Washington State Department of Health
Washington State Pharmacy Quality Assurance Commission
Legislative Panel 2021 – Bill Report
April 23, 2021

Link to Washington State Legislature Bill Information 2021

Jan 11, 2021 – First day of session.
Feb 15, 2021 – Policy Committee Cutoff.
Feb 22, 2021 – Fiscal Committee Cutoff.
March 9, 2021 – House of Origin Cutoff.
March 26, 2021 – Policy Committee Cutoff – Opposite House.
April 2, 2021 – Fiscal Committee Cutoff – Opposite House.
April 11, 2021 – Opposite House Cutoff.
April 25, 2021 – Sine die. Last day allowed for regular session under state constitution.

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Bills Related to Pharmacy Statutes			
Bill # /Companion	**Short Title**	**Brief Description**	**Committee Action (subject to change)**
SHB 1445	Concerning the definition of compounding for the purposes of the practice of pharmacy.	SHB 1445 amends the definition of compounding in RCW 18.64.011(6) to exclude reconstitution. Current pharmacy statute defines compounding as "the act of combining two or more ingredients in the preparation of a prescription." SHB 1445 adds to the definition of compounding in 18.64.011(6): "Reconstitution and mixing of (a) sterile products according to federal food and drug administration-approved labeling does not constitute compounding if prepared pursuant to a prescription and administered immediately or in accordance with package labeling, and (b) nonsterile products according to federal food and drug administration-approved labeling does not constitute compounding if prepared pursuant to a prescription."	Sponsors: Representatives Thai, Cody, Ormsby, Pollet, Harris-Talley Introduced on 2/1/21. **UPDATE:** Public Hearing held on February 8th in House Health Care & Wellness. Executive Session held on February 11th and the substitute bill was passed. Passed the House Floor on March 6th. Referred to the Senate Committee on Health and Long Term Care on March 9th. Public hearing held in Senate Health and Long Term Care on March 19th. Executive Session held on March 22nd. The bill passed the Senate Floor on April 6th. SHB 1445 was signed by the Governor on April 13th. The law will go into effect on July 24, 2021.

ESSB 5178	Establishing automatic waivers of select state health care laws to enable timely response by the health care system during a governor-declared statewide state of emergency.	ESSB 5178 requires the Governor, within five days of declaring a state of emergency, to determine which of the health care related statutes specified in the act will be waived. The waivers include certain hospital, pharmacy, and licensing statutes and regulations. Specifically, the waiver would remove language specifying that a pharmacy license is a license of location by striking certain provisions in RCW 18.64.043(1), (2)(a), and (3). The bill also requires hospitals acting in reliance on a waived state statute to notify the Department of Health. Waivers and suspensions under this provision do not apply except to projects undertaken to provide surge, including temporary increases in bed capacity, during the declared state of emergency.	Sponsors: Senators Cleveland and Muzzall Introduced on 1/13/21 and referred to Senate Committee on Health & Long Term Care **UPDATE:** Public hearing held on January 25th in the Senate Committee on Health and Long Term Care. Executive session on January 29th and a substitute was passed. Amended on the Senate Floor on March 9th and passed as amended. Public hearing held in the House Committee on Health Care and Wellness on March 22nd. Executive Session held on March 25th and the bill was passed as amended. The House passed ESSB 5178 on April 9th. The first chamber has agreed to the second chamber's changes on April 14th. The bill will now make its way to the Governor's desk.
2SSB 5195 **NEW** Floor amendment on 2SSB 5195	Concerning prescribing opioid overdose reversal medication.	**Summary of bill as amended:** 2SSB 5195 requires a hospital emergency department to provide a patient with opioid overdose reversal medication (OORM) upon discharge if the person presents with symptoms of an opioid overdose, opioid use disorder, or other adverse event related to opioid use, unless the provider determines it to be clinically inappropriate to do so or confirms the patient already has OORM. The medication may be dispensed using technology used to dispense medications and the labeling standards in RCW 69.41.050 and 18.64.246 do not apply to OORM dispensed under this act. The hospital must also provide information and resources to a person who receives OORM prepared by HCA about medication for opioid use disorder, harm reduction strategies, and available services. The bill requires that Medicaid managed care organizations reimburse hospitals for opioid overdose reversal medication dispensed by a hospital.	Sponsors: Senators Liias and Muzzall Introduced on 1/13/21 and referred to Senate Committee on Health & Long Term Care **UPDATE:** Public hearing held on the proposed substitute bill in the Senate Behavioral Health Subcommittee on Friday, January 22nd. Executive Session held on February 5th in the Senate Behavioral Health Subcommittee and the bill was passed as substituted.

		When applicable, the hospital must bill the patient's Medicaid benefit using the billing codes established by HCA and the billing for the OORM must be separate from and in addition to that of other services. If the patient is not enrolled in Medicaid and does not have other available insurance coverage, HCA must reimburse the hospital for the medication. The bill also requires all licensed or certified behavioral health agencies that provide individual treatment for mental health or substance use disorder provider, withdrawal management, secure withdrawal management, evaluation and treatment, or opioid treatment programs to inform clients about OORM and ask whether they have OORM. If the client does not, the agency must prescribe an OORM to the client, or use the Naloxone standing order to assist the client in obtaining OORM by directly dispensing or partnering with a pharmacy to obtain the medication. A pharmacy that dispenses OORM through a partnership with a behavioral health agency must bill HCA for the cost of the OORM for clients that are not enrolled in medical assistance and do not have other available insurance. HCA must reimburse the behavioral health agency or pharmacy for the cost of dispensing OORM. Hospitals and behavioral health agencies are also immune from criminal or civil action for complying with 2SSB 5195. The bill requires HCA to establish an OORM bulk purchasing and distribution program. It requires health carriers, health plans offered to public employees, managed health care systems administering Medicaid managed care plans, and the HCA for individuals enrolled in Medicaid, but not a managed care plan and uninsured individuals to participate in the program once the program is operational. The bill creates an OORM account and authorizes HCA and the Insurance Commissioner to adopt rules to implement the provisions of the Act related to the program. HCA is also required to submit a report to the Legislature by January 1, 2022 on the progress towards establishing the OORM bulk purchasing and distribution program.	Public Hearing held in the Senate Committee on Ways and Means on February 18th. The bill was substituted and passed as substituted in Senate Ways and Means on February 22nd. Passed on the Senate Floor on March 5th. Referred to the House Committee on Health Care and Wellness on March 7th. Public Hearing held in House Health Care and Wellness on March 18th. Executive Session held on March 24th and the bill was passed. Public hearing held in House Appropriations on March 30th. Executive Session held on March 31st. The House adopted floor amendments and passed the bill as amended on April 9th. The first chamber has agreed to the second chamber's changes on April 19th. The bill will now make its way to the Governor's desk.
ESSB 5229	Concerning health equity continuing education for health care professionals.	ESSB 5229 requires that by January 1st, 2024 all professions under Title 18 adopt rules requiring continuing education related to health equity to be completed once every four years. The substitute bill directs the department of health to develop the model rules establishing the minimum standards for health equity continuing education courses in consultation with communities who have lived experience of health inequities or racism in	Sponsors: Senators Randall, Das, Keiser, Lovelett, Nobles, and Wilson, C. Introduced on 1/14/21 and referred to Senate Committee on Health & Long Term Care

		the health care system. Information regarding health equity continuing education must be made available to licensees by July 1st, 2023 and must include a course option that is free of charge. The rule-making authority may determine if health equity continuing education courses may be taken in addition to or in place of other continuing education requirements. The continuing education courses must include instruction on skills to address the structural factors, such as bias, racism, and poverty, that manifest as health inequities.	**UPDATE:** Public hearing held on January 29th in the Senate Committee on Health and Long Term Care. Executive session held on February 5th and a substitute bill was passed. Floor vote held on February 17th. The bill was amended on the floor and passed as amended. Public hearing held in House Health Care and Wellness on March 15th. The bill was amended and passed as amended in the House Health Care and Wellness committee on March 17th. The House passed ESSB 5229 on March 24th. The first chamber has agreed to the second chamber's changes on April 15th. The bill will now make its way to the Governor's desk.
ESB 5476	Addressing the State v. Blake decision.	ESB 5476 amends the Uniform Controlled Substance Act (chapter 69.50 RCW) and the Legend Drug Act (chapter 69.41 RCW) to add a mental state requirement to the provisions on possession in response to the *State v. Blake* decision. In other words, under this Act, it is unlawful to knowingly be in possession of a counterfeit substance, controlled substance, or legend drug. The bill also changes the possession charge from a class B felony to a gross misdemeanor. Certain possession charges such as possession with the intent to sell or deliver remain a class B or class C felony. Additionally, where legally sufficient, prosecutors are required to divert the case for treatment if the alleged violation is the person's first or second possession violation. Prosecutors are encouraged to divert the case for treatment on a person's third or subsequent violation. The bill also permits the use of, delivery, possession with intent to deliver, or manufacture with intent to deliver drug paraphernalia that is used to introduce a controlled substance into the body or that is used to test or analyze controlled substances.	Sponsor: Senator Dhingra Introduced on 3/24/21 and referred to the Senate Committee on Ways and Means. **UPDATE:** Public hearing held on April 5, 2021 in the Senate Committee on Ways and Means. Executive Session held on April 10th and the bill was passed to the Senate Rules Committee without recommendation. The Senate amended the bill on the floor and passed it as amended on April 15th. Public hearing held on a striking amendment in House Appropriations on

		ESB 5476 directs the Health Care Authority (HCA) to establish the substance use recovery services advisory committee (committee) in consultation with the University of Washington and an organization that represents those impacted by SUD. The committee must make recommendations for the implementation of a substance use recovery services plan (plan). The recommendations must include reforms to state laws that align with the goal of treating SUD, among other things. HCA must submit a summary report of the plan and recommend changes to the law to the appropriate committees of the legislature by October 1, 2022 and an interim report by December 1, 2021. ESB 5476 also provides criminal commissioners and court commissioners under chapter 2.24 RCW with the authority to conduct resentencing hearings and vacate convictions related to the *State v. Blake* decision. In addition, the bill removes the requirement that criminal commissioners may only be appointed in counties with a population of more than four hundred thousand. The bill amends RCW 9.94A.728 to permit an offender entitled to vacation of a conviction in accordance with the *State v. Blake* decision to be released from confinement pursuant to a court order if they have already served a period of confinement that exceeds their new standard range. This provision does not create an independent right to release from confinement prior to resentencing. Finally, the *State v. Blake* reimbursement account (account) is established. Expenditures from the account may only be used for state and local government costs resulting from the *State v. Blake* decision and to reimburse individuals for legal financial obligations paid in connection with sentences that have been invalidated by the decision.	April 19th. The bill is scheduled for Executive Session on April 21st.

Other Bills Related to the Practice of Pharmacy			
Bill # /Companion	**Short Title**	**Brief Description**	**Committee Action (subject to change)**
ESHB 1196	Concerning audio-only telemedicine.	ESHB 1196 requires that a health plan offered by a health carrier, a health plan offered to school or state employees, a Medicaid managed care plan, and a behavioral health administrative services organization (for covered persons under 18 years of age) reimburse providers for health care services provided through audio-only telemedicine. “Audio-only telemedicine" means the delivery of health care services through the use of audio-only technology, permitting real-time communication between the patient at the originating site and the provider for purposes of diagnosis, consultation, or	Sponsors: House Health Care and Wellness Committee Introduced on 1/14/21 and referred to the House Committee on Health Care and Wellness.

		treatment. Audio-only telemedicine does not include facsimile, electronic mail or the delivery of health care services that are customarily delivered by audio-only technology and not billed as separate services by the provider, such as the sharing of laboratory results. ESHB 1196 requires that services provided through telemedicine, including audio-only telemedicine, are reimbursed the same amount of compensation as if the services were provided in person. Beginning in January 1, 2023, for audio-only telemedicine the covered person must have an established relationship with the provider as defined in the act. The bill also directs the telemedicine collaborative to study the need for an established relationship before providing audio-only telemedicine If a provider intends to bill for audio-only telemedicine, they must obtain the patient's consent to the billing prior to the services being delivered. If HCA has cause to believe that a provider is engaged in a pattern of unresolved violations in obtaining the patient's consent, they may submit the information to the appropriate disciplining authority for action. The disciplining authority may levy a fine or cost recovery and take any other action as permitted under its statutory authority. Upon completion of its review, the disciplining authority must notify the Insurance Commissioner or HCA of the results of the review.	**UPDATE:** Amended on the House floor on February 24th and passed as amended. Public hearing held in the Senate Committee on Health and Long Term Care on March 12th. Executive Session held on March 26th and the bill was passed as amended. Public hearing held on March 31st and Executive Sesion held on April 2nd in Senate Ways and Means. The bill was amended and passed as amended. The Senate passed ESHB 1196 on April 10th. The first chamber has agreed to the second chamber's changes on April 15th. The bill will now make its way to the Governor's desk.
SHB 1383	Concerning respiratory care practitioners.	SHB 1383 amends sections in chapter 18.89 RCW amending provisions for the practice of respiratory care. It specifically adds in telemedicine for the profession, including that direct orders from a health care practitioner may be received written, verbal, or telephonic. The bill changes the scope of practice of the profession to include disease prevention. It also adds to which prescribed drugs may be administered by a respiratory care practitioner to include nitrous oxide for analgesia under the direct supervision of a physician and medications via a nebulizer related to cardiopulmonary care. It also adds extracorporeal membrane oxygenation and cardiopulmonary stress testing including medication administration during the testing. Allows programs meeting the extracorporeal life support organization guidelines to meet the training requirements of this section. Clarifies that a respiratory care therapist may not provide treatment that includes Cardiopulmonary Bypass, the incorporation of venous reservoirs, or cardiotomy suction during extracorporeal membrane oxygenation therapy.	Sponsors: Representatives Taylor, Stonier, Dolan, J, Johnson, Leavitt, Simmons, Berry, Fitzgibbon, Sells, Ryu, Berg, Ormsby, Macri, and Morgan. Introduced on 1/26/21 and referred to House Committee on Health and Long Term Care. **UPDATE:** Scheduled for a public hearing on February 8th in House Health Care & Wellness. Executive Session held on February 11th and a substitute bill was passed and referred to Rules. The House passed SHB 1383 on the floor February 24th.

		The bill adds a definition for direct supervision and gives the Secretary of Health the authority to define training requirements and hospital protocols for the administration of nitrous oxide. SHB 1383 also changes the degree requirement from a two-year program to one that is at least a two-years long and changes exam requirements. The bill also removes an exemption for individuals who meet the education criteria but are waiting to be able to take the exam to practice under a respiratory therapist without the license.	Currently in the Senate Committee on Health and Long Term Care. Public hearing on March 12th. The bill was amended and passed as amended on March 15th. Passed the Senate Floor on March 29th with amendments. The House concurred with the Senate's amendments on April 12th. The bill is now on the Governor's desk.
ESSB 5203	Producing, distributing, and purchasing generic prescription drugs.	SSB 5203 permits the Health Care Authority to enter into an agreement with another state, group of states, a state agency, a nonprofit organization, or any other entity to produce, distribute, or purchase generic prescription drugs and distribute and purchase insulin. The generic prescription drugs and insulin must be produced or distributed by a drug company or manufacturer that is registered with the FDA. The bill also requires HCA to comply with state procurement laws when purchasing or entering into purchasing agreements with non-governmental entities. Partnerships with other governmental entities are exempt from competitive solicitation agreements under current law. State purchased health care programs must purchase generic prescription drugs and insulin that the Health Care Authority has entered into a partnership for, unless the generic prescription drugs can be purchased elsewhere for a lower cost.	Sponsor: Senator Van De Wege Introduced on 1/13/21 and referred to Senate Committee on Health & Long Term Care **UPDATE:** Public hearing held on January 29th in Senate Health and Long Term Care. Executive Session held on February 5th. A proposed substitute version was passed. The bill was voted out of Senate and Ways and Means on February 22nd. The Senate amended the bill on the Floor on March 4th and passed the bill as amended. Public Hearing held in the House Committee on Health Care and Wellness on March 18th. Executive Session held on March 24th and the bill was passed as amended. Public hearing held in House Appropriations on March 30th. Executive session held on March 31st and the bill was passed. The House passed ESSB 5203 on April 7th. The bill will now make its way to the Governor's desk. The first chamber will

			have to agree to the second chamber's changes.
Bills Related to Commission Business			
Bill # /Companion	**Short Title**	**Brief Description**	**Committee Action (subject to change)**
SCR 8402	Extending certain gubernatorial orders issued in response to the COVID-19 state of emergency.	SCR 8402 gathers several of the Governor proclamations that have been issued and renewed throughout the COVID-19 outbreak response. This authority and the process for extending the orders is contained in RCW 43.06.220 which includes the need for Legislative approval while in session. The resolution approves the extension of the listed orders until the end of the state of emergency, until rescinded by the Governor, or by legislative action whichever occurs first. Included proclamations: 20-15, 20-20, 20-23, 20-28, 20-30, 20-31, **20-32, 20-36,** 20-41, 20-43, 20-44, 20-45, 20-48, 20-49, 20-51, 20-52, 20-56, 20-59, 20-64, 20-65, 20-66, 20-69, 20-74, 20-79, 20-82, and 20-84.	Adopted by the Senate on January 13th and adopted by the House on January 15th. Signed by the Senate President and Speaker of the House on January 18th.
Bills that are likely "dead" for the 2021 Legislative Session			
Bill # /Companion	**Short Title**	**Brief Description**	**Committee Action (subject to change)**
ESHB 1141	Increasing access to the death with dignity act.	ESHB 1141 changes the definition of "attending physician" to "qualified medical provider" as well as "consulting physician" to "consulting qualified medical provider" in the Death with Dignity Act to include physician assistants, osteopathic physician assistants, or advanced registered nurse practitioners. It also adds independent clinical social worker, advanced social worker, mental health counselor, or psychiatric advanced registered nurse practitioner to the definition of "counseling". ESHB 1141 also adds a new section to chapter 70.245 RCW that allows a qualified patient to select the attending or consulting qualified medical provider of their choosing. However, one of the attending or consulting qualified medical providers must be a physician and the qualified medical provider and consulting qualified medical provider must not have a supervisory relationship with each other. The bill reduces the 15-day waiting period between the first and second requests for medications under this Act to 72 hours and removes the prohibition on dispensing the medications by mail or courier and specifies that a receipt of signature of	Sponsor: Representatives Rude and Macri Introduced on 1/12/21 and referred to House Committee on Health & Wellness **UPDATE:** Public hearing held on Monday, January 18th. Executive session held on Wednesday, January 20th and the proposed substitute was adopted. Amended on the floor and passed as amended on February 25th. Public hearing held on March 17th in the Senate Committee on Health and Long Term Care. Scheduled for Executive

		the addressee or authorized person is obtained at the time of delivery regardless of the permitted delivery entity. The bill also requires that hospitals submit their policies regarding access to end-of-life care to DOH.	Session held on March 26th and the bill was passed. Currently in Senate Floor Calendar as of April 3rd.
ESHB 1056	Concerning open public meeting notice requirements and declared emergencies.	ESHB 1056 adds a new section in chapter 42.30 RCW to allow for remote meetings of a governing body without a physical location or meetings at which physical attendance by the public is limited during declared states of emergency. At a remote or limited attendance meeting under this provision, the public agency must provide an option for the public to listen via telephone or other technology so long as it does not require an additional cost for participation. If the public cannot listen to the proceedings, no action may take place. Public notice must include instructions on how the public can listen to proceedings The bill also amends current statute to accommodate remote or limited attendance meetings during a declared state of emergency. Agencies which held at least some regular meetings remotely prior to March 1, 2020, may continue to do so with no declared emergency if the agency provides an option for the public to listen to the meeting.	Pre-filed 12/28/20 Sponsors: Representatives Pollet and Goehner Introduced on 1/11/21 and referred to House Committee on Local Government **UPDATE:** Public Hearing Held on January 13th. Executive Session on January 15th and a substitute bill was passed. The bill was also amended on the House floor on January 22nd. Public hearing held on February 12th in the Senate Committee on State Government & Elections. Executive Session held on March 17th and the bill was amended and passed as amended. Currently in the Senate Rules Committee.
ESHB 1329	Concerning public meeting accessibility and participation.	EHB 1329 amends the open public meetings act encouraging public agencies to accept public comment and allow remote access for regular meetings. Public agencies are also encouraged to make an audio or video recording of regular meetings of its governing bodies available online for at least 6 months. The bill also requires that before convening an executive session that excludes the public, a governing body must enter the purpose of excluding the public into the meeting minutes. ESHB 1329 also requires a governing body to provide opportunity for public comment at or before every regular meeting at which final action is taken. Public comment may be oral at the meeting or written submitted prior to the meeting and distributed to the members of the governing body. The bill also requires governing bodies, upon request of an individual who,	Sponsors: Representatives Wicks, Pollet, Taylor, Ryu, Wylie, Shewmake, Bateman, Lovick, Fey, Morgan, Lekanoff, Harris-Talley, and Peterson. Introduced 1/20/21 and referred to the House Committee on Local Government **UPDATE:** Public hearing held in the House Committee on Local Government on January 26th. Executive Session held on

		because of disability, limited mobility, or other reason, finds physical attendance difficult, to provide an opportunity for remote oral comment for that individual when feasible.	February 15th and the bill was substituted and passed. Amended on the House Floor on February 26th and passed as amended. Public Hearing held in the Senate Committee on State Government and Elections on March 19th. Executive Session held on March 24th and the bill was passed as amended. Currently in Senate Rules. Placed on second reading in the Senate on April 6th.
SSB 5020	Assessing a penalty on unsupported prescription drug price increases to protect the safety, health, and economic well-being of Washington residents.	SSB 5020 amends and adds new sections to chapter 43.71C RCW tasking the Health Care Authority and Department of Revenue with identifying and assessing a penalty on the sale of "identified drugs" in the state under certain conditions. An "identified drug" means any legend drug that is newly identified to have an unsupported price increase in the unsupported price increase report. "Unsupported price increase" means an increase in price for a prescription drug for which there was no, or inadequate, new clinical evidence to support the price increase. The state must utilize and rely upon the analyses of prescription drugs prepared annually by the institute for clinical and economic review or similar report in determining a price increase. Within 60 days of the annual publication by the institute for clinical and economic review, HCA must identify manufacturers of identified drugs. The manufacturers must have at least $250,000 in annual sales to be subject to the penalty. HCA must notify the Department of Revenue and each identified manufacturer that sales within WA of identified drugs must be subject to the penalty assessed in accordance with this provision for a two-year period following the drug's determination as an identified drug. The Department of Revenue must assess an additional fee if it determines a manufacturer has withdrawn an identified drug from sale in WA. Amendments adopted to the substitute bill:	Pre-filed 12/17/20 Sponsors: Senators Keiser and Robinson Introduced on 1/11/21 and referred to Senate Committee on Health & Long Term Care **UPDATE:** Public hearing held on Friday, January 22nd in the Senate Committee on Health and Long Term Care. Scheduled for Executive Session on February 12th. The proposed substitute was adopted as amended. Currently in Senate Committee on Ways and Means.

		• Removes distributors from entities that may be penalized for removing identified drugs from the market Adds a new section stating that if the use of the institute for clinical and economic review or similar report is found to be invalid, the remainder of the act becomes inoperable	
SHB 1340	Concerning creation of the statewide pandemic preparation and response task force.	SHB 1340 establishes a task force to conduct a comprehensive after-action review of the statewide COVID-19 pandemic response and recovery. The bill sets requirements for several agency representatives, elected officials, and other individuals who must serve on the task force. Among others, the task force must include the executive director of the Pharmacy Quality Assurance Commission or the executive director's designee. Staff support for the task force must be supplied equally by the Military Department and the Department of Health. The bill requires the task force to submit its final report to the Governor and the appropriation committees of the Legislature by July 1, 2023. SHB 1340 also states that the act is null and void if specific funding for its provisions is not included in the omnibus appropriations act.	Sponsor: House Committee on Community and Economic Development Introduced on January 21, 2021 and referred to the House Committee on Community and Economic Development **UDPATE:** Public hearing held on February 2nd and Executive Session held on February 10th in House Committee on Community and Economic Development. The bill was substituted and passed. Currently in the House Committee on Appropriations.
SHB 1181	Establishing programs and measures to prevent suicide among veterans and military members.	HB 1181 establishes a suicide prevention community-based services grant program in the Department of Veteran Affairs to provide suicide prevention and peer support to at-risk and transitioning veterans and military members and their families. The bill also requires every primary care provider who is required to take the suicide prevention training under RCW 43.70.442 when assessing, screening, referring, treating, or managing a patient, inquire into whether the patient is a veteran, member of the military services, or a family member or spouse of a veteran or member of the military services. HB 1181 also extends the expiration date on the suicide prevention committees in RCW 43.70.44 to July 1, 2024. This includes the suicide prevention and health care subcommittee which requires one representative from the Pharmacy Quality Assurance Commission. Substitute bill as it relates to PQAC: • The substitute encourages health care providers to inquire on patients' military or veteran status rather than requires it	Sponsors: Representatives Orwall, Boehnke, Callan, Leavitt, Davis, Dolan, Valdez, Young, Riccelli, Lekanoff, Barkis, Peterson, Shewmake, Bronoske, Macri, and Morgan Introduced on 1/13/21 and referred to the House Committee on Housing, Human Services, and Veterans **UPDATE:** Public hearing held on January 19th. Executive session held on January 28th and a substitute bill was passed. Currently in the House Committee on Appropriations.

		It also adds a provision on requiring the discipling authorities in RCW 18.130.020 to electronically distribute suicide prevention education materials to health care providers upon renewal.	
HB 1499 SHB 1499	Providing behavioral health system responses to individuals with substance use disorder.	HB 1499 directs the Health Care Authority to establish a recovery services plan as well as a substance use recovery services advisory committee to assist in developing and implementing the plan. This plan is intended to develop a robust system to provide rapid access to evidence-based and innovative substance use treatment and comprehensive recovery support services in lieu of criminal penalties for individuals in possession of drugs. HB 1499 also directs HCA to adopt rules in consultation with DOH and PQAC establishing the "maximum personal use amounts" of controlled substances, counterfeit substances, and legend drugs. "Personal use amount" is defined as the maximum amount of a particular controlled substance, legend drug, or counterfeit substance that HCA has determined to be consistent with personal, nonprescribed use patterns of people with substance use disorder. The bill also amends chapter 69.41 RCW and 69.50 RCW to allow possession of personal use amounts of controlled substances, counterfeit substances, and legend drugs. Substitute Bill Compared to Original: • Requires HCA to submit readiness report to the Governor and Legislature by Nov 1, 2022 to indicate progress on substance use disorder continuum of care • Delays effective date of provisions decriminalizing possession of personal use amounts of controlled substances, counterfeit substances, and legend drugs, and use of paraphernalia for personal use amount of controlled substances from December 1, 2022 to July 1, 2023. Also delays effective date of provisions expanding alternatives to arrest from December 1, 2022 to July 1, 2023 • Delays the date by which HCA must adopt rules establishing maximum personal use amounts of controlled substances, counterfeit substances, and legend drugs from September 1, 2022 to April 1, 2023. • Removes the provisions allowing persons with certain prior controlled substances convictions to vacate the record of conviction without having to meet current law requirements for vacating convictions.	Sponsors: Representatives Davis and Harris-Talley Introduced on 2/5/21 and referred to House Committee on Public Safety. **UPDATE:** Scheduled for a public hearing in the House Committee on Public Safety on February 12th. Executive Session held on February 15th and the bill was substituted and passed. Currently in the House Committee on Appropriations.

		Provides that nothing in the bill prohibits public or private employers from establishing or enforcing employment or workplace policies pertaining to use, possession, manufacture, distribution, or dispensation of controlled substances, counterfeit substances, or legend drugs, regardless of whether the amount at issue is a personal use amount.	
SB 5088	Addressing a shortage of primary care services by increasing the scope of practice of naturopathic physicians.	SB 5088 expands the prescriptive authority for naturopathic physicians to include all Schedule III, IV, and V controlled substances. Licensees who desire to prescribe these medications must complete education and training requirements established by the Board of Naturopathy and register with and access the prescription monitoring program. The bill also amends the legend drug act and uniform controlled substances act, adding naturopathic physician under provisions relevant to prescribing. The bill permits a naturopath to sign and attest to documents signed by a physician, such as guardianships, disability determinations, and similar documents, with the caveat that doing so must be within naturopathic scope of practice.	Pre-filed 1/6/21 Sponsors: Senators Randall and Rivers Introduced on 1/11/21 and referred to Senate Committee on Health & Long Term Care
SB 5142	Establishing the profession of dental therapist.	SB 5142 adds a new chapter to Title 18 RCW establishing the profession of dental therapist. "Dental therapist" is defined as any person licensed to practice dental therapy under this new chapter. Dental therapists may provide services as specified in the bill under the supervision of a licensed dentist and pursuant to a written practice plan contract. They may not practice independently. A dental therapist may supervise no more than four expanded function dental auxiliaries and dental assistants at any one time. The bill also permits dental therapists to dispense and orally administer nonnarcotic analgesics, anti-inflammatories, preventative agents, and antibiotics. Dental therapists may not dispense or administer narcotic drugs as defined in chapter 69.50 RCW and do not have the authority to prescribe drugs. SB 5142 also amends chapter 69.41 RCW (the legend drug act) to add dental therapists under the definition of practitioner. The bill also adds dental therapists in RCW 69.41.030 to those who may lawfully sell, deliver, or possess legend drugs.	Sponsor: Senator Frockt Introduced on 1/12/21 and referred to Senate Committee on Health & Long Term Care
SB 5075	Expanding access to pharmacy services.	SB 5075 adds new sections to chapter 48.43 RCW stating that a retail community pharmacy that requests to enter into a contractual agreement to join a retail pharmacy network, accepting certain terms and conditions, shall be considered part of the pharmacy benefit manager's retail	Pre-filed 1/5/21 Sponsors: Senators Kuderer and Short

		pharmacy network for purposes of an enrollee's right to choose where to purchase covered prescription drugs. If a retail community pharmacy enters a contractual retail pharmacy network agreement as specified in this bill, a health benefit plan or pharmacy benefit manager shall permit each enrollee and dependent to fill any covered prescription that may be obtained by mail at any retail community pharmacy of the enrollee's choice within the pharmacy benefit manager's retail pharmacy network. SB 5075 also requires that each health plan or pharmacy benefit manager file a report with the insurance commissioner each year stating they are in compliance with this provision. The insurance commissioner may also assess a fine for violations of this chapter.	Introduced on 1/11/21 and referred to Senate Committee on Health & Long Term Care **UPDATE:** Public hearing held on Friday, January 22nd in the Senate Committee on Health and Long Term Care.
SB 5076	Concerning mail order prescription services.	SB 5076 adds a new section to chapter 48.43 RCW requiring that the health carrier include in any contract with a pharmacy benefit manager a requirement that the pharmacy benefit manager require any contracted nonresident pharmacy to obtain affirmative authorization from a health plan enrollee prior to filling an enrollee's prescription and billing the enrollee's health plan. Each nonresident pharmacy shipment must include a notice to the enrollee clearly describing how the enrollee can terminate the use of the nonresident pharmacy. The health plan must allow enrollees to opt out of mandatory use of a nonresident pharmacy. SB 5076 exempts nonresident pharmacies with specialty pharmacy accreditation from a nationally recognized accreditation entity from the requirements in this bill.	Pre-filed 1/5/21 Sponsors: Senators Kuderer and Short Introduced on 1/11/21 and referred to Senate Committee on Health & Long Term Care **UPDATE:** Public hearing held on Friday, January 22nd in the Senate Committee on Health and Long Term Care.
SB 5144	Protecting the right of every Washington resident to decline an immunization or vaccination for COVID-19.	SB 5144 prohibits state and local governments from enacting a COVID-19 vaccination or immunization requirement. The bill also prohibits any employer, school or university, transportation provider, or any place of public resort, accommodation, assemblage, or amusements from requiring vaccination or immunization from COVID-19.	Sponsors: Senators Ericksen and Fortunato Introduced on 1/12/21 and referred to Senate Committee on Health & Long Term Care

HB 1006	Protecting the right of every Washington resident to decline an immunization or vaccination based on religion or conscience.	HB 1006 prohibits state and local governments from enacting a vaccination or immunization requirement, including but not limited to, as a condition for employment. The bill also removes the requirement that "A philosophical or personal objection may not be used to exempt a child from the measles, mumps, rubella vaccine" from the list of exemptions on immunization requirements for school children in WA state. HB 1006 also permits child day care centers to allow a person to be employed or volunteer on the premises if they provide a written certification that the religious beliefs are contrary to the MMR vaccine or that the employee has a philosophical or personal objection to the MMR vaccine. The bill also adds that in a state of emergency, the Governor cannot waive or suspend any statutory or regulatory obligations or limitations that would result in an individual being required to get a vaccination or immunization.	Pre-filed 12/8/20 Sponsor: Representative Klippert Introduced on 1/11/21 and referred to House Committee on Health & Wellness
HB 1305	Concerning the right to refuse vaccines and health-related measures.	HB 1305 permits individuals to refuse medical treatments or procedures, testing, vaccination, participation in contact tracing, wearing masks, maintaining a measured distance, or involuntarily sharing personal data, among other things, regardless of rules or laws in place in response to an emergency. The bill also requires a health care provider to read subsections (1) through (6) of this provision to a patient before they perform any health-related measures as specified, but not limited, to those in subsection (1) of the bill to notify them of their ability to refuse those health-related measures. HB 1305 also states that the provider or any designee must obtain a signature of acknowledgement of receipt of notification as directed in the bill.	Sponsors: Representatives Kraft and Young Introduced on 1/19/21 and referred to House Committee on Health & Wellness
HB 1180	Concerning public testimony at public meetings, including virtual meetings.	HB 1180 permits meetings of a governing body to be held virtually, with real-time public attendance over the phone, through the internet, or through personal electronic devices. The bill also limits the suspension of notice requirements for meetings of a governing body to take expedited action during an emergency to no longer than 14 days. HB 1180 also requires governing bodies to provide time for public testimony during meetings either in-person, over the phone, or by submitting comment prior to the meeting which is then read by a member of the governing body during the meeting.	Sponsors: Representatives Kraft and Sutherland Introduced on January 13th and referrer to the House Committee on Local Government **UPDATE:** Public Hearing on January 26th in House Committee on Local Government. Scheduled for Executive

			Session on February 12th but no action was taken.