

May 13, 2022

PQAC Meeting Materials





ESSB 5229: HEALTH EQUITY
CONTINUING EDUCATION
Office of Health Professions

ESSB 5229 Overview

- In 2021, Washington State Legislature passed **Engrossed Substitute Senate Bill 5229**.
- It requires that health care professionals must take health equity continuing education (CE) every **four years**.
 - **Minimum standards** (model rules) must be developed by 1/1/2023.
 - A **free training program** (that meets minimum standards) must be identified by 7/1/2023.
 - All professions with a CE requirement must **adopt rules that meet or exceed minimum standards by 1/1/2024**.
- Currently, we are still **developing minimum standards**.
- Discussion about amending the rule language is reserved for rules workshops.

Current Progress

- Held four (4) **Listening Sessions** during February.
- Held three (3) **Rules Workshops** throughout March and the first week of April
- Developed **Draft Rules**
 - We will go through the rules and the reasoning behind different parts.
- We plan to hold a **future Rules Workshop** on Monday, May 23rd, 2022, from 1pm to 3pm
 - We will release another Gov Delivery notice
 - We will provide a 5th draft that includes comments received from the 4th draft.

Listening Sessions

- Focused on **listening to individuals experience with health inequities**
 - Reached out to communities our rule-making often misses.
 - Provided individuals with one-pager on health equity.
 - Had ASL interpreters available.
- **Identified problems** due to health inequities and **potential solutions.**
- Conducted a **survey** to identify what communities were missing.
- **Identified themes** we needed to concentrate our rule-making on to address the inequities heard during our Listening Sessions.

Rules Workshop

- **First draft** was a copy of the suicide prevention continuing education with 5229 Language used.
 - Identified missing definitions, qualification of trainers, and further workshop needs.
- The **second draft** focused on substantive changes to the training content.
 - Reflected common themes from listening sessions, available CE's, and feedback from interested parties.
- The **third draft** addressed technical changes and topics.
 - Added minimum hours of CE's based on feedback from program managers and the previous workshop.
 - Training topics were reduced to 5 core topics with minimum topics that must be covered.

Existing Questions

- **What minimum amount of continuing education credits do we dictate?**
 - What is equitable?
 - Are we creating an unreasonable burden for professionals?
 - Is it enough?
- **Are the topics relatable to each profession?**
 - Each profession with a CE requirement must complete the training.
 - Do the topics translate across each profession and their specialty within the health care spectrum?
- **Do the topics honor those who participated in listening sessions and submitted written comment?**
 - Does this also honor the intent behind the bill?

Review



DRAFT RULES

Don't Hesitate to Contact Us

healthequityimplementation@doh.wa.gov

We accept written feedback!



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PART 14

MINIMUM STANDARDS FOR HEALTH EQUITY CONTINUING EDUCATION

TRAININGS FOR HEALTH CARE PROFESSIONALS

NEW SECTION

WAC 246-12-700 Purpose.

The purpose of WAC 246-12-710 through 246-12-730 is to set minimum standards for health equity continuing education trainings for health care professionals who are recognized as secretary professions or board and commission professions as defined in WAC 246-12-710.

NEW SECTION

WAC 246-12-710 Definitions.

The definitions in this section and RCW 43.70.613 apply throughout WAC 246-12-701 through 246-12-730 unless the context clearly requires otherwise.

(1) "Board and commission professions" mean those professions regulated by a department board or commission under RCW 18.130.040(2)(b) with a continuing education requirement.

(2) "Department" means the Washington state department of health.

(3) “Health equity” means all people have the same opportunities to attain their full health potential regardless of the color of their skin, ancestry, level of education, gender identity, sexual orientation, age, religion, socioeconomic status, the job they have, the neighborhood they live in, or their ability status.

(4) "Health care professional" means an individual credentialed or holding a retired active credential in one of the health professions listed in RCW 18.130.040 with a continuing education requirement.

(5) “Secretary professions” mean those professions regulated by the secretary of the department under RCW 18.130.040(2)(a) with a continuing education requirement.

NEW SECTION

WAC 246-12-720 Health Equity Continuing Education Training Requirements.

- (1) Secretary professions and board and commission professions may individually set standards for trainings if they exceed training standards in WAC 246-12-730.
- (2) Secretary professions must complete a minimum of 2 hours in health equity continuing education training every four years, unless secretary professions specify a different number of hours in rule.

NEW SECTION

WAC 246-12-730 Training content. Minimum standards for health equity continuing education training content are designed to give health care professionals a foundation in important topics. Minimum standards for training content are as follows:

- (1) Training must include at least one (3) of the following topics:
 - a. Social Identities, Privileges, and Intersectionality;
 - b. History of Race, Racism in Medicine and Science;
 - c. Social Determinants of Health and Health Disparities;
 - d. Health inequities based on identity;
 - e. Gender and Sexual Diversity; or
 - f. Interrupting Implicit Bias and Micro-aggressions.
- (2) Trainings may include but are not limited to topics found in RCW 43.70.613(3)(c).
- (3) Trainers delivering health equity continuing education must have a demonstrated knowledge and experience related to health equity. Research referenced in the training must be based on current empirical research and known best practices.
- (4) The courses must assess the health care professional's ability to apply health equity concepts into practice in accordance with profession specific rules, which may include, but are not limited to:
 - a. A test at the end of an online continuing education training to determine knowledge gained during that training; or
 - b. A document provided at the end of in-person or virtual training that attests that the health care professional attended the training.

CERTIFICATION OF ENROLLMENT

SUBSTITUTE HOUSE BILL 1675

67th Legislature
2022 Regular Session

Passed by the House January 26, 2022
Yeas 97 Nays 0

**Speaker of the House of
Representatives**

Passed by the Senate March 1, 2022
Yeas 48 Nays 0

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 1675** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

**Secretary of State
State of Washington**

SUBSTITUTE HOUSE BILL 1675

Passed Legislature - 2022 Regular Session

State of Washington 67th Legislature 2022 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Bateman, Maycumber, Leavitt, Graham, Dolan, Cody, Griffey, and Riccelli)

READ FIRST TIME 01/20/22.

1 AN ACT Relating to exempting a manufacturer of certain dialysate
2 and dialysis devices used by home dialysis patients or a
3 manufacturer's agent from the pharmacy practices act and legend drug
4 act; and amending RCW 18.64.257 and 69.41.032.

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

6 **Sec. 1.** RCW 18.64.257 and 2013 c 19 s 20 are each amended to
7 read as follows:

8 (1) This chapter shall not prevent a medicare-approved dialysis
9 center ((~~or~~), a facility operating a medicare-approved home dialysis
10 program, a manufacturer, or a wholesaler, from selling, delivering,
11 possessing, or dispensing directly to its dialysis patients, ((~~in~~
12 ease or full shelf lots,)) if prescribed by a ((~~physician-licensed~~
13 under chapter 18.57 or 18.71 RCW)) practitioner acting within the
14 scope of the practitioner's practice, those dialysis devices and
15 legend drugs, including commercially available dialysate, used by
16 home dialysis patients, in case or full shelf lots, as determined by
17 the commission ((~~pursuant to rule~~)).

18 (2) The commission shall adopt rules to implement this section.

19 **Sec. 2.** RCW 69.41.032 and 2016 c 148 s 12 are each amended to
20 read as follows:

1 (1) This chapter shall not prevent a medicare-approved dialysis
2 center ((or)), a facility operating a medicare-approved home dialysis
3 program, a manufacturer, or a wholesaler, from selling, delivering,
4 possessing, or dispensing directly to ((its)) dialysis patients, ((in
5 case or full shelf lots,)) if prescribed by a ((physician licensed
6 under chapter 18.57 or 18.71 RCW)) practitioner acting within the
7 scope of the practitioner's practice, those legend drugs, including
8 commercially available dialysate, used by home dialysis patients, in
9 case or full shelf lots, as determined by the commission ((pursuant
10 to rule)).

11 (2) The commission shall adopt rules to implement this section.

--- END ---



PREPROPOSAL STATEMENT OF INQUIRY

**CR-101 (October 2017)
(Implements RCW 34.05.310)**

Do **NOT** use for expedited rule making

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: April 19, 2022

TIME: 10:27 AM

WSR 22-09-065

Agency: Department of Health- Pharmacy Quality Assurance Commission

Subject of possible rule making: Chapter 246-945 WAC, Prescription drug label accessibility standards. The Pharmacy Quality Assurance Commission (commission) is opening WACs 246-945-016 and 246-945-417 to consider including prescription label accessibility standards, and is also considering new sections to chapter 246-945 WAC on the subject of prescription drug label accessibility.

Statutes authorizing the agency to adopt rules on this subject: RCW 18.64.005; and RCW 69.41.240

Reasons why rules on this subject may be needed and what they might accomplish: On September 8, 2021, the commission received a petition requesting pharmacies provide accessible medication label options for patients. On October 22, 2021, the commission voted to approve the petition and consider rulemaking. Minimum requirements for outpatient prescription labeling are described in WAC 246-945-016, but does not reference accommodations for patients who are visually impaired, blind, or have other disabilities requiring additional prescription label options provided by their pharmacy. Clear comprehension of prescription drug label information is a matter of public health and safety for all persons, regardless of ability, and opening chapter 246-945 WAC would help align state regulatory standards with patient needs.

The commission also received a petition on January 13, 2022 requesting that translations of prescription directions on prescription labels be made available in multiple languages for ambulatory (community based) patients. The petition included an additional request to amend WAC 246-945-417 in order to establish a deadline by which pharmacy outpatient dispensing systems must comply with a requirement to translate prescription medication directions. The commission voted to approve the petition and consider rulemaking pertaining to the provision of translated prescription information by pharmacies on January 28, 2022. Improving prescription information comprehension for individuals for whom English is not their primary language is also a matter of public health.

Identify other federal and state agencies that regulate this subject and the process coordinating the rule with these agencies: The Food and Drug Administration Safety and Innovation Act of 2012 (FDASIA) expanded the FDA's authorities and strengthened the agency's ability to advance public health. Section 904 of the FDASIA established a working group to develop best practices regarding prescription drug label standards to better accommodate visually impaired or blind individuals. This led to a 2016 United States Government Accountability Office report recommending the provision of accessible prescription drug labels, including the use of large print, braille, and audible labels. The commission does not require coordination with the federal agencies responsible for the implementation or enforcement of prescription drug label accessibility guidelines.

Process for developing new rule (check all that apply):

- Negotiated rule making
- Pilot rule making
- Agency study
- Other (describe) Collaborative

Interested parties can participate in the decision to adopt the new rule and formulation of the proposed rule before publication by contacting:

Name: Joshua Munroe
Address: PO Box 47852 Olympia, WA 98504-7852
Phone: 360-236-2987
Fax:


(If necessary)

Name:
Address:
Phone:
Fax:

TTY: 711
Email: PharmacyRules@doh.wa.gov
Web site:
Other:

TTY:
Email:
Web site:
Other:

Additional comments: Rule development takes place in open public meetings prior to a formal rule proposal and comment period. All rulemaking notices are sent via GovDelivery. To receive notices, interested persons may sign up by going to: <https://public.govdelivery.com/accounts/WADOH/subscriber/new>. After signing up, please click open the box labeled "Health Systems Quality Assurance." Next, click open the box labeled "Health Professions," then check the boxes next to either "Pharmacy Commission Meeting and Agenda" and/or "Pharmacy Commission Newsletter."

Date: 04/18/2022	Signature: 
Name: Teri Ferreira, RPh	
Title: Pharmacy Quality Assurance Chair	



RULE-MAKING ORDER EMERGENCY RULE ONLY

CR-103E (December 2017) (Implements RCW 34.05.350 and 34.05.360)

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: February 22, 2022

TIME: 9:37 AM

WSR 22-06-017

Agency: Department of Health- Pharmacy Quality Assurance Commission

Effective date of rule:

Emergency Rules

- Immediately upon filing.
- Later (specify)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

- Yes
 - No
- If Yes, explain:

Purpose: WAC 246-945-010 Prescription labeling, records, and advertising - Minimum requirements. The Pharmacy Quality Assurance Commission (commission) is adopting emergency rules to reduce burdens on practitioners prescribing Schedule II substances during the coronavirus disease (COVID-19) outbreak. This adopted emergency rule will extend WSR 21-22-029 filed on October 25, 2021. This emergency rule was originally filed on April 21, 2020 under WSR 20-09-133. It was refiled on July 10, 2020 after the commission's new chapter went into effect under WSR 20-15-058. This emergency rule will continue the existing emergency rule amending WAC 246-945-010 to increase the duration of time a practitioner has to deliver a signed prescription of a Schedule II substance to the pharmacy from seven days to fifteen days when a prescription is dispensed in an emergency. It also defines what a "signed prescription" means and allows for a practitioner to accomplish this requirement through paper, electronic transmission, facsimile, photograph, or scanned copy. These alternative methodologies support patients, practitioners, and pharmacists' efforts to practice social distancing and to help mitigate communal spread.

Citation of rules affected by this order:

- New: None
- Repealed: None
- Amended: WAC 246-945-010
- Suspended: None

Statutory authority for adoption: RCW 18.64.005; chapter 69.50 RCW

Other authority:

EMERGENCY RULE

Under RCW 34.05.350 the agency for good cause finds:

- That immediate adoption, amendment, or repeal of a rule is necessary for the preservation of the public health, safety, or general welfare, and that observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to the public interest.
- That state or federal law or federal rule or a federal deadline for state receipt of federal funds requires immediate adoption of a rule.

Reasons for this finding: The immediate amendment of this existing rule is necessary for the preservation of public health, safety, and general welfare. Interested parties and leaders from the pain community have highlighted this is an immediate need for Washingtonians. This emergency rule has been in effect since April 21, 2020. This emergency rule allows more time and more avenues for complying with the requirements during the ongoing COVID-19 pandemic, reducing burdens on practitioners and pharmacists, and sustaining patient access during this difficult time. The emergency rules follow guidance from the US drug enforcement agency and will help address this problem and reduce barriers for providers and patient populations in need of Schedule II prescriptions throughout this public health emergency. Observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to public interest.

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Federal rules or standards:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Recently enacted state statutes:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>

The number of sections adopted at the request of a nongovernmental entity:

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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The number of sections adopted on the agency's own initiative:

New	<u>0</u>	Amended	<u>1</u>	Repealed	<u>0</u>
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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The number of sections adopted using:

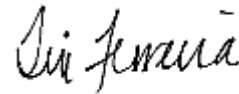
Negotiated rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Pilot rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Other alternative rule making:	New	<u>0</u>	Amended	<u>1</u>	Repealed	<u>0</u>

Date Adopted: 02/22/2022

Name: Teri Ferreira, RPh

Title: Pharmacy Quality Assurance Chair

Signature:



WAC 246-945-010 Prescription and chart order—Minimum requirements. (1) For the purposes of this section, prescription does not include chart orders as defined in RCW 18.64.011(3).

(2) For the purposes of WAC 246-945-010 through 246-945-013, prescription includes written and electronic prescriptions.

(3) A prescription for a noncontrolled legend drug must include, but is not limited to, the following:

(a) Prescriber's name;

(b) Name of patient, authorized entity, or animal name and species;

(c) Date of issuance;

(d) Drug name, strength, and quantity;

(e) Directions for use;

(f) Number of refills (if any);

(g) Instruction on whether or not a therapeutically equivalent generic drug or interchangeable biological product may be substituted, unless substitution is permitted under a prior-consent authorization;

(h) Prescriber's manual or electronic signature, or prescriber's authorized agent signature if allowed by law; and

(i) If the prescription is written, it must be written on tamper-resistant prescription pad or paper approved by the commission pursuant to RCW 18.64.500;

(4) A prescription for a controlled substance must include all the information listed in subsection (1) of this section and the following:

(a) Patient's address;

(b) Dosage form;

(c) Prescriber's address;

(d) Prescriber's DEA registration number; and

(e) Any other requirements listed in 21 C.F.R., Chapter II.

(5) A chart order must meet the requirements of RCW 18.64.550 and any other applicable requirements listed in 21 C.F.R., Chapter II.

(6) A controlled substance listed in Schedule II can only be dispensed pursuant to a valid prescription in accordance with WAC 246-945-011 unless there is an "emergency."

(a) For the purposes of this subsection, an "emergency" exists when the immediate administration of the drug is necessary for proper treatment and no alternative treatment is available, and further, it is not possible for the practitioner to provide a written or electronic prescription for the drug at that time.

(b) If a Schedule II drug is dispensed in an emergency, the practitioner must deliver a signed prescription to the dispenser within (~~seven~~) fifteen days after authorizing an emergency oral prescription or if delivered by mail it must be postmarked within the (~~seven~~) fifteen day period, and further the pharmacist must note on the prescription that it was filled on an emergency basis.

(c) For the purposes of this subsection, a "signed prescription" shall be either:

(i) A paper prescription;

(ii) An electronic prescription;

(iii) A copy of the paper prescription sent via facsimile to the pharmacy; or

(iv) A photograph or scanned copy of the paper prescription sent to the pharmacy.

(7) A controlled substance listed in Schedule III, IV, or V, can only be dispensed pursuant to a valid prescription in accordance with WAC 246-945-011, or an oral prescription. An oral prescription for a controlled substance listed in Schedule III, IV, or V must be promptly reduced to a written or electronic prescription that complies with WAC 246-945-011.

(8) A noncontrolled legend drug can only be dispensed pursuant to a valid prescription in accordance with WAC 246-945-011, or an oral prescription. An oral prescription for a noncontrolled legend drug must be promptly reduced to a written or electronic prescription that complies with WAC 246-945-011.



RULE-MAKING ORDER EMERGENCY RULE ONLY

CR-103E (December 2017) (Implements RCW 34.05.350 and 34.05.360)

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: March 17, 2022

TIME: 7:51 AM

WSR 22-07-063

Agency: Department of Health- Pharmacy Quality Assurance Commission

Effective date of rule:

Emergency Rules

- Immediately upon filing.
- Later (specify)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

- Yes
 - No
- If Yes, explain:

Purpose: WACs 246-945-710, 246-945-712, 246-945-714, 246-945-716, 246-945-718, 246-945-720, 246-945-722, 246-945-724, 246-945-726, and 246-945-728 - Medication assistance. The Pharmacy Quality Assurance Commission (commission) and Department of Health (department) are filing jointly to reinstate medication assistance rules as permitted under chapter 69.41 RCW. This adopted emergency rule will extend WSR 21-23-098 filed on November 17, 2021. This rule establishes criteria for medication assistance in community-based and in-home care settings in accordance with chapter 69.41 RCW. The definition for medication assistance provided in RCW 69.41.010(15) states:

"Medication assistance" means assistance rendered by a nonpractitioner to an individual residing in a community-based care setting or in-home care setting to facilitate the individual's self-administration of a legend drug or controlled substance. It includes reminding or coaching the individual, handing the medication container to the individual, opening the individual's medication container, using an enabler, or placing the medication in the individual's hand, and such other means of medication assistance as defined by rule adopted by the department...

These emergency rules provide further definitions for terms used within this definition such as "enabler" and establish those "other means of medication assistance as defined by rule adopted by the department." These rules help impacted individuals retain their independence and live in the least restrictive setting, such as their own home, longer by providing means and guidance for medication assistance. Also, with the direction provided in RCW 69.41.010(15), the rules are being filed under the joint authority of the commission and the department.

Citation of rules affected by this order:

- New: WAC 246-945-710, 246-945-712, 246-945-714, 246-945-716, 246-945-718, 246-945-720, 246-945-722, 246-945-724, 246-945-726, 246-945-728
- Repealed: None
- Amended: None
- Suspended: None

Statutory authority for adoption: RCW 18.64.005; RCW 69.41.010(15); RCW 69.41.075

Other authority:

EMERGENCY RULE

Under RCW 34.05.350 the agency for good cause finds:

- That immediate adoption, amendment, or repeal of a rule is necessary for the preservation of the public health, safety, or general welfare, and that observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to the public interest.
- That state or federal law or federal rule or a federal deadline for state receipt of federal funds requires immediate adoption of a rule.

Reasons for this finding: The commission's new chapter, chapter 246-945 WAC, became effective in July 2020. The old rules, including the former rules on medication assistance (chapter 246-888 WAC), were repealed in March 2021. The commission's repeal of chapter 246-888 WAC has resulted in unintended disruptions for medication assistance in the community-based and in-home care settings permitted under chapter 69.41 RCW. Emergency rulemaking is necessary to immediately restore medication assistance regulations to preserve patient safety and welfare while the commission and the department work on permanent rulemaking. Permanent rulemaking has been authorized but delayed due to the ongoing coronavirus disease 2019 pandemic.

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Federal rules or standards:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Recently enacted state statutes:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>

The number of sections adopted at the request of a nongovernmental entity:

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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The number of sections adopted on the agency's own initiative:

New	<u>10</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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The number of sections adopted using:

Negotiated rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Pilot rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Other alternative rule making:	New	<u>10</u>	Amended	<u>0</u>	Repealed	<u>0</u>

Date Adopted: 03/17/2022

Name: Teri Ferreira, RPh and Kristin Peterson, JD

Title: Pharmacy Quality Assurance Chair and Deputy Secretary, Policy and Planning

Signature:



PART 5 - MEDICATION ASSISTANCE

NEW SECTION

WAC 246-945-710 Scope and applicability. (1) This section through WAC 246-945-728 only apply to medication assistance provided in community-based care settings and in-home care settings.

(2) The following definitions apply to this section through WAC 246-945-728 unless the context requires otherwise:

- (a) "Medication" means legend drugs and controlled substances; and
- (b) "Practitioner" has the same meaning as in RCW 69.41.010(17).

NEW SECTION

WAC 246-945-712 Self-administration with assistance, independent self-administration, and medication administration. (1) Self-administration with assistance means assistance with legend drugs and controlled substances rendered by a nonpractitioner to an individual residing in a community-based care setting or an in-home care setting. It includes reminding or coaching the individual to take their medication, handing the medication container to the individual, opening the medication container, using an enabler, or placing the medication in the hand of the individual/resident. The individual/resident must be able to put the medication into their mouth or apply or instill the medication. The individual/resident does not necessarily need to state the name of the medication, intended effects, side effects, or other details, but must be aware that they are receiving medication. Assistance may be provided by a nonpractitioner with prefilled insulin syringes. Assistance is limited to handing the prefilled insulin syringe to an individual/resident. Assistance with the administration of any other intravenous or injectable medication is specifically excluded. The individual/resident retains the right to refuse medication. Self-administration with assistance shall occur immediately prior to the ingestion or application of a medication.

(2) Independent self-administration occurs when an individual/resident is independently able to directly apply a legend drug or controlled substance by ingestion, inhalation, injection or other means. In licensed assisted living facilities, self-administration may include situations in which an individual cannot physically self-administer medications but can accurately direct others. These regulations do not limit the rights of people with functional disabilities to self-direct care according to chapter 74.39 RCW.

(3) If an individual/resident is not able to physically ingest or apply a medication independently or with assistance, then the medication must be administered to the individual/resident by a person legally authorized to do so (e.g., physician, nurse, pharmacist). All

laws and regulations applicable to medication administration apply. If an individual/resident cannot safely self-administer medication or self-administer with assistance or cannot indicate an awareness that they are taking a medication, then the medication must be administered to the individual/resident by a person legally authorized to do so.

NEW SECTION

WAC 246-945-714 Self-administration with assistance in a community-based care setting or an in-home setting. (1) An individual/resident, or their representative, in a community-based care setting or an in-home setting may request self-administration with assistance.

(2) No additional separate assessment or documentation of the needs of the individual/resident are required in order to initiate self-administration with assistance. It is recommended that providers document their decision-making process in the health record of the individual or resident health record.

(3) A nonpractitioner may help in the preparation of legend drugs and controlled substances for self-administration where a practitioner has determined and communicated orally or by written direction that such medication preparation assistance is necessary and appropriate.

NEW SECTION

WAC 246-945-716 Enabler. (1) Enablers are physical devices used to facilitate an individual's/resident's self-administration of a medication. Physical devices include, but are not limited to, a medicine cup, glass, cup, spoon, bowl, prefilled syringes, syringes used to measure liquids, specially adapted table surface, straw, piece of cloth, or fabric.

(2) An individual's hand may also be an enabler. The practice of "hand-over-hand" administration is not allowed. Medication administration with assistance includes steadying or guiding an individual's hand while he or she applies or instills medications such as ointments, eye, ear, and nasal preparations.

NEW SECTION

WAC 246-945-718 Alteration of medication for self-administration with assistance. Alteration of a medication for self-administration with assistance includes, but is not limited to, crushing tablets, cutting tablets in half, opening capsules, mixing powdered medications with foods or liquids, or mixing tablets or capsules with foods or liquids. Individuals/residents must be aware that the medication is being altered or added to their food.

NEW SECTION

WAC 246-945-720 Medication alteration. A practitioner practicing within their scope of practice must determine that it is safe to alter a legend drug or controlled substance. If the medication is altered, and a practitioner has determined that such medication alteration is necessary and appropriate, the determination shall be communicated orally or by written direction. Documentation of the appropriateness of the alteration must be on the prescription container, or in the individual's/resident's record.

NEW SECTION

WAC 246-945-722 Types of assistance provided by nonpractitioner. A nonpractitioner can transfer a medication from one container to another for the purpose of an individual dose. Examples include: Pouring a liquid medication from the medication container to a calibrated spoon or medication cup.

NEW SECTION

WAC 246-945-724 Oxygen order/prescription requirements. Under state law, oxygen is not a medication and is not covered under this rule. While oxygen is not considered a medication under state law, oxygen does require an order/prescription from a practitioner.

NEW SECTION

WAC 246-945-726 Self-administration with assistance of medication through a gastrostomy or "g-tube." If a prescription is written as an oral medication via "g-tube," and if a practitioner has determined that the medication can be altered, if necessary, for use via "g-tube," the rules as outlined for self-administration with assistance would also apply.

NEW SECTION

WAC 246-945-728 Other medication assistance requirements. A practitioner, nonpractitioner, and an individual/resident or their representative should be familiar with the rules specifically regulating the residential setting. The department of social and health services has adopted rules relating to medication services in assisted living facilities and adult family homes.