the purposes of~~  
28 ~~quality improvement, patient safety, and care coordination. The~~  
29 ~~information may not be used for contracting or value-based purchasing~~  
30 ~~decisions))~~ recipients and members of the health care authority self-  
31 funded or self-insured health plans;

32 ~~((g))~~ (f) The director or director's designee within the  
33 department of labor and industries regarding workers' compensation  
34 claimants;

35 ~~((h))~~ (g) The director or the director's designee within the  
36 department of corrections regarding offenders committed to the  
37 department of corrections;

38 ~~((i))~~ (h) Other entities under grand jury subpoena or court  
39 order;

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

1 (i) Assessing prescribing and treatment practices (~~(, including~~  
2 ~~controlled substances related to mortality and morbidity)~~) and  
3 morbidity and mortality related to use of controlled substances and  
4 developing and implementing initiatives to protect the public health  
5 including, but not limited to, initiatives to address opioid use  
6 disorder;

7 (ii) Providing quality improvement feedback to (~~providers~~)  
8 prescribers, including comparison of their respective data to  
9 aggregate data for (~~providers~~) prescribers with the same type of  
10 license and same specialty; and

11 (iii) Administration and enforcement of this chapter or chapter  
12 69.50 RCW;

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

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

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

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

29 (~~(m)~~) (l) A health care provider group of five or more  
30 (~~providers~~) prescribers or dispensers for purposes of providing  
31 medical or pharmaceutical care to the patients of the provider group,  
32 or for quality improvement purposes if(~~(+~~

33 ~~(i)~~) all the (~~providers~~) prescribers or dispensers in the  
34 provider group are licensed by the department or the provider group  
35 is operated by the federal government or a federally recognized  
36 Indian tribe; (~~and~~

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

39 (~~(n)~~) (m) The local health officer of a local health jurisdiction  
40 for the purposes of patient follow-up and care coordination following



1 a controlled substance overdose event. For the purposes of this  
2 subsection "local health officer" has the same meaning as in RCW  
3 70.05.010; and

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

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

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

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

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

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

39 (5) (a) The department may publish or provide data to public or  
40 private entities for statistical, research, or educational purposes

1 after removing information that could be used directly or indirectly  
2 to identify individual patients, requestors, dispensers, prescribers,  
3 and persons who received prescriptions from dispensers. Direct and  
4 indirect patient identifiers may be provided for research that has  
5 been approved by the Washington state institutional review board and  
6 by the department through a data-sharing agreement.

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

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

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

38 (c) For the purposes of this subsection((~~7~~)):

39 (i) "Indirect patient identifiers" means data that may include:  
40 Hospital or provider identifiers, a five-digit zip code, county,

1 state, and country of resident; dates that include month and year;  
2 age in years; and race and ethnicity; but does not include the  
3 patient's first name; middle name; last name; social security number;  
4 control or medical record number; zip code plus four digits; dates  
5 that include day, month, and year; or admission and discharge date in  
6 combination; and

7 (ii) "Prescribing professions" include:

8 (A) Allopathic physicians and physician assistants;

9 (B) Osteopathic physicians and physician assistants;

10 (C) Podiatric physicians;

11 (D) Dentists; and

12 (E) Advanced registered nurse practitioners.

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

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

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

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

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

36 (1) Recognizing that treatment strategies and modalities for the  
37 treatment of individuals with opioid use disorder and their newborns  
38 continue to evolve, and that improved health outcomes are seen when

1 birth parents and their infants are allowed to room together, the  
2 authority must provide recommendations to the office of financial  
3 management by October 1, 2019, to better support the care of  
4 individuals who have recently delivered and their newborns.

5 (2) These recommendations must support:

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

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

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

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

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

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

17 (c) Mechanisms for funding the services.

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

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

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

1 treatment. The department shall also adopt rules requiring all opioid  
2 treatment programs to educate individuals who become pregnant about  
3 the risks to both the expecting parent and the fetus of not treating  
4 opioid use disorder. The department shall meet the requirements under  
5 this subsection within the appropriations provided for opioid  
6 treatment programs. The department, working with treatment providers  
7 and medical experts, shall develop and disseminate the educational  
8 materials to all certified opioid treatment programs.

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

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

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

34 (2) For purposes of this section:

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

1 (b) "Treatment support" includes transportation to or from  
2 inpatient or outpatient treatment services when no viable alternative  
3 exists, and child care services that are necessary to ensure a  
4 participant's ability to attend outpatient treatment sessions.

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

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

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

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

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

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

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

33 (7) Counties are encouraged to consider regional agreements and  
34 submit regional plans for the efficient delivery of treatment under  
35 this section.

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

39 (9) If a region or county uses criminal justice treatment account  
40 funds to support a therapeutic court, the therapeutic court must

1 allow the use of all medications approved by the federal food and  
2 drug administration for the treatment of opioid use disorder as  
3 deemed medically appropriate for a participant by a medical  
4 professional. If appropriate medication-assisted treatment resources  
5 are not available or accessible within the jurisdiction, the health  
6 care authority's designee for assistance must assist the court with  
7 acquiring the resource.

8 (10) Counties must meet the criteria established in RCW  
9 2.30.030(3).

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

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

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

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



1 medications for the treatment of opioid use disorders and behavioral  
2 counseling and social supports to address them. For behavioral health  
3 agencies, an effective plan of treatment for most persons with opioid  
4 use disorder integrates access to medications and psychosocial  
5 counseling and should be consistent with the American society of  
6 addiction medicine patient placement criteria. Providers must inform  
7 patients with opioid use disorder or substance use disorder of  
8 options to access federal food and drug administration approved  
9 medications for the treatment of opioid use disorder or substance use  
10 disorder. Because some such medications are controlled substances in  
11 chapter 69.50 RCW, the state of Washington maintains the legal  
12 obligation and right to regulate the ((clinical)) uses of these  
13 medications in the treatment of opioid use disorder.

14 ((Further,)) (b) The authority must work with other state  
15 agencies and stakeholders to develop value-based payment strategies  
16 to better support the ongoing care of persons with opioid and other  
17 substance use disorders.

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

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

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

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

7 (5) The authority must partner with the department of social and  
8 health services, the department of corrections, the department of  
9 health, the department of children, youth, and families, and any  
10 other agencies or entities the authority deems appropriate to develop  
11 a statewide approach to leveraging medicaid funding to treat opioid  
12 use disorder and provide emergency overdose treatment. Such  
13 alternative sources of funding may include:

14 (a) Seeking a section 1115 demonstration waiver from the federal  
15 centers for medicare and medicaid services to fund opioid treatment  
16 medications for persons eligible for medicaid at or during the time  
17 of incarceration and juvenile detention facilities; and

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

20 (6) (a) The authority shall work with the department of health to  
21 promote coordination between medication-assisted treatment  
22 prescribers, federally accredited opioid treatment programs,  
23 substance use disorder treatment facilities, and state-certified  
24 substance use disorder treatment agencies to:

25 (i) Increase patient choice in receiving medication and  
26 counseling;

27 (ii) Strengthen relationships between opioid use disorder  
28 providers;

29 (iii) Acknowledge and address the challenges presented for  
30 individuals needing treatment for multiple substance use disorders  
31 simultaneously; and

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

37 (b) The authority must work with stakeholders to develop a set of  
38 recommendations to the governor and the legislature that:

39 (i) Propose, in addition to those required by federal law, a  
40 standard set of services needed to support the complex treatment

1 needs of persons with opioid use disorder treated in opioid treatment  
2 programs;

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

6 (iii) Estimate the costs needed to support these models and  
7 recommendations for funding strategies that must be included in the  
8 report;

9 (iv) Outline strategies to increase the number of waived health  
10 care providers approved for prescribing buprenorphine by the  
11 substance abuse and mental health services administration; and

12 (v) Outline strategies to lower the cost of federal food and drug  
13 administration approved products for the treatment of opioid use  
14 disorder.

15 (7) State agencies shall review and promote positive outcomes  
16 associated with the accountable communities of health funded opioid  
17 projects and local law enforcement and human services opioid  
18 collaborations as set forth in the Washington state interagency  
19 opioid working plan.

20 (8) The authority must partner with the department and other  
21 state agencies to replicate effective approaches for linking  
22 individuals who have had a nonfatal overdose with treatment  
23 opportunities, with a goal to connect certified peer counselors with  
24 individuals who have had a nonfatal overdose.

25 (9) State agencies must work together to increase outreach and  
26 education about opioid overdoses to non-English-speaking communities  
27 by developing a plan to conduct outreach and education to non-  
28 English-speaking communities. The department must submit a report on  
29 the outreach and education plan with recommendations for  
30 implementation to the appropriate legislative committees by July 1,  
31 2020.

32 NEW SECTION. Sec. 29. A new section is added to chapter 71.24  
33 RCW to read as follows:

34 (1) Subject to funds appropriated by the legislature, the  
35 authority shall implement a pilot project for law enforcement  
36 assisted diversion which shall adhere to law enforcement assisted  
37 diversion core principles recognized by the law enforcement assisted  
38 diversion national support bureau, the efficacy of which have been  
39 demonstrated in peer-reviewed research studies.

1 (2) Under the pilot project, the authority must partner with the  
2 law enforcement assisted diversion national support bureau to award a  
3 contract, subject to appropriation, for two or more geographic areas  
4 in the state of Washington for law enforcement assisted diversion.  
5 Cities, counties, and tribes may compete for participation in a pilot  
6 project.

7 (3) The pilot projects must provide for comprehensive technical  
8 assistance from law enforcement assisted diversion implementation  
9 experts to develop and implement a law enforcement assisted diversion  
10 program in the pilot project's geographic areas in a way that ensures  
11 fidelity to the research-based law enforcement assisted diversion  
12 model.

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

15 (a) Long-term case management for individuals with substance use  
16 disorders;

17 (b) Facilitation and coordination with community resources  
18 focusing on overdose prevention;

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

21 (d) Facilitation and coordination with community resources  
22 providing physical and behavioral health services;

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

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

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

29 (h) Prosecutorial support for diversion services.

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

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

34 (a) Consult with the county legislative authorities in the area  
35 in which an applicant proposes to locate a program and the city  
36 legislative authority in any city in which an applicant proposes to  
37 locate a program;

38 (b) License or certify only programs that will be sited in  
39 accordance with the appropriate county or city land use ordinances.

1 Counties and cities may require conditional use permits with  
2 reasonable conditions for the siting of programs. Pursuant to RCW  
3 36.70A.200, no local comprehensive plan or development regulation may  
4 preclude the siting of essential public facilities;

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

7 (d) Consider the size of the population in need of treatment in  
8 the area in which the program would be located and license or certify  
9 only applicants whose programs meet the necessary treatment needs of  
10 that population;

11 (e) Consider the availability of other certified opioid treatment  
12 programs near the area in which the applicant proposes to locate the  
13 program;

14 (f) Consider the transportation systems that would provide  
15 service to the program and whether the systems will provide  
16 reasonable opportunities to access the program for persons in need of  
17 treatment;

18 (g) Consider whether the applicant has, or has demonstrated in  
19 the past, the capability to provide the appropriate services to  
20 assist the persons who utilize the program in meeting goals  
21 established by the legislature in RCW 71.24.585. The department shall  
22 prioritize licensing or certification to applicants who have  
23 demonstrated such capability and are able to measure their success in  
24 meeting such outcomes;

25 (h) Hold one public hearing in the community in which the  
26 facility is proposed to be located. The hearing shall be held at a  
27 time and location that are most likely to permit the largest number  
28 of interested persons to attend and present testimony. The department  
29 shall notify all appropriate media outlets of the time, date, and  
30 location of the hearing at least three weeks in advance of the  
31 hearing.

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

35 (3) A program applying for licensing or certification from the  
36 department and a program applying for a contract from a state agency  
37 that has been denied the licensing or certification or contract shall  
38 be provided with a written notice specifying the rationale and  
39 reasons for the denial.

1       (4) Opioid treatment programs may order, possess, dispense, and  
2 administer medications approved by the United States food and drug  
3 administration for the treatment of opioid use disorder, alcohol use  
4 disorder, tobacco use disorder, and reversal of opioid overdose. For  
5 an opioid treatment program to order, possess, and dispense any other  
6 legend drug, including controlled substances, the opioid treatment  
7 program must obtain additional licensure as required by the  
8 department, except for patient-owned medications.

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

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

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

18       (a) ~~((Dispensing a))~~ Engages in the treatment of opioid use  
19 disorder with medications approved by the ~~((federal))~~ United States  
20 food and drug administration for the treatment of opioid use disorder  
21 and ~~((dispensing medication for the))~~ reversal of opioid overdose;  
22 and

23       (b) ~~((Providing))~~ Provides a comprehensive range of medical and  
24 rehabilitative services.

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

27       (1) To achieve more medication options, the authority must work  
28 with the department and the authority's medicaid managed care  
29 organizations, to eliminate barriers and promote access to effective  
30 medications known to address opioid use disorders at state-certified  
31 opioid treatment programs. Medications include, but are not limited  
32 to: Methadone, buprenorphine, and naltrexone. The authority must  
33 encourage the distribution of naloxone to patients who are at risk of  
34 an opioid overdose.

35       (2) The department, in consultation with opioid treatment program  
36 service providers and counties and cities, shall establish statewide  
37 treatment standards for licensed or certified opioid treatment  
38 programs. The department shall enforce these treatment standards. The  
39 treatment standards shall include, but not be limited to, reasonable

1 provisions for all appropriate and necessary medical procedures,  
2 counseling requirements, urinalysis, and other suitable tests as  
3 needed to ensure compliance with this chapter.

4 ~~((2))~~ (3) The department, in consultation with opioid treatment  
5 programs and counties, shall establish statewide operating standards  
6 for certified opioid treatment programs. The department shall enforce  
7 these operating standards. The operating standards shall include, but  
8 not be limited to, reasonable provisions necessary to enable the  
9 department and counties to monitor certified or licensed opioid  
10 treatment programs for compliance with this chapter and the treatment  
11 standards authorized by this chapter and to minimize the impact of  
12 the opioid treatment programs upon the business and residential  
13 neighborhoods in which the program is located.

14 ~~((3))~~ (4) The department shall analyze and evaluate the data  
15 submitted by each treatment program and take corrective action where  
16 necessary to ensure compliance with the goals and standards  
17 enumerated under this chapter. Opioid treatment programs are subject  
18 to the oversight required for other substance use disorder treatment  
19 programs, as described in this chapter.

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

22 By October 1, 2019, the authority must work with the department,  
23 the accountable communities of health, and community stakeholders to  
24 develop a plan for the coordinated purchasing and distribution of  
25 opioid overdose reversal medication across the state of Washington.  
26 The plan must be developed in consultation with the University of  
27 Washington's alcohol and drug abuse institute and community agencies  
28 participating in the federal demonstration grant titled Washington  
29 state project to prevent prescription drug or opioid overdose.

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

32 (1) The department, in coordination with the authority, must  
33 develop a strategy to rapidly deploy a response team to a local  
34 community identified as having a high number of fentanyl-related or  
35 other drug overdoses by the local emergency management system,  
36 hospital emergency department, local health jurisdiction, law  
37 enforcement agency, or surveillance data. The response team must  
38 provide technical assistance and other support to the local health

1 jurisdiction, health care clinics, hospital emergency departments,  
2 substance use disorder treatment providers, and other community-based  
3 organizations, and are expected to increase the local capacity to  
4 provide medication-assisted treatment and overdose education.

5 (2) The department and the authority must reduce barriers and  
6 promote medication treatment therapies for opioid use disorder in  
7 emergency departments and same-day referrals to opioid treatment  
8 programs, substance use disorder treatment facilities, and community-  
9 based medication treatment prescribers for individuals experiencing  
10 an overdose.

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

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

24 (a) Provide medication for the treatment of opioid use disorder  
25 to individuals in the custody of the facility, in any status, who  
26 were receiving medication for the treatment of opioid use disorder  
27 through a legally authorized medical program or by a valid  
28 prescription immediately before incarceration; and

29 (b) Provide medication for the treatment of opioid use disorder  
30 to incarcerated individuals not less than thirty days before release  
31 when treatment is determined to be medically appropriate by a health  
32 care practitioner.

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



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

3        (1)    In order to support prevention of potential opioid use  
4    disorders, the authority must develop and recommend for coverage  
5    nonpharmacologic treatments for acute, subacute, and chronic  
6    noncancer pain and must report to the governor and the appropriate  
7    committees of the legislature, including any requests for funding  
8    necessary to implement the recommendations under this section. The  
9    recommendations must contain the following elements:

10        (a)    A list of which nonpharmacologic treatments will be covered;

11        (b)    Recommendations as to the duration, amount, and type of  
12    treatment eligible for coverage;

13        (c)    Guidance on the type of providers eligible to provide these  
14    treatments; and

15        (d)    Recommendations regarding the need to add any provider types  
16    to the list of currently eligible medicaid provider types.

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

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

22        A health plan offered to employees, school employees, and their  
23    covered dependents under this chapter issued or renewed on or after  
24    January 1, 2020, shall provide coverage without prior authorization  
25    of at least one federal food and drug administration approved product  
26    for the treatment of opioid use disorder in the drug classes opioid  
27    agonists, opioid antagonists, and opioid partial agonists.

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

30        For health plans issued or renewed on or after January 1, 2020, a  
31    health carrier shall provide coverage without prior authorization of  
32    at least one federal food and drug administration approved product  
33    for the treatment of opioid use disorder in the drug classes opioid  
34    agonists, opioid antagonists, and opioid partial agonists.

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

1       Upon initiation or renewal of a contract with the authority to  
2 administer a medicaid managed care plan, a managed health care system  
3 shall provide coverage without prior authorization of at least one  
4 federal food and drug administration approved product for the  
5 treatment of opioid use disorder in the drug classes opioid agonists,  
6 opioid antagonists, and opioid partial agonists.

7       NEW SECTION.   **Sec. 39.** A new section is added to chapter 28A.210  
8 RCW to read as follows:

9       (1) For the purposes of this section:

10       (a) "High school" means a school enrolling students in any of  
11 grades nine through twelve;

12       (b) "Opioid overdose reversal medication" has the meaning  
13 provided in RCW 69.41.095;

14       (c) "Opioid-related overdose" has the meaning provided in RCW  
15 69.41.095; and

16       (d) "Standing order" has the meaning provided in RCW 69.41.095.

17       (2)(a) For the purpose of assisting a person at risk of  
18 experiencing an opioid-related overdose, a high school may obtain and  
19 maintain opioid overdose reversal medication through a standing order  
20 prescribed and dispensed in accordance with RCW 69.41.095.

21       (b) Opioid overdose reversal medication may be obtained from  
22 donation sources, but must be maintained and administered in a manner  
23 consistent with a standing order issued in accordance with RCW  
24 69.41.095.

25       (c) A school district with two thousand or more students must  
26 obtain and maintain at least one set of opioid overdose reversal  
27 medication doses in each of its high schools as provided in (a) and  
28 (b) of this subsection. A school district that demonstrates a good  
29 faith effort to obtain the opioid overdose reversal medication  
30 through a donation source, but is unable to do so, is exempt from the  
31 requirement in this subsection (2)(c).

32       (3)(a) The following personnel may distribute or administer the  
33 school-owned opioid overdose reversal medication to respond to  
34 symptoms of an opioid-related overdose pursuant to a prescription or  
35 a standing order issued in accordance with RCW 69.41.095: (i) A  
36 school nurse; (ii) a health care professional or trained staff person  
37 located at a health care clinic on public school property or under  
38 contract with the school district; or (iii) designated trained school  
39 personnel.

1 (b) Opioid overdose reversal medication may be used on school  
2 property, including the school building, playground, and school bus,  
3 as well as during field trips or sanctioned excursions away from  
4 school property. A school nurse or designated trained school  
5 personnel may carry an appropriate supply of school-owned opioid  
6 overdose reversal medication on field trips or sanctioned excursions.

7 (4) Training for school personnel who have been designated to  
8 distribute or administer opioid overdose reversal medication under  
9 this section must meet the requirements for training described in  
10 section 40 of this act and any rules or guidelines for such training  
11 adopted by the office of the superintendent of public instruction.  
12 Each high school is encouraged to designate and train at least one  
13 school personnel to distribute and administer opioid overdose  
14 reversal medication if the high school does not have a full-time  
15 school nurse or trained health care clinic staff.

16 (5) (a) The liability of a person or entity who complies with this  
17 section and RCW 69.41.095 is limited as described in RCW 69.41.095.

18 (b) If a student is injured or harmed due to the administration  
19 of opioid overdose reversal medication that a practitioner, as  
20 defined in RCW 69.41.095, has prescribed and a pharmacist has  
21 dispensed to a school under this section, the practitioner and  
22 pharmacist may not be held responsible for the injury unless he or  
23 she acted with conscious disregard for safety.

24 NEW SECTION. **Sec. 40.** A new section is added to chapter 28A.210  
25 RCW to read as follows:

26 (1) For the purposes of this section:

27 (a) "Opioid overdose reversal medication" has the meaning  
28 provided in RCW 69.41.095; and

29 (b) "Opioid-related overdose" has the meaning provided in RCW  
30 69.41.095.

31 (2) (a) To prevent opioid-related overdoses and respond to medical  
32 emergencies resulting from overdoses, by January 1, 2020, the office  
33 of the superintendent of public instruction, in consultation with the  
34 department of health and the Washington state school directors'  
35 association, shall develop opioid-related overdose policy guidelines  
36 and training requirements for public schools and school districts.

37 (b) (i) The opioid-related overdose policy guidelines and training  
38 requirements must include information about: The identification of  
39 opioid-related overdose symptoms; how to obtain and maintain opioid

1 overdose reversal medication on school property issued through a  
2 standing order in accordance with section 39 of this act; how to  
3 obtain opioid overdose reversal medication through donation sources;  
4 the distribution and administration of opioid overdose reversal  
5 medication by designated trained school personnel; free online  
6 training resources that meet the training requirements in this  
7 section; and sample standing orders for opioid overdose reversal  
8 medication.

9 (ii) The opioid-related overdose policy guidelines may: Include  
10 recommendations for the storage and labeling of opioid overdose  
11 reversal medications that are based on input from relevant health  
12 agencies or experts; and allow for opioid-related overdose reversal  
13 medications to be obtained, maintained, distributed, and administered  
14 by health care professionals and trained staff located at a health  
15 care clinic on public school property or under contract with the  
16 school district.

17 (c) In addition to being offered by the school, training on the  
18 distribution or administration of opioid overdose reversal medication  
19 that meets the requirements of this subsection (2) may be offered by  
20 nonprofit organizations, higher education institutions, and local  
21 public health organizations.

22 (3)(a) By March 1, 2020, the Washington state school directors'  
23 association must collaborate with the office of the superintendent of  
24 public instruction and the department of health to either update  
25 existing model policy or develop a new model policy that meets the  
26 requirements of subsection (2) of this section.

27 (b) Beginning with the 2020-21 school year, the following school  
28 districts must adopt an opioid-related overdose policy: (a) School  
29 districts with a school that obtains, maintains, distributes, or  
30 administers opioid overdose reversal medication under section 39 of  
31 this act; and (b) school districts with two thousand or more  
32 students.

33 (c) The office of the superintendent of public instruction and  
34 the Washington state school directors' association must maintain the  
35 model policy and procedure on each agency's web site at no cost to  
36 school districts.

37 (4) Subject to the availability of amounts appropriated for this  
38 specific purpose, the office of the superintendent of public  
39 instruction shall develop and administer a grant program to provide  
40 funding to public schools with any of grades nine through twelve and

1 public higher education institutions to purchase opioid overdose  
2 reversal medication and train personnel on the administration of  
3 opioid overdose reversal medication to respond to symptoms of an  
4 opioid-related overdose. The office must publish on its web site a  
5 list of annual grant recipients, including award amounts.

6 **Sec. 41.** RCW 28A.210.260 and 2017 c 186 s 2 are each amended to  
7 read as follows:

8 (1) Public school districts and private schools which conduct any  
9 of grades kindergarten through the twelfth grade may provide for the  
10 administration of oral medication, topical medication, eye drops, ear  
11 drops, or nasal spray, of any nature to students who are in the  
12 custody of the school district or school at the time of  
13 administration, but are not required to do so by this section,  
14 subject to the following conditions:

15 ~~((1))~~ (a) The board of directors of the public school district  
16 or the governing board of the private school or, if none, the chief  
17 administrator of the private school shall adopt policies which  
18 address the designation of employees who may administer oral  
19 medications, topical medications, eye drops, ear drops, or nasal  
20 spray to students, the acquisition of parent requests and  
21 instructions, and the acquisition of requests from licensed health  
22 professionals prescribing within the scope of their prescriptive  
23 authority and instructions regarding students who require medication  
24 for more than fifteen consecutive school days, the identification of  
25 the medication to be administered, the means of safekeeping  
26 medications with special attention given to the safeguarding of  
27 legend drugs as defined in chapter 69.41 RCW, and the means of  
28 maintaining a record of the administration of such medication;

29 ~~((2))~~ (b) The board of directors shall seek advice from one or  
30 more licensed physicians or nurses in the course of developing the  
31 foregoing policies;

32 ~~((3))~~ (c) The public school district or private school is in  
33 receipt of a written, current and unexpired request from a parent, or  
34 a legal guardian, or other person having legal control over the  
35 student to administer the medication to the student;

36 ~~((4))~~ (d) The public school district or the private school is  
37 in receipt of ~~((a))~~: (i) A written, current and unexpired request  
38 from a licensed health professional prescribing within the scope of  
39 his or her prescriptive authority for administration of the

1 medication, as there exists a valid health reason which makes  
2 administration of such medication advisable during the hours when  
3 school is in session or the hours in which the student is under the  
4 supervision of school officials~~((7))~~; and ~~((b))~~ (ii) written,  
5 current and unexpired instructions from such licensed health  
6 professional prescribing within the scope of his or her prescriptive  
7 authority regarding the administration of prescribed medication to  
8 students who require medication for more than fifteen consecutive  
9 workdays;

10 ~~((5))~~ (e) The medication is administered by an employee  
11 designated by or pursuant to the policies adopted pursuant to (a) of  
12 this subsection ~~((1) of this section)~~ and in substantial compliance  
13 with the prescription of a licensed health professional prescribing  
14 within the scope of his or her prescriptive authority or the written  
15 instructions provided pursuant to (d) of this subsection ~~((4) of~~  
16 ~~this section)~~. If a school nurse is on the premises, a nasal spray  
17 that is a legend drug or a controlled substance must be administered  
18 by the school nurse. If no school nurse is on the premises, a nasal  
19 spray that is a legend drug or a controlled substance may be  
20 administered by a trained school employee or parent-designated adult  
21 who is not a school nurse. The board of directors shall allow school  
22 personnel, who have received appropriate training and volunteered for  
23 such training, to administer a nasal spray that is a legend drug or a  
24 controlled substance. After a school employee who is not a school  
25 nurse administers a nasal spray that is a legend drug or a controlled  
26 substance, the employee shall summon emergency medical assistance as  
27 soon as practicable;

28 ~~((6))~~ (f) The medication is first examined by the employee  
29 administering the same to determine in his or her judgment that it  
30 appears to be in the original container and to be properly labeled;  
31 and

32 ~~((7))~~ (g) The board of directors shall designate a professional  
33 person licensed pursuant to chapter 18.71 RCW or chapter 18.79 RCW as  
34 it applies to registered nurses and advanced registered nurse  
35 practitioners, to delegate to, train, and supervise the designated  
36 school district personnel in proper medication procedures;

37 ~~((8) (a) For the purposes of this section, "parent-designated~~  
38 ~~adult" means a volunteer, who may be a school district employee, who~~  
39 ~~receives additional training from a health care professional or~~  
40 ~~expert in epileptic seizure care selected by the parents, and who~~

1 ~~provides care for the child consistent with the individual health~~  
2 ~~plan.~~

3 ~~(b))~~ (h) To be eligible to be a parent-designated adult, a  
4 school district employee not licensed under chapter 18.79 RCW must  
5 file, without coercion by the employer, a voluntary written, current,  
6 and unexpired letter of intent stating the employee's willingness to  
7 be a parent-designated adult. If a school employee who is not  
8 licensed under chapter 18.79 RCW chooses not to file a letter under  
9 this section, the employee shall not be subject to any employer  
10 reprisal or disciplinary action for refusing to file a letter. A  
11 parent-designated adult must be a volunteer, who may be a school  
12 district employee, who receives additional training from a health  
13 care professional or expert in epileptic seizure care selected by the  
14 parents, and who provides care for the child consistent with the  
15 individual health plan; and

16 ~~((9))~~ (i) The board of directors shall designate a professional  
17 person licensed under chapter 18.71, 18.57, or 18.79 RCW as it  
18 applies to registered nurses and advanced registered nurse  
19 practitioners, to consult and coordinate with the student's parents  
20 and health care provider, and train and supervise the appropriate  
21 school district personnel in proper procedures for care for students  
22 with epilepsy to ensure a safe, therapeutic learning environment.  
23 Training may also be provided by an epilepsy educator who is  
24 nationally certified. Parent-designated adults who are school  
25 employees are required to receive the training provided under this  
26 subsection. Parent-designated adults who are not school employees  
27 must show evidence of comparable training. The parent-designated  
28 adult must also receive additional training as established in (h) of  
29 this subsection ~~((8)(a) of this section))~~ for the additional care  
30 the parents have authorized the parent-designated adult to provide.  
31 The professional person designated under this subsection is not  
32 responsible for the supervision of the parent-designated adult for  
33 those procedures that are authorized by the parents~~((7))~~.

34 ~~((10))~~ (2) This section does not apply to:  
35 (a) Topical sunscreen products regulated by the United States  
36 food and drug administration for over-the-counter use. Provisions  
37 related to possession and application of topical sunscreen products  
38 are in RCW 28A.210.278; and

1        (b) Opioid overdose reversal medication. Provisions related to  
2 maintenance and administration of opioid overdose reversal medication  
3 are in section 39 of this act.

4        **Sec. 42.** RCW 28A.210.270 and 2013 c 180 s 2 are each amended to  
5 read as follows:

6        (1) In the event a school employee administers oral medication,  
7 topical medication, eye drops, ear drops, or nasal spray to a student  
8 pursuant to RCW 28A.210.260 in substantial compliance with the  
9 prescription of the student's licensed health professional  
10 prescribing within the scope of the professional's prescriptive  
11 authority or the written instructions provided pursuant to RCW  
12 28A.210.260(~~(+4)~~) (1)(d), and the other conditions set forth in RCW  
13 28A.210.260 have been substantially complied with, then the employee,  
14 the employee's school district or school of employment, and the  
15 members of the governing board and chief administrator thereof shall  
16 not be liable in any criminal action or for civil damages in their  
17 individual or marital or governmental or corporate or other  
18 capacities as a result of the administration of the medication.

19        (2) The administration of oral medication, topical medication,  
20 eye drops, ear drops, or nasal spray to any student pursuant to RCW  
21 28A.210.260 may be discontinued by a public school district or  
22 private school and the school district or school, its employees, its  
23 chief administrator, and members of its governing board shall not be  
24 liable in any criminal action or for civil damages in their  
25 governmental or corporate or individual or marital or other  
26 capacities as a result of the discontinuance of such administration:  
27 PROVIDED, That the chief administrator of the public school district  
28 or private school, or his or her designee, has first provided actual  
29 notice orally or in writing in advance of the date of discontinuance  
30 to a parent or legal guardian of the student or other person having  
31 legal control over the student.

32        NEW SECTION. **Sec. 43.** A new section is added to chapter 28B.10  
33 RCW to read as follows:

34        (1) For the purposes of this section:

35        (a) "Opioid overdose reversal medication" has the meaning  
36 provided in RCW 69.41.095; and

37        (b) "Opioid-related overdose" has the meaning provided in RCW  
38 69.41.095.



1 (2) By the beginning of the 2019-20 academic year, a public  
2 institution of higher education with a residence hall housing at  
3 least one hundred students must develop a plan: (a) For the  
4 maintenance and administration of opioid overdose reversal medication  
5 in and around the residence hall; and (b) for the training of  
6 designated personnel to administer opioid overdose reversal  
7 medication to respond to symptoms of an opioid-related overdose. The  
8 training may utilize free online training resources including, but  
9 not limited to, the free online training resources identified as  
10 appropriate for public schools in section 40 of this act. The plan  
11 may identify: The ratio of residents to opioid overdose reversal  
12 medication doses; the designated trained personnel, who may include  
13 residence hall advisers; and whether the designated trained personnel  
14 covers more than one residence hall.

15 (3) The state board for community and technical colleges shall  
16 assist an individual community or technical college with applying for  
17 grants or donations to obtain opioid overdose reversal medication at  
18 no cost or at a discount.

19 NEW SECTION. **Sec. 44.** (1) Section 15 of this act expires  
20 January 1, 2021.

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

22 NEW SECTION. **Sec. 45.** If specific funding for the purposes of  
23 this act, referencing this act by bill or chapter number, is not  
24 provided by June 30, 2019, in the omnibus appropriations act, this  
25 act is null and void."

**SSB 5380** - CONF REPT  
By Conference Committee

**HOUSE ADOPTED 04/26/2019; SENATE ADOPTED 04/26/2019**

26 On page 1, line 2 of the title, after "services;" strike the  
27 remainder of the title and insert "amending RCW 69.41.055, 69.41.095,  
28 70.41.480, 70.168.090, 70.225.010, 70.225.040, 71.24.011, 71.24.560,  
29 71.24.585, 71.24.590, 71.24.595, 28A.210.260, and 28A.210.270;  
30 amending 2005 c 70 s 1 (uncodified); reenacting and amending RCW  
31 69.50.312, 69.50.312, 70.225.020, and 71.24.580; adding a new section  
32 to chapter 18.22 RCW; adding a new section to chapter 18.32 RCW;

1 adding a new section to chapter 18.57 RCW; adding a new section to  
2 chapter 18.57A RCW; adding a new section to chapter 18.64 RCW; adding  
3 a new section to chapter 18.71 RCW; adding a new section to chapter  
4 18.71A RCW; adding a new section to chapter 18.79 RCW; adding new  
5 sections to chapter 43.70 RCW; adding a new section to chapter 69.50  
6 RCW; adding a new section to chapter 70.225 RCW; adding new sections  
7 to chapter 71.24 RCW; adding new sections to chapter 74.09 RCW;  
8 adding a new section to chapter 41.05 RCW; adding a new section to  
9 chapter 48.43 RCW; adding new sections to chapter 28A.210 RCW; adding  
10 a new section to chapter 28B.10 RCW; creating new sections; providing  
11 an effective date; and providing an expiration date."

--- END ---