

HOUSE BILL REPORT

HB 2335

As Reported by House Committee On: Health Care & Wellness

Title: An act relating to increasing access to medications for people with opioid use disorder.

Brief Description: Increasing access to medications for opioid use disorder.

Sponsors: Representatives Davis, Kilduff, Leavitt, Sells, Harris, Macri, Wylie, Doglio, Pollet and Appleton.

Brief History:

Committee Activity:

Health Care & Wellness: 1/17/20, 1/31/20 [DPS].

Brief Summary of Substitute Bill

- Establishes a registration requirement for remote dispensing sites that use technology to dispense medications approved for the treatment of opioid use disorder.
- Allows the license of location for a pharmacy to be extended to a registered remote dispensing site.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 14 members: Representatives Cody, Chair; Macri, Vice Chair; Schmick, Ranking Minority Member; Chambers, Chopp, Davis, DeBolt, Harris, Maycumber, Riccelli, Robinson, Stonier, Thai and Tharinger.

Staff: Chris Blake (786-7392).

Background:

The Pharmacy Quality Assurance Commission (Commission) regulates the practice of pharmacy, and the distribution, manufacturing, and delivery of pharmaceuticals within and into the state. The Commission issues licenses, registrations, and certifications to qualified persons and entities, and responds to complaints or reports of unprofessional conduct.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

The owner of each pharmacy must: (1) file with the Department of Health (Department) a declaration of ownership and location; and (2) pay an original license fee and an annual renewal fee for a license of location, which entitles the owner to operate the pharmacy at the specified location. The pharmacy owner must immediately notify the Department of any change of location or ownership.

Pharmacies are subject to periodic inspections by the Commission to determine compliance with laws regulating the practice of pharmacy, including requirements regarding licenses, patient health and safety, professional responsibilities, and facilities.

Licensed hospitals applying for a pharmacy license of location may include any individual practitioner's office or multipractitioner clinic owned and operated by a hospital and identified by the hospital on the pharmacy application or renewal form. A hospital that includes one or more offices or clinics on its pharmacy application must describe the type of services relevant to the practice of pharmacy that are provided at each office or clinic, as requested by the Commission.

Summary of Substitute Bill:

The license of location for a pharmacy may be extended to a remote dispensing site where technology is used to dispense medications approved for the treatment of opioid use disorder. A pharmacy must register each separate remote dispensing site with the Pharmacy Quality Assurance Commission (Commission). The registration for the remote dispensing site must be considered part of the pharmacy license and if the pharmacy license is inactive, then the registration is also considered inactive.

The Commission must establish minimum standards for remote dispensing sites that address who may retrieve medications for opioid use disorder that are stored at a remote dispensing site and pharmacy responsibilities for stocking and maintaining a perpetual inventory of the medications stored at the registered remote dispensing site. The Secretary of the Department of Health may adopt a registration fee for the remote dispensing sites.

Substitute Bill Compared to Original Bill:

The substitute bill removes the provisions of the bill related to health care entity and practitioner dispensing. The license of location for a pharmacy may be extended to a registered remote dispensing site that uses technology to dispense federally approved medications for the treatment of opioid use disorder. The Pharmacy Quality Assurance Commission must adopt minimum standards for registering remote dispensing sites, including who may retrieve medications stored in a remote dispensing site and the stocking and inventory responsibilities for the pharmacy.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) Buprenorphine reduces the risk of opioid death by more than half. For improved efficiency, clinics would like to use an automated drug dispensing device that would serve as an extension of the pharmacy and would allow the pharmacy to release prescriptions immediately after the prescription is written, which shortens patient wait times by one to two hours. There are many times in which a prescription is written and the patient must go to the pharmacy and wait several hours for it to be filled, and that is unacceptable.

This bill recognizes that individuals with opioid use disorder who are receiving buprenorphine or suboxone prescriptions face a barrier when they have to find transportation and actually go to the pharmacy to get the prescription filled. There are a number of clients who simply cannot wait a couple of hours for a prescription to be filled and they leave without medications. Getting medications to these patients within an hour can be the difference between the patient staying and getting their medication or leaving to get drugs on the street. Many of these patients come from the prison system and their risk of mortality is very high within the first couple of weeks after release; getting them their medications quickly can increase survival. It should be easier to get treatment than it is to get heroin.

This is in direct alignment with the Department of Health's opioid response plan to lower barriers to increase access to medications in an office-based setting. There should be low-barrier treatments for this nationwide problem.

There is such a large demand with so many clients that increasing the limit from 72 hours to two weeks will make a huge difference for many of these people. If persons can get a prescription for up to two weeks of buprenorphine or suboxone, it will alleviate another barrier to treatment. The need for the change in law is serious and immediate and the scope of the change is narrow.

(Opposed) None.

(Other) The bill may have some unintended consequences on patients who receive other medications from a health care entity. Under current law, practitioners practicing in a health care entity can dispense up to a 72-hour supply of medication to patients when a pharmacist is not involved, but if a health care entity has a pharmacist in charge, there is no limit on the amount of medication that can be dispensed. This bill will limit all dispensing from a health care entity to a 72-hour supply even if a pharmacist is involved, unless the medications were for an opioid use disorder. This would mean that a kidney dialysis center could not dispense insulin because insulin is not packaged in a 72-hour supply. There should be an amendment to increase access to opioid use disorder medication while preserving the ability for health care entities with a pharmacist to dispense more than a 72-hour supply.

Persons Testifying: (In support) Representative Davis, prime sponsor; Lucinda Grande and Mark Stern Olympia Bupe Clinic; Manny Pablo, Cowlitz Tribal Health; Brad Livingston, Sound Specialty Pharmacy; and Katie Kolan, Washington State Medical Association.

(Other) Lisa Thatcher, Washington State Hospital Association; and Christie Spice, Department of Health.

Persons Signed In To Testify But Not Testifying: None.