
SENATE BILL 6150

State of Washington

65th Legislature

2018 Regular Session

By Senators Cleveland, Rivers, Carlyle, Kuderer, and Fain; by request of Governor Inslee

1 AN ACT Relating to opioid use disorder treatment, prevention, and
2 related services; amending RCW 71.24.585, 71.24.595, 71.24.560,
3 71.24.011, 69.41.095, 70.225.010, 70.225.040, and 70.168.090;
4 amending 2005 c 70 s 1 (uncodified); adding new sections to chapter
5 71.24 RCW; adding a new section to chapter 70.225 RCW; adding a new
6 section to chapter 74.09 RCW; and creating a new section.

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

8 **PART I**

9 NEW SECTION. **Sec. 1.** The legislature declares that opioid use
10 disorder is a public health crisis. State agencies must increase
11 access to evidence-based opioid use disorder treatment services,
12 promote coordination of services within the substance use disorder
13 treatment and recovery support system, strengthen partnerships
14 between opioid use disorder treatment providers and their allied
15 community partners, expand the use of the Washington state
16 prescription drug monitoring program, and support comprehensive
17 school and community-based substance use prevention services.

18 This act leverages the direction provided by the Washington state
19 interagency opioid working plan in order to address the opioid
20 epidemic challenging communities throughout the state.

1 Agencies administering state purchased health care programs, as
2 defined in RCW 41.05.011, shall coordinate activities to implement
3 the provisions of this act and the Washington state interagency
4 opioid working plan, explore opportunities to address the opioid
5 epidemic, and provide status updates as directed by the joint
6 legislative executive committee on health care oversight to promote
7 legislative and executive coordination.

8 **PART II**

9 **Sec. 2.** RCW 71.24.585 and 2017 c 297 s 12 are each amended to
10 read as follows:

11 ~~((The state of Washington declares that there is no fundamental
12 right to medication-assisted treatment for opioid use disorder.)) (1)~~
13 The state of Washington ~~((further))~~ declares that ~~((while))~~
14 medications used in the treatment of opioid use disorder are
15 ~~((addictive substances, that they nevertheless have several legal,
16 important, and justified uses and that one of their appropriate and
17 legal uses is, in conjunction with other required therapeutic
18 procedures, in the treatment of persons with opioid use disorder))~~
19 the most effective intervention to reduce deaths from opioid
20 overdose. The state of Washington recognizes medications approved by
21 the federal food and drug administration as evidence-based ~~((for the
22 management of opioid use disorder the medications approved by the
23 federal food and drug administration))~~ for the treatment of opioid
24 use disorder. ~~((Medication-assisted treatment should only be used for
25 participants who are deemed appropriate to need this level of
26 intervention.))~~ Medications, in conjunction with other therapeutic
27 procedures, are the treatment of choice for persons with opioid use
28 disorder. Providers must inform patients of all treatment options
29 available. ~~((The provider and the patient shall consider alternative
30 treatment options, like abstinence, when developing the treatment
31 plan. If medications are prescribed, follow up must be included in
32 the treatment plan in order to work towards the goal of abstinence.))~~
33 Because some such medications are controlled substances in chapter
34 69.50 RCW, the state of Washington maintains the legal obligation and
35 right to regulate the ~~((clinical))~~ uses of these medications in the
36 treatment of opioid use disorder.

37 ~~((Further,))~~ (2) The department will promote the use of
38 medication therapies and other evidence-based strategies to address

1 the opioid epidemic in Washington state. Additionally, the department
2 will prioritize state resources for the provision of treatment and
3 recovery support services to:

4 (a) Entities which allow patients to maintain their use of
5 medication-assisted therapies while engaging in services; and

6 (b) Entities which allow patients to start on medication-assisted
7 treatment while enrolled in their services.

8 (3) The state declares that the main goals of ((opiate
9 substitution treatment is total abstinence from substance use for the
10 individuals who participate in the treatment program, but recognizes
11 the additional goals of reduced morbidity, and restoration of the
12 ability to lead a productive and fulfilling life. The state
13 recognizes that a small percentage of persons who participate in
14 opioid treatment programs require treatment for an extended period of
15 time. Opioid treatment programs shall provide a comprehensive
16 transition program to eliminate substance use, including opioid use
17 of program participants)) treatment for persons with opioid use
18 disorder are the cessation of unprescribed opioid use, reduced
19 morbidity, and restoration of the ability to lead a productive and
20 fulfilling life.

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

27 (5) The health care authority shall partner with the department
28 of social and health services, the department of corrections, the
29 department of health, and any other agencies or entities the
30 authority deems appropriate to develop a statewide approach to
31 leveraging medicaid funding to treat opioid addiction and provide
32 emergency overdose treatment. Such alternative sources of funding may
33 include, but are not limited to:

34 (a) Seeking a section 1115 demonstration waiver from the federal
35 centers for medicare and medicaid services to fund opioid response
36 treatment for persons eligible for medicaid at or during the time of
37 incarceration. The authority's application for any such waiver must
38 comply with all applicable federal requirements for obtaining such
39 waiver; and

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

3 (6)(a) The department shall replicate effective approaches such
4 as opioid hub and spoke treatment networks to broaden outreach and
5 patient navigation with allied opioid use disorder community
6 partners, including but not limited to: Jails, syringe exchange
7 programs, community mental health centers, and primary care clinics.

8 (b) To carry out this subsection (6), the department shall work
9 with the department of health and the health care authority to
10 promote coordination between medication-assisted treatment
11 prescribers and state-certified substance use disorder treatment
12 agencies to:

13 (i) Increase patient choice in receiving medication and
14 counseling;

15 (ii) Strengthen relationships between opioid use disorder
16 providers; and

17 (iii) Acknowledge and address the challenges presented for
18 individuals needing treatment for multiple substance use disorders
19 simultaneously.

20 (7) State agencies shall review and promote positive outcomes
21 associated with the accountable communities of health funded opioid
22 projects and local law enforcement and human services opioid
23 collaborations as set forth in the Washington state interagency
24 opioid working plan.

25 **Sec. 3.** RCW 71.24.595 and 2017 c 297 s 16 are each amended to
26 read as follows:

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

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

1 for all appropriate and necessary medical procedures, counseling
2 requirements, urinalysis, and other suitable tests as needed to
3 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 and 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. 4.** A new section is added to chapter 71.24
21 RCW to read as follows:

22 By October 1, 2018, the department shall work with the department
23 of health, the health care authority, the accountable communities of
24 health, and community stakeholders to develop a plan for the
25 coordinated purchasing and distribution of opioid overdose reversal
26 medication across the state of Washington. The plan shall be
27 developed in consultation with the University of Washington's alcohol
28 and drug addiction institute and community agencies participating in
29 the federal demonstration grant titled Washington state project to
30 prevent prescription drug or opioid overdose.

31 NEW SECTION. **Sec. 5.** A new section is added to chapter 71.24
32 RCW to read as follows:

33 (1) The department shall work with the department of health, the
34 health care authority, contracted opioid hub and spoke networks,
35 accountable communities of health, and drug task forces to develop a
36 strategy to support rapid response teams to be deployed, within a
37 short period of time, to communities identified as having a high
38 number of fentanyl-related or other opioid-related overdoses, by

1 local drug task forces, public health departments, or other local,
2 regional, or state surveillance methods. The teams may be deployed in
3 medical clinics, hospital emergency departments, or other community
4 emergency response centers, and are expected to increase the capacity
5 of medication-assisted treatment therapy prescribing and inductions.
6 Team members may include, but are not limited to, nurse care
7 managers, peers or care navigators, drug task forces, and medication-
8 assisted treatment prescribers.

9 (2) The department shall work with the department of health and
10 the health care authority to reduce barriers and promote medication-
11 assisted treatment therapies in emergency departments and same-day
12 referrals to substance use disorder treatment facilities and
13 community-based medication-assisted treatment prescribers for
14 individuals experiencing an overdose.

15 **Sec. 6.** RCW 71.24.560 and 2017 c 297 s 11 are each amended to
16 read as follows:

17 (1) All approved opioid treatment programs that provide services
18 to women who are pregnant are required to disseminate up-to-date and
19 accurate health education information to all their pregnant clients
20 concerning the ~~((possible addiction and health risks that their
21 treatment may have on their baby))~~ effects opioid use and opioid
22 replacement therapy may have on their baby, including the development
23 of dependence and subsequent withdrawal. All pregnant clients must
24 also be advised of the risks to both them and their baby associated
25 with not remaining ~~((on the))~~ in an opioid treatment program. The
26 information must be provided to these clients both verbally and in
27 writing. The health education information provided to the pregnant
28 clients must include referral options for the substance-exposed baby.

29 (2) The department shall adopt rules that require all opioid
30 treatment programs to educate all pregnant women in their program on
31 the benefits and risks of medication-assisted treatment to their
32 fetus before they are provided these medications, as part of their
33 treatment. The department shall meet the requirements under this
34 subsection within the appropriations provided for opioid treatment
35 programs. The department, working with treatment providers and
36 medical experts, shall develop and disseminate the educational
37 materials to all certified opioid treatment programs.

1 **Sec. 7.** 2005 c 70 s 1 (uncodified) is amended to read as
2 follows:

3 The legislature finds that drug use among pregnant women is a
4 significant and growing concern statewide. (~~The legislature further
5 finds that methadone, although an effective alternative to other
6 substance use treatments, can result in babies who are exposed to
7 methadone while in uteri being born addicted and facing the painful
8 effects of withdrawal.~~)

9 It is the intent of the legislature to notify all pregnant
10 mothers who are receiving methadone treatment of the risks and
11 benefits (~~(methadone)~~) opioid replacement therapy could have on their
12 baby during pregnancy through birth and to inform them of the
13 potential need for the newborn baby to be taken care of in a hospital
14 setting or in a specialized supportive environment designed
15 specifically to address (~~(newborn addiction problems)~~) neonatal
16 abstinence syndrome.

17 **Sec. 8.** RCW 71.24.011 and 1982 c 204 s 1 are each amended to
18 read as follows:

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

21 **Sec. 9.** RCW 69.41.095 and 2015 c 205 s 2 are each amended to
22 read as follows:

23 (1)(a) A practitioner may prescribe, dispense, distribute, and
24 deliver an opioid overdose reversal medication: (i) Directly to a
25 person at risk of experiencing an opioid-related overdose; or (ii) by
26 prescription, collaborative drug therapy agreement, standing order,
27 or protocol to a first responder, family member, or other person or
28 entity in a position to assist a person at risk of experiencing an
29 opioid-related overdose. Any such prescription, standing order, or
30 protocol (~~(order)~~) is issued for a legitimate medical purpose in the
31 usual course of professional practice.

32 (b) At the time of prescribing, dispensing, distributing, or
33 delivering the opioid overdose reversal medication, the practitioner
34 shall inform the recipient that as soon as possible after
35 administration of the opioid overdose reversal medication, the person
36 at risk of experiencing an opioid-related overdose should be
37 transported to a hospital or a first responder should be summoned.

1 (2) A pharmacist may dispense an opioid overdose reversal
2 medication pursuant to a prescription, collaborative drug therapy
3 agreement, standing order, or protocol issued in accordance with
4 subsection (1)(a) of this section and may administer an opioid
5 overdose reversal medication to a person at risk of experiencing an
6 opioid-related overdose. At the time of dispensing an opioid overdose
7 reversal medication, a pharmacist shall provide written instructions
8 on the proper response to an opioid-related overdose, including
9 instructions for seeking immediate medical attention. The
10 instructions to seek immediate ~~((medication))~~ medical attention must
11 be conspicuously displayed.

12 (3) Any person or entity may lawfully possess, store, deliver,
13 distribute, or administer an opioid overdose reversal medication
14 pursuant to a prescription ~~((or))~~, collaborative drug therapy
15 agreement, standing order, or protocol issued by a practitioner in
16 accordance with subsection (1) of this section.

17 (4) The following individuals, if acting in good faith and with
18 reasonable care, are not subject to criminal or civil liability or
19 disciplinary action under chapter 18.130 RCW for any actions
20 authorized by this section or the outcomes of any actions authorized
21 by this section:

22 (a) A practitioner who prescribes, dispenses, distributes, or
23 delivers an opioid overdose reversal medication pursuant to
24 subsection (1) of this section;

25 (b) A pharmacist who dispenses an opioid overdose reversal
26 medication pursuant to subsection (2) or (5)(a) of this section;

27 (c) A person who possesses, stores, distributes, or administers
28 an opioid overdose reversal medication pursuant to subsection (3) of
29 this section.

30 (5) The secretary or his or her designee may issue a standing
31 order prescribing opioid overdose reversal medications to any person
32 at risk of experiencing an opioid-related overdose or any person or
33 entity in a position to assist a person at risk of experiencing an
34 opioid-related overdose. Such standing order can only be issued by a
35 practitioner as defined in this chapter. The standing order may be
36 limited to specific areas in the state or issued statewide.

37 (a) A pharmacist shall dispense an opioid overdose reversal
38 medication pursuant to a standing order issued in accordance with
39 this subsection, consistent with the pharmacist's responsibilities to
40 dispense prescribed legend drugs, and may administer an opioid

1 overdose reversal medication to a person at risk of experiencing an
2 opioid-related overdose. At the time of dispensing an opioid overdose
3 reversal medication, a pharmacist shall provide written instructions
4 on the proper response to an opioid-related overdose, including
5 instructions for seeking immediate medical attention. The
6 instructions to seek immediate medical attention must be
7 conspicuously displayed.

8 (b) Any person or entity may lawfully possess, store, deliver,
9 distribute, or administer an opioid overdose reversal medication
10 pursuant to a standing order issued in accordance with this
11 subsection (5). The department, in coordination with the appropriate
12 entity or entities, shall develop a training module that provides
13 training regarding the identification of a person suffering from an
14 opioid-related overdose and the use of opioid overdose reversal
15 medications. The training must be available electronically and in a
16 variety of media from the department.

17 (c) This subsection (5) does not create a private cause of
18 action. Notwithstanding any other provision of law, the state nor the
19 secretary nor the secretary's designee have any civil liability for
20 issuing standing orders or for any other actions taken pursuant to
21 this chapter. Neither the secretary nor the secretary's designee are
22 subject to any criminal liability or professional disciplinary action
23 for issuing standing orders or for any other actions taken pursuant
24 to this chapter.

25 (6) The labeling requirements of RCW 69.41.050 do not apply to
26 opioid overdose reversal medications dispensed, distributed, or
27 delivered pursuant to a prescription, collaborative drug therapy
28 agreement, standing order, or protocol issued in accordance with this
29 section. The individual or entity that dispenses, distributes, or
30 delivers an opioid overdose reversal medication as authorized by this
31 section shall ensure that directions for use are provided with the
32 medication.

33 (7) For purposes of this section, the following terms have the
34 following meanings unless the context clearly requires otherwise:

35 (a) "First responder" means: (i) A career or volunteer
36 firefighter, law enforcement officer, paramedic as defined in RCW
37 18.71.200, or first responder or emergency medical technician as
38 defined in RCW 18.73.030; and (ii) an entity that employs or
39 supervises an individual listed in (a)(i) of this subsection,
40 including a volunteer fire department.

1 (b) "Opioid overdose reversal medication" means any drug used to
2 reverse an opioid overdose that binds to opioid receptors and blocks
3 or inhibits the effects of opioids acting on those receptors. It does
4 not include intentional administration via the intravenous route.

5 (c) "Opioid-related overdose" means a condition including, but
6 not limited to, extreme physical illness, decreased level of
7 consciousness, respiratory depression, coma, or death that: (i)
8 Results from the consumption or use of an opioid or another substance
9 with which an opioid was combined; or (ii) a lay person would
10 reasonably believe to be an opioid-related overdose requiring medical
11 assistance.

12 (d) "Practitioner" means a health care practitioner who is
13 authorized under RCW 69.41.030 to prescribe legend drugs.

14 (e) "Standing order" or "protocol" means written or
15 electronically recorded instructions, prepared by a prescriber, for
16 distribution and administration of a drug by designated and trained
17 staff or volunteers of an organization or entity, as well as other
18 actions and interventions to be used upon the occurrence of clearly
19 defined clinical events in order to improve patients' timely access
20 to treatment.

21 PART III

22 **Sec. 10.** RCW 70.225.010 and 2007 c 259 s 42 are each amended to
23 read as follows:

24 The definitions in this section apply throughout this chapter
25 unless the context clearly requires otherwise.

26 (1) "Controlled substance" has the meaning provided in RCW
27 69.50.101.

28 (2) "Department" means the department of health.

29 (3) "Patient" means the person or animal who is the ultimate user
30 of a drug for whom a prescription is issued or for whom a drug is
31 dispensed.

32 (4) "Dispenser" means a practitioner or pharmacy that delivers a
33 Schedule II, III, IV, or V controlled substance to the ultimate user,
34 but does not include:

35 (a) A practitioner or other authorized person who administers, as
36 defined in RCW 69.41.010, a controlled substance; or

37 (b) A licensed wholesale distributor or manufacturer, as defined
38 in chapter 18.64 RCW, of a controlled substance.

1 (5) "Prescriber" means any person authorized to order or
2 prescribe legend drugs or schedule II, III, IV, or V controlled
3 substances to the ultimate user.

4 (6) "Requestor" means any person or entity requesting, accessing,
5 or receiving information from the prescription monitoring program
6 under RCW 70.225.040 (3), (4), or (5).

7 **Sec. 11.** RCW 70.225.040 and 2017 c 297 s 9 are each amended to
8 read as follows:

9 (1) ~~((Prescription))~~ All information submitted to the
10 ~~((department—must—be))~~ prescription monitoring program is
11 confidential, ~~((in—compliance—with))~~ exempt from public inspection,
12 copying, and disclosure under chapter 42.56 RCW, not subject to
13 subpoena or discovery in any civil action, and protected under
14 chapter 70.02 RCW and federal health care information privacy
15 requirements ~~((and not subject to disclosure))~~, except as provided in
16 subsections (3), (4), and (5) of this section. Such confidentiality
17 continues whenever information from the prescription monitoring
18 program is provided to a requestor under subsections (3), (4), or (5)
19 of this section.

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

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

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

32 (b) An individual who requests the individual's own prescription
33 monitoring information;

34 (c) Health professional licensing, certification, or regulatory
35 agency or entity;

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

1 (e) Authorized practitioners of the department of social and
2 health services and the health care authority regarding medicaid
3 program recipients;

4 (f) The director or the director's designee within the health
5 care authority regarding medicaid clients and members of the health
6 care authority self-funded or self-insured health plans for the
7 purposes of quality improvement, patient safety, and care
8 coordination. The information may not be used for contracting or
9 value-based purchasing decisions;

10 (g) The director or director's designee within the department of
11 labor and industries regarding workers' compensation claimants;

12 (h) The director or the director's designee within the department
13 of corrections regarding offenders committed to the department of
14 corrections;

15 (i) Other entities under grand jury subpoena or court order;

16 (j) Personnel of the department for purposes of:

17 (i) Assessing prescribing practices, including controlled
18 substances related to mortality and morbidity;

19 (ii) Providing quality improvement feedback to (~~providers~~)
20 prescribers, including comparison of their respective data to
21 aggregate data for (~~providers~~) prescribers with the same type of
22 license and same specialty; and

23 (iii) Administration and enforcement of this chapter or chapter
24 69.50 RCW;

25 (k) Personnel of a test site that meet the standards under RCW
26 70.225.070 pursuant to an agreement between the test site and a
27 person identified in (a) of this subsection to provide assistance in
28 determining which medications are being used by an identified patient
29 who is under the care of that person;

30 (l) A health care facility or entity for the purpose of providing
31 medical or pharmaceutical care to the patients of the facility or
32 entity, or for quality improvement purposes if:

33 (i) The facility or entity is licensed by the department or is
34 operated by the federal government or a federally recognized Indian
35 tribe; and

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

38 (m) A health care provider group of five or more (~~providers~~)
39 prescribers or dispensers for purposes of providing medical or

1 pharmaceutical care to the patients of the provider group, or for
2 quality improvement purposes if:

3 (i) All the (~~providers~~) prescribers or dispensers in the
4 provider group are licensed by the department or the provider group
5 is operated by the federal government or a federally recognized
6 Indian tribe; and

7 (ii) The provider group is a trading partner with the state's
8 health information exchange;

9 (n) The local health officer of a local health jurisdiction for
10 the purposes of patient follow-up and care coordination following a
11 controlled substance overdose event. For the purposes of this
12 subsection "local health officer" has the same meaning as in RCW
13 70.05.010; (~~and~~)

14 (o) The coordinated care electronic tracking program developed in
15 response to section 213, chapter 7, Laws of 2012 2nd sp. sess.,
16 commonly referred to as the seven best practices in emergency
17 medicine, for the purposes of providing:

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

20 (ii) Notice to providers, appropriate care coordination staff,
21 and prescribers listed in the patient's prescription monitoring
22 program record that the patient has experienced a controlled
23 substance overdose event. The department shall determine the content
24 and format of the notice in consultation with the Washington state
25 hospital association, Washington state medical association, and
26 Washington state health care authority, and the notice may be
27 modified as necessary to reflect current needs and best practices;
28 and

29 (p) A licensed practitioner of a health carrier for the purpose
30 of ensuring patient safety of any individual enrolled in a health
31 plan with the carrier. For purposes of this subsection (3)(p),
32 "health carrier" and "health plan" have the meanings given in RCW
33 48.43.005.

34 (4) The department shall, on at least a quarterly basis, and
35 pursuant to a schedule determined by the department, provide a
36 facility or entity identified under subsection (3)(l) of this section
37 or a provider group identified under subsection (3)(m) of this
38 section with facility or entity and individual prescriber information
39 if the facility, entity, or provider group:

1 (a) Uses the information only for internal quality improvement
2 and individual prescriber quality improvement feedback purposes and
3 does not use the information as the sole basis for any medical staff
4 sanction or adverse employment action; and

5 (b) Provides to the department a standardized list of current
6 prescribers of the facility, entity, or provider group. The specific
7 facility, entity, or provider group information provided pursuant to
8 this subsection and the requirements under this subsection must be
9 determined by the department in consultation with the Washington
10 state hospital association, Washington state medical association, and
11 Washington state health care authority, and may be modified as
12 necessary to reflect current needs and best practices.

13 (5)(a) The department may publish or provide data to public or
14 private entities for statistical, research, or educational purposes
15 after removing information that could be used directly or indirectly
16 to identify individual patients, requestors, dispensers, prescribers,
17 and persons who received prescriptions from dispensers. Indirect
18 patient identifiers may be provided for research that has been
19 approved by the Washington state institutional review board and by
20 the department through a data-sharing agreement.

21 (b)(i) The department may provide dispenser and prescriber data
22 and data that includes indirect patient identifiers to the Washington
23 state hospital association for use solely in connection with its
24 coordinated quality improvement program maintained under RCW
25 43.70.510 after entering into a data use agreement as specified in
26 RCW 43.70.052(8) with the association.

27 (ii) For the purposes of this subsection, "indirect patient
28 identifiers" means data that may include: Hospital or provider
29 identifiers, a five-digit zip code, county, state, and country of
30 resident; dates that include month and year; age in years; and race
31 and ethnicity; but does not include the patient's first name; middle
32 name; last name; social security number; control or medical record
33 number; zip code plus four digits; dates that include day, month, and
34 year; or admission and discharge date in combination.

35 (6) Persons authorized in subsections (3), (4), and (5) of this
36 section to receive data in the prescription monitoring program from
37 the department, acting in good faith, are immune from any civil,
38 criminal, disciplinary, or administrative liability that might
39 otherwise be incurred or imposed for acting under this chapter.

1 NEW SECTION. **Sec. 12.** A new section is added to chapter 70.225
2 RCW to read as follows:

3 (1) A vendor that sells a federally certified electronic health
4 records system for use in the state of Washington must ensure their
5 system can integrate with the prescription monitoring program
6 utilizing the state health information exchange by December 1, 2018.
7 The vendor may not charge an ongoing fee or a fee based on the number
8 of transactions or providers using such integration by one of their
9 customers, and total costs of connection must not impose an
10 unreasonable burden on the provider utilizing the electronic health
11 record. For the purposes of this section, "fully integrate" means
12 that the electronic health record system must:

13 (a) Send information to the prescription monitoring program
14 without physician intervention using one of the standard transmission
15 and content standards supported by the state health information
16 exchange for all controlled substances;

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

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

25 (2) A facility or entity identified in RCW 70.225.040(3)(l) or
26 provider group identified in RCW 70.225.040(3)(m) must demonstrate
27 that the facility's or entity's federally certified electronic health
28 record is able to use the state health information exchange to fully
29 integrate data to and from the prescription monitoring program,
30 confirmed by the state health information exchange by:

31 (a) January 1, 2019, if their federally certified electronic
32 health records system vendor is able to comply with subsection (1) of
33 this section by December 1, 2018; or

34 (b) January 1, 2020, if their federally certified electronic
35 health records system vendor is not able to comply with subsection
36 (1) of this section by December 1, 2018.

37 (3) A facility, entity, or provider group required to fully
38 integrate its electronic health records with data to and from the
39 prescription monitoring program under this section shall provide
40 annual progress reports to the department and the health care

1 authority beginning January 1, 2019. The requirement to provide
2 annual reports ends when integration is complete as confirmed by the
3 state health information exchange.

4 **Sec. 13.** RCW 70.168.090 and 2010 c 52 s 5 are each amended to
5 read as follows:

6 (1)(a) By July 1991, the department shall establish a statewide
7 data registry to collect and analyze data on the incidence, severity,
8 and causes of trauma, including traumatic brain injury. The
9 department shall collect additional data on traumatic brain injury
10 should additional data requirements be enacted by the legislature.
11 The registry shall be used to improve the availability and delivery
12 of prehospital and hospital trauma care services. Specific data
13 elements of the registry shall be defined by rule by the department.
14 To the extent possible, the department shall coordinate data
15 collection from hospitals for the trauma registry with the health
16 care data system authorized in chapter 70.170 RCW. Every hospital,
17 facility, or health care provider authorized to provide level I, II,
18 III, IV, or V trauma care services, level I, II, or III pediatric
19 trauma care services, level I, level I-pediatric, II, or III trauma-
20 related rehabilitative services, and prehospital trauma-related
21 services in the state shall furnish data to the registry. All other
22 hospitals and prehospital providers shall furnish trauma data as
23 required by the department by rule.

24 (b) The department may respond to requests for data and other
25 information from the registry for special studies and analysis
26 consistent with requirements for confidentiality of patient and
27 quality assurance records. The department may require requestors to
28 pay any or all of the reasonable costs associated with such requests
29 that might be approved.

30 (2) By July 1, 2019, the department shall establish a statewide
31 electronic emergency medical services data system and adopt rules
32 requiring that every licensed ambulance and aid service report and
33 furnish patient encounter data to the electronic emergency medical
34 services data system managed by the department. The data system must
35 be used to improve the availability and delivery of prehospital
36 emergency medical services. Specific data elements of the data system
37 and secure transport method, such as the state health information
38 exchange, shall be defined by rule by the department, and must
39 include data on fatal and nonfatal overdoses or drug poisoning.

1 (3) In each emergency medical services and trauma care planning
2 and service region, a regional emergency medical services and trauma
3 care systems quality assurance program shall be established by those
4 facilities authorized to provide levels I, II, and III trauma care
5 services. The systems quality assurance program shall evaluate trauma
6 care delivery, patient care outcomes, and compliance with the
7 requirements of this chapter. The systems quality assurance program
8 may also evaluate emergency cardiac and stroke care delivery. The
9 emergency medical services medical program director and all other
10 health care providers and facilities who provide trauma and emergency
11 cardiac and stroke care services within the region shall be invited
12 to participate in the regional emergency medical services and trauma
13 care quality assurance program.

14 (~~(3)~~) (4) Data elements related to the identification of
15 individual patient's, provider's and facility's care outcomes shall
16 be confidential, shall be exempt from RCW 42.56.030 through 42.56.570
17 and 42.17.350 through 42.17.450, and shall not be subject to
18 discovery by subpoena or admissible as evidence.

19 (~~(4)~~) (5) Patient care quality assurance proceedings, records,
20 and reports developed pursuant to this section are confidential,
21 exempt from chapter 42.56 RCW, and are not subject to discovery by
22 subpoena or admissible as evidence. In any civil action, except,
23 after in camera review, pursuant to a court order which provides for
24 the protection of sensitive information of interested parties
25 including the department: (a) In actions arising out of the
26 department's designation of a hospital or health care facility
27 pursuant to RCW 70.168.070; (b) in actions arising out of the
28 department's revocation or suspension of designation status of a
29 hospital or health care facility under RCW 70.168.070; (c) in actions
30 arising out of the department's licensing or verification of an
31 ambulance or aid service pursuant to RCW 18.73.030 or 70.168.080; (d)
32 in actions arising out of the certification of a medical program
33 director pursuant to RCW 18.71.212; or (~~(e)~~) (e) in actions arising
34 out of the restriction or revocation of the clinical or staff
35 privileges of a health care provider as defined in RCW 7.70.020 (1)
36 and (2), subject to any further restrictions on disclosure in RCW
37 4.24.250 that may apply. Information that identifies individual
38 patients shall not be publicly disclosed without the patient's
39 consent.

1 NEW SECTION. **Sec. 14.** A new section is added to chapter 74.09
2 RCW to read as follows:

3 (1) By October 2018, the health care authority shall develop and
4 recommend for coverage nonpharmacologic treatments for chronic
5 noncancer pain and shall report to the governor and the appropriate
6 committees of the legislature, including any requests for funding
7 necessary to implement the recommendations under this section. The
8 recommendations must contain the following elements:

9 (a) A list of chronic conditions for which nonpharmacologic
10 treatments will be covered;

11 (b) A list of which nonpharmacologic treatments will be covered
12 for each chronic condition specified as eligible for coverage;

13 (c) Recommendations as to the duration, amount, and type of
14 treatment eligible for coverage by condition;

15 (d) A financial model that is scalable based on the types of
16 conditions covered and the amount of allowed services per condition;

17 (e) Guidance on the type of providers eligible to provide these
18 treatments; and

19 (f) Recommendations regarding the need to add any provider types
20 to the list of currently eligible medicaid provider types.

21 (2) The health care authority shall ensure only treatments that
22 are supported by evidence for the treatment of the specific chronic
23 pain conditions listed will be eligible for coverage recommendations.

--- END ---