
SUBSTITUTE SENATE BILL 5019

State of Washington

69th Legislature

2025 Regular Session

By Senate Health & Long-Term Care (originally sponsored by Senators Chapman, Bateman, Christian, Dhingra, Harris, Riccelli, Saldaña, Slatter, and Wellman)

READ FIRST TIME 02/07/25.

1 AN ACT Relating to expanding the situations in which medications
2 can be dispensed or delivered from hospitals and health care
3 entities; and amending RCW 70.41.480 and 18.64.450.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 **Sec. 1.** RCW 70.41.480 and 2024 c 251 s 2 are each amended to
6 read as follows:

7 (1) The legislature finds that high quality, safe, and
8 compassionate health care services for patients of Washington state
9 must be available at all times. The legislature further finds that
10 there is a need for patients being released from hospital emergency
11 departments to maintain access to emergency medications when
12 community or hospital pharmacy services are not available, including
13 medication for opioid overdose reversal and for the treatment for
14 opioid use disorder as appropriate, human immunodeficiency virus
15 postexposure prophylaxis drugs, anti-infectives, and drugs that come
16 prepackaged by the manufacturer. It is the intent of the legislature
17 to accomplish this objective by allowing practitioners with
18 prescriptive authority to prescribe limited amounts of prepackaged
19 emergency medications to patients being discharged from hospital
20 emergency departments when access to community or outpatient hospital
21 pharmacy services is not otherwise available.

1 (2) A hospital may allow a practitioner to prescribe prepackaged
2 emergency medications and allow a practitioner or a registered nurse
3 licensed under chapter 18.79 RCW to distribute prepackaged emergency
4 medications to patients being discharged from a hospital emergency
5 department in the following circumstances:

6 (a) During times when community or outpatient hospital pharmacy
7 services are not available within 15 miles within Washington by road;

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

11 (c) When a patient is identified as needing human
12 immunodeficiency virus postexposure prophylaxis drugs or therapies.

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

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

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

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

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

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

36 (f) Establishment of a limit of no more than a 48 hour supply of
37 emergency medication as the maximum to be dispensed to a patient,
38 except when (~~community~~):

39 (i) Community or hospital outpatient pharmacy services will not
40 be available within 48 hours(~~(, or when antibiotics)~~);

1 (ii) Anti-infectives or human immunodeficiency virus postexposure
2 prophylaxis drugs or therapies are required; or

3 (iii) Drugs or therapies are packaged directly by the
4 manufacturer in quantities larger than a 48-hour supply that cannot
5 be altered to be limited to a 48-hour supply;

6 (g) Assurances that prepackaged emergency medications will be
7 kept in a secure location in or near the emergency department in such
8 a manner as to preclude the necessity for entry into the pharmacy;
9 and

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

13 (4) The delivery of a single dose of medication for immediate
14 administration to the patient is not subject to the requirements of
15 this section.

16 (5) Nothing in this section restricts the authority of a
17 practitioner in a hospital emergency department to distribute opioid
18 overdose reversal medication under RCW 69.41.095.

19 (6) A practitioner or a nurse in a hospital emergency department
20 must dispense or distribute opioid overdose reversal medication in
21 compliance with RCW 70.41.485.

22 (7) For purposes of this section:

23 (a) "Emergency medication" means any medication commonly
24 prescribed to emergency department patients, including those drugs,
25 substances or immediate precursors listed in schedules II through V
26 of the uniform controlled substances act, chapter 69.50 RCW, as now
27 or hereafter amended(~~(-)~~) ;

28 (b) "Distribute" means the delivery of a drug or device other
29 than by administering or dispensing(~~(-)~~) ;

30 (c) "Manufacturer" has the same meaning as provided in RCW
31 18.64.011;

32 (d) "Opioid overdose reversal medication" has the same meaning as
33 provided in RCW 69.41.095(~~(-~~
34 ~~d)~~);

35 (e) "Practitioner" means any person duly authorized by law or
36 rule in the state of Washington to prescribe drugs as defined in RCW
37 18.64.011(~~(-29)-~~

38 ~~e)~~); and

39 (f) "Nurse" means a registered nurse or licensed practical nurse
40 as defined in chapter 18.79 RCW.

1 **Sec. 2.** RCW 18.64.450 and 2013 c 19 s 26 are each amended to
2 read as follows:

3 (1) In order for a health care entity to purchase, administer,
4 dispense, and deliver legend drugs, the health care entity must be
5 licensed by the department.

6 (2) In order for a health care entity to purchase, administer,
7 dispense, and deliver controlled substances, the health care entity
8 must annually obtain a license from the department in accordance with
9 the commission's rules.

10 (3) The receipt, administration, dispensing, and delivery of
11 legend drugs or controlled substances by a health care entity must be
12 performed under the supervision or at the direction of a pharmacist.

13 (4) A health care entity may only administer, dispense, or
14 deliver legend drugs and controlled substances to patients who
15 receive care within the health care entity and in compliance with
16 rules of the commission. Nothing in this subsection shall prohibit a
17 practitioner, in carrying out his or her licensed responsibilities
18 within a health care entity, from dispensing or delivering to a
19 patient of the health care entity drugs for that patient's personal
20 use in an amount not to exceed (~~seventy-two~~) 72 hours of usage. The
21 72-hour limit does not apply when:

22 (a) Community or hospital outpatient pharmacy services will not
23 be available within 72 hours;

24 (b) Anti-infectives or human immunodeficiency virus postexposure
25 prophylaxis drugs or therapies are required; or

26 (c) Drugs or therapies are packaged directly by the manufacturer
27 in quantities larger than a 72-hour supply that cannot be altered to
28 be limited to a 72-hour supply.

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