
SENATE BILL 5554

State of Washington

63rd Legislature

2013 Regular Session

By Senators Schlicher, Becker, Parlette, Keiser, Frockt, Ranker, Hasegawa, Shin, and Kline

Read first time 02/04/13. Referred to Committee on Health Care .

1 AN ACT Relating to requiring a study of the prescription monitoring
2 program and its role in increasing coordination of care; creating new
3 sections; and providing an expiration date.

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

5 NEW SECTION. **Sec. 1.** (1) The legislature finds that the
6 prescription monitoring program was created in 2007 to improve patient
7 care and stop prescription drug misuse by collecting records for
8 Schedule II, III, IV, and V drugs prescribed in this state.
9 Information on these controlled substances is made available to medical
10 providers and pharmacists as a patient safety tool. Under the
11 prescription monitoring program, practitioners have access to the
12 controlled substance history of the patient before a prescription is
13 issued or dispensed. This helps to prevent overdoses and misuse, and
14 promotes referrals for pain management and for treatment of addiction.

15 (2) The legislature further finds that emergency departments across
16 the nation are facing increases in utilization from a variety of
17 pressures. Much of this increased utilization stems from the inability
18 to appropriately care for a growing population of disenfranchised,

1 repeat, or treatment-reluctant patients. This trend demands that
2 emergency departments adapt with better and more coordinated care
3 strategies.

4 (3) The legislature intends to address the needs of emergency
5 departments by exploring ways the prescription monitoring program may
6 be used to connect emergency departments and provide real-time
7 information to health care professionals in those facilities.

8 NEW SECTION. **Sec. 2.** (1) The department of health must by
9 December 1, 2013:

10 (a) Integrate the prescription monitoring program into the
11 coordinated care electronic tracking program developed in response to
12 section 213, chapter 7, Laws of 2012 2nd sp. sess. commonly referred to
13 as the seven best practices in emergency medicine. This integration
14 must be done in real time and be pushed to the provider when a patient
15 registers in an emergency department.

16 (b) This integration must be done annually with the system that is
17 in place for the previously required information exchange mandated to
18 coordinate emergency department use, such exchange may be a private or
19 public joint venture.

20 (2) All insurers and third-party administrators that provide
21 coverage to residents of Washington state shall:

22 (a) Provide information regarding the assigned primary care
23 provider, their telephone number, and fax number to the coordinated
24 care electronic tracking program for real-time communication to an
25 emergency department provider when caring for a patient.

26 (b) Provide information regarding any available care plans or
27 treatment plans for patients with higher utilization of services on a
28 regular basis to the coordinated care electronic tracking program for
29 dissemination to the treating provider.

30 (3) Any provider of the coordinated care electronic tracking
31 program previously implemented as part of the seven best practices in
32 emergency medicine program shall by December 1, 2013:

33 (a) Integrate prescription monitoring program information into the
34 reports provided to medical providers in real-time in a format that is
35 identified collaboratively with the health care authority, Washington
36 state hospital association, Washington state medical association, the

1 Washington chapter of the American college of emergency physicians, and
2 other interested provider representatives.

3 (b) Develop a system for real-time notification of previously
4 identified primary care providers when a patient arrives in an
5 emergency department for care that includes:

6 (i) Provide contact phone number and information regarding the
7 location at which the patient is receiving care;

8 (ii) Provide status as a patient review and coordination program or
9 similar private plan designation as available to the system;

10 (iii) Provide any available care plans or treatment plans available
11 in the system;

12 (iv) Provide a summary of emergency department utilization as
13 provided to the emergency department in their communication; and

14 (v) Provide a summary of the prescription of controlled substances
15 as provided to the treating provider in the emergency department.

16 NEW SECTION. **Sec. 3.** This act expires January 1, 2014.

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