

SENATE BILL REPORT

SSB 6086

As Passed Senate, February 14, 2020

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: Senate Committee on Behavioral Health Subcommittee to Health & Long Term Care (originally sponsored by Senators Hasegawa, Keiser, Kuderer and Nguyen).

Brief History:

Committee Activity: Behavioral Health Subcommittee to Health & Long Term Care: 1/24/20, 1/31/20 [DPS].

Floor Activity:

Passed Senate: 2/14/20, 47-0.

<p style="text-align: center;">Brief Summary of First Substitute Bill</p> <ul style="list-style-type: none">• Permits a pharmacy's license of location be extended to a registered remote dispensing site where technology is used to dispense medications for opioid use disorder.
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SENATE COMMITTEE ON BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE

Majority Report: That Substitute Senate Bill No. 6086 be substituted therefor, and the substitute bill do pass.

Signed by Senators Dhingra, Chair; Wagoner, Ranking Member; Darneille, Frockt and O'Ban.

Staff: LeighBeth Merrick (786-7445)

Background: The Pharmacy Quality Assurance Commission (PQAC) 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 responding to complaints or reports of unprofessional conduct. Under current law, PQAC does not allow for the license of location for a pharmacy to be extended to a registered remote dispensing site.

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

Summary of First Substitute Bill: 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 must register each remote dispensing site with PQAC. PQAC must adopt rules that establish the 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. The Department of Health may adopt rules to establish a fee for obtaining and renewing the remote dispensing site registration.

Appropriation: None.

Fiscal Note: Available.

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

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

Staff Summary of Public Testimony on Original Bill (Behavioral Health Subcommittee to Health & Long Term Care): *The committee recommended a different version of the bill than what was heard.* PRO: Allowing practitioners to provide up to two-weeks of buprenorphine reduces overdose deaths and shortens the time it takes to get medications to treatment. One of the state opioid plan's goals is to remove barriers to treatment. Increasing the supply limits and allowing automated dispensing devices would help remove barriers. Alternative language has been provided by DOH which would help meet the intent of the bill. This is urgent—many of the patients that rely on these clinics are transient and or involved in the criminal justice system. Access to medication for opioid use disorder needs to be easier to access than heroin.

OTHER: DOH supports the bill's intent but is concerned about the unintended consequences for HCEs as a result of the existing language. HCEs are broadly used throughout health care and currently there are no caps on the amounts a pharmacist can dispense. We suggest addressing the bill's intent through automated dispensing devices rather than unintentionally restricting HCE's license.

Persons Testifying: PRO: Senator Bob Hasegawa, Prime Sponsor; Katie Kolan, Washington State Medical Association; Marc Stern, University of Washington School of Public Health; Lucinda Grande, Olympia Bupe Clinic.

OTHER: Christie Spice, Department of Health; Lisa Thatcher, Washington State Hospital Association.

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