

Highlighted portions have been added since last presented to the commission.

Accessible Label Rule References

Translated Labels

California

- [CA Law 4076.6](#) - California
 - 4076.6(a) – Dispenser shall provide translated directions for use on patient request
 - Printed on container label
 - 4076.6(b) – Dispensers may use translations provided by the board of pharmacy
 - 4076.6(c) – Dispenser don't need to use languages beyond those that the board provides
 - 4076.6(d) – Dispensers may use their own translation services to comply with the section
 - 4076.6(e) – Dispensers are responsible for the accuracy of English-language directions for use provided to the patient
 - 4076.6(f) – Veterinarians are not considered dispensers for this section
- The California Board of Pharmacy received funding from a third party to create original translations of the SIGs and pharmacists cut out those SIGs from prepared sheets and attach them to the prescription bottle.

New York

- [NY Law 6829](#) – New York
 - 6829(1) – Definitions provided for:
 - 6829(1)(a): “Covered pharmacy”
 - 6829(1)(b): “Limited English proficient individual”
 - 6829(1)(c): “Translation”
 - 6829(1)(d): “Competent oral interpretation”
 - 6829(1)(e): “Pharmacy primary languages”
 - 6829(1)(f): “Mail order pharmacy”
 - 6829(2)(a) – Pharmacies must provide free, competent oral interpretation services on patient request
 - 6829(2)(b) – Pharmacies must printed translated medication labels, warning labels, and other written material on patient request
 - 6829(2)(c) – Pharmacies may use staff or third-party contractors to provide translations
 - 6829(3) – Signage advertising translation services must be conspicuously posted
 - 6829(4) – The pharmacy commission is responsible for rulemaking in order to establish translation services
 - 6829(4)(a): Rules must state how to determine if patient is LEP
 - 6829(4)(b): Determine which languages are considered
 - 6829(4)(c): Manner and circumstances by which oral interpretation services are provided
 - 6829(4)(d): Which information is eligible for oral interpretation

- 6829(4)(e): Anticipate how service is utilized, which resources used and what costs are incurred
 - 6829(4)(f): Establish compliance/monitoring standards
- 6829(5) – Covered pharmacies are not liable for injuries resulting from third-party contractor translations
- 6829(6) – Must establish a process by which pharmacies may apply to receive a waiver from compliance
- 6829 (7) – Commissioner must coordinate with the commissioner of health to “effectuate” requirements of the section
- [NY Rule Section 63.11](#) – Interpretation and translation requirements for prescription drugs
 - This rule was filed in 2014 following the passage of associated legislation regarding the translation of prescription information.
 - Final rule filed in the [New York State Register, Volume XXXVI, Issue 11 \(March 19, 2014\)](#).
 - [New York State Register, Volume XXXVI, Issue 27, effective 7/9/2014](#)
 - 63.11(a) – Definitions for:
 - 63.11(a)(1): “Covered pharmacy”
 - 63.11(a)(2): “Corporate entity”
 - 63.11(a)(3): “Limited English proficiency individual”
 - 63.11(a)(4): “Translation”
 - 63.11(a)(5): “Competent oral interpretation”
 - 63.11(a)(6): “Pharmacy primary languages”
 - 63.11(a)(7): “Mail order pharmacy”
 - 63.11(b) – How competent oral interpretations are provided
 - 63.11(b)(1) – Covered pharmacies must provide oral translation services for patient counseling for free on request
 - 63.11(b)(2) – Covered pharmacies must provide oral translation services of medication/warning labels or other written materials for free on patient request
 - 63.11(b)(3) – Translations must be provided on site unless list of languages exceed seven
 - 63.11(b)(4) – Staff or third-party contractors are allowed to provide translated information
 - 63.11(c) – Notification requirements
 - 63.11(c)(1) – Conspicuous signage for advertising translation services
 - 63.11(c)(2) – Font size and type, design element requirements
 - 63.11(c)(3) – Placement of signage
 - 63.11(d) – Waivers for translation services
 - 63.11(d)(1) – One application per pharmacy
 - 63.11(d)(2) – Waiver applications must describe financial/physical constraints and impact on other services
 - 63.11(d)(3) – Reasons to deny waiver application
 - 63.11(d)(4) – Applicants must identify nearby services that can provide translation services
 - 63.11(d)(5) – Post notice of alternative services if waiver granted

- 63.11(d)(6) – Waiver duration and renewal conditions
- 63.11(e) – This section preempts local laws/ordinances, though cities of 100,000 or more may impose stricter regulations

Nevada

- [NV Law 639.28013 – Requirement to provide prescription info in English and certain other languages on request](#)
 - All pharmacies must comply except institutional pharmacies
 - Signage required:
 - Notice of the rights of a patient to request information in another language
 - A list of languages available for translation
 - Board responsible for adopting regulations prescribing each language required
 - Pharmacy/employees not liable in any civil action for injury if the pharmacy uses a third-party vendor to provide translation services
- Rules are ongoing following the enactment of NRS 639.28013, as the labeling requirements described under their section of rule ([NAC 639.397](#)) was last updated in 2014.
 - Proposed regulation language: [R119-21P](#)
 - Workshop document: [R119-21I](#)
 - Adopted regulation language: [R119-21A](#)
 - Proposed Revised regulation language: [R119-21RA](#)

Oregon

- Oregon filed a rule adding the requirement to use interpreters and modify patient records to reflect the patient’s preferred language ([LINK](#))
- [OR Law 689.564](#) – Prescription drug labels
 - 689.564(1) – Board of pharmacy responsible for rules establishing pharmacy printing of prescription drug labels in English and language requested by LEP individual. Rules must also:
 - 689.564(1)(a) – Define “limited English proficiency”
 - 689.564(1)(b) – Determine which sections with which pharmacies must comply
 - 689.564(1)(c) – Determine list of drugs eligible for translation
 - 689.564(1)(d)(A) – Minimum list length of 14 languages other than English
 - 689.564(1)(d)(B) – Board must reassess/update list every 10 years
 - 689.564(2)(a) – Third-party contractors may be used
 - 689.564(2)(b) – Liability exemptions for injury resulting from errors in third-party translations
 - 689.564(3) – Not applicable to institutional drug outlets
 - 689.564(4) – Grants board of pharmacy rulemaking authority
 - 689.564(5) – Signage posting requirements

Texas

- [TX Rule 291.3](#) – Required notifications

- [291.3\(h\)\(2\)\(B\)\(viii\)](#) – Pharmacies must provide in their profile the type of language translation services, including translating services for persons with impairment of hearing
 - No requirements for services themselves, but that they need to announce any services pharmacies choose to use
- While the board of pharmacy was required in statute to establish a pharmacy profile system including the above information by January 1, 2005, the [historical records on file](#) only go as far back as 2007.

Visual/print Accessibility

Arkansas

- [Arkansas Rule 054.00.75-6](#)
 - November 1, 2019
 - Font size for data elements in prescription drug card: 8 points or greater (no font type listed in this section of rule)

California

- [California Rule 1707.5](#) – Patient-centered labels for prescription drug containers
 - The following elements, clustered together, must comprise at least 50 percent of the label:
 - Name of patient
 - Name of drug/strength of drug
 - Directions for use
 - The condition/purpose for which the drug was prescribed
 - Font: At least 12-point font in sans serif typeface
 - Provides suggested phrasing to accommodate compliance
 - Amendment to [subsection 1707.5\(a\)\(1\)](#) filed on January 8, 2015 and went into effect on April 1, 2015.

Massachusetts

- [MA Law MGLA 94C-21](#)
 - Title XV, Chapter 94C, Section 21
 - November 1, 2019
 - On request, prescription label must be printed in a size “allowing no more than ten characters per inch.”
- [247 CMR](#)
 - Board of pharmacy’s rules chapter. As of yet, have not found accessibility language.

Nevada

- [NV Law 639.28015 – Notice of prescription readers](#)
 - Pharmacies must let patients know about availability of prescription readers and provide them on request
 - Definitions provided for “prescription reader” and what applies as a “retail community pharmacy”
- [NAC 639.756](#)
 - Proposed regulation language: [R131-17P](#)
 - Information Statement: [R131-17NI](#)
 - Workshop document: [R131-17I](#)
 - Revised proposed regulation language: [R131-17RP1](#)
 - Approved regulation language: [R131-17AP](#)
 - Adopted regulation language: [R131-17A](#)

New Jersey

- [New Jersey Rule 13-39-7.12 – Labeling](#)
 - [54 N.J.R. 88\(a\)](#).
 - Amended by R.2022 d.004, filed December 6, 2021 and effective January 3, 2022.
 - Font size directions for warning label/sticker only
 - Must be at least 10-point font (not cursive) that is “clear and readable” per subsection (2)(iii)

New York

- [New York Rule Section 63.12](#) – Standardized patient-centered data elements to be used on all drug labels
 - Levels of information importance
 - Critical: Patient name, directions of use, drug name/strength
 - Important: Name/address/phone of pharmacy, patient’s address, name of prescriber, filling date, prescription/identifying number
 - Critical elements must be at least 12-point font, with highlighting/bolding used for emphasis
 - No highlighting/bolding of “Important” info

Oregon

- [Oregon Revised Statute \(ORS\) 689.561](#)
 - November 1, 2019
 - Definitions for “blind” and “prescription reader”
 - Notification of prescription readers to patients except for drugs dispensed by “an institutional drug outlet”
 - Readers must last duration of prescription and meet needs of identified impairment
 - Labels must be compatible with prescription readers
- [OR Rule 855-041-1131](#) – Prescription reader accessibility

- Pharmacies must notify each person receiving a prescription that a prescription reader is available, and provide that reader if requested
- The final rule was approved by the agency on June 18, 2020 and went into effect on June 23, 2020.
- A Temporary rule was put in place while standard rulemaking was ongoing.
- [Filing document for -1131](#)

Texas

- [Texas Rule 291.33 – Operational Standards](#)
 - Subsection TAC 291.33(c)(1)(B)(v)(I) includes language for “easily readable font size,” though later subsections describe this as at least ten-point Times New Roman.
 - Subsections with font size references:
 - TAC 291.33(a)(7)(A) – Dispensing container label
 - **NOTE:** There is also language in [TAC 562.006\(f\)](#) for the board to adopt rules requiring dispensing container labels be printed in an “easily readable font size”
 - TAC 291.33(7)(A)(ii) – Prescription drug ID number
 - TAC 291.33(7)(A)(vii) – Name of patient (or animal name/species if prescribed for animal)
 - TAC 291.33(7)(A)(viii) – Instructions for use
 - Last amendment went into effect December 14, 2020
 - The filing for the amending language was published in the Texas Register ([Volume 45, issue 50, page 8852](#)).

Pharmacy Quality Assurance Commission
Accessible Labeling Rule Language Draft – May 5, 2023
PharmacyRules@doh.wa.gov

WAC 246-945-AAA Accessible Prescription Information - Definitions

Unless the context clearly requires otherwise, the following definitions, as well as the definitions in WAC 246-945-001, apply for the purposes of WAC 246-945-AAA through WAC 246-945-DDD:

(1) “Accessible prescription information” means the provision of prescription information that enables a visually impaired, print disabled, or LEP individual to accurately comprehend prescription information regardless of the individual’s visual impairment, print disability, or language barrier.

(2) “Competent oral interpretation” means oral communication in which a person acting as an interpreter comprehends a message and re-expresses that message accurately in another language, utilizing all necessary pharmaceutical and health-related terminology, so as to enable an LEP individual to receive all necessary information in the LEP individual's preferred language.

(3) “Dispensing facility” or “dispensing facilities” means a pharmacy, nonresident pharmacy, health care entity, or hospital pharmacy associated clinic that dispenses and delivers medications to the ultimate user or the ultimate user’s authorized representative. It does not include medications dispensed by a pharmacy, nonresident pharmacy, health care entity, and hospital pharmacy associated clinic that are administered by a licensed health care professional.

(4) “Dispensing practitioner” or “dispensing practitioners” means a practitioner authorized to prescribe legend drugs and who dispenses and delivers medications directly to the ultimate user or the ultimate user’s authorized representative.

(5) "External accessible device" means a commercially available computer, mobile phone, or other communications device that is able to receive electronic information transmitted from an external source and provide the electronic information in a form and format accessible to the individual.

(6) "Limited English proficient individual" or "LEP individual" means a person who does not speak English as their primary language and who has a limited ability to read, speak, write, or understand English.

(7) "Means of access" means providing a mechanism to enable a visually impaired or print disabled individual to accurately comprehend prescription information.

(8) "Prescription information" means:

(a) All information required to be affixed to a label pursuant to either WAC 246-945-015 for dispensing practitioners or WAC 246-945-016 for dispensing facilities;

(b) Written counseling and oral counseling documentation provided with a prescription medication to meet the patient counseling requirement in WAC 246-945-325; and

(c) Any other such information that a dispensing practitioner or dispensing facility would routinely affix to a prescription container including, but not limited to, pharmacy auxiliary labels.

Prescription information does not include any packaging or material that has been approved by the FDA.

(9) "Prescription drug reader" means a dedicated electronic device that is able to obtain information from a QR code, or equivalent, affixed to a prescription drug container and provide the information in an audio format accessible to the individual.

(10) "Print disabled" means the inability to effectively read or access prescription information due to a visual, physical, perceptual, cognitive disability, or other impairment.

(11) “QR Code” means a two-dimensional barcode printed as a square pattern of black and white squares that encodes data.

(12) “Translation” shall mean the conversion of a written text from one language into an equivalent written text in another language by an individual competent to do so and utilizing all necessary pharmaceutical and health-related terminology. Such translation may occur, where appropriate, in a separate document provided to an LEP individual or authorized representative that accompanies the prescribed medication.

(13) “Visually impaired” means:

- (a) Having a central visual acuity that does not exceed 20/200 in the better eye with corrective lenses, or the widest diameter of the visual field does not exceed twenty degrees;
- (b) Having a severe loss of visual acuity ranging from 20/70 to 20/200 while retaining some visual function; or
- (c) Having inoperable visual impairments including, but not limited to: albinism, aniridia, aphakia, cataracts, glaucoma, macular degeneration, or other similar diagnosed disease or disorder.

WAC 246-945-BBB Accessible Prescription Information.

(1) Dispensing facilities and dispensing practitioners shall comply with the requirements in WAC 246-945-BBB through WAC 246-945-DDD to provide accessible prescription information unless the prescribed medication is:

- (a) A prepackaged medication delivered pursuant to WAC 246-945-435; or
- (b) An opioid overdose reversal medication as defined in RCW 69.41.095.

(2) Dispensing facilities and dispensing practitioners shall develop and implement policies and procedures to implement the requirements in WAC 246-945-BBB through WAC 246-945-DDD to provide accessible prescription information.

(3) Dispensing facilities and dispensing practitioners shall provide accessible prescription information as required in WAC 246-945-BBB through WAC 246-945-DDD at no additional cost.

(4) The accessible labeling services required by WAC 246-945-BBB through WAC 246-945-DDD may be provided by an employee of the dispensing facility or dispensing practitioner, the dispensing practitioner, or an independent contractor of the dispensing facility or dispensing practitioner. The use of an independent contractor does not diminish the responsibility of the dispensing practitioner or employee of the dispensing facility or dispensing practitioner, the dispensing practitioner to comply with this subsection.

(5) The provision of accessible labeling services required by WAC 246-945-BBB through WAC 246-945-DDD shall be provided immediately but need not be provided in-person.

(6) Nothing in this section shall diminish or impair any requirement that a dispensing facility or dispensing practitioner provide any accessibility service, language assistance, interpretation, or translation under applicable federal or state law, such as, but not limited to, Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d *et seq*), Section 504 of the Rehabilitation Act (29 U.S.C. § 794), and Title III of the American with Disabilities Act (42 U.S.C. §§ 12181 to 12189, 28 C.F.R. Pt. 36).

WAC 246-945-CCC Accessibility of Prescription Information for Visually Impaired or Print Disabled Individuals.

(1) Every dispensing facility and dispensing practitioner shall provide means of access to prescription information to visually impaired or print disabled individuals upon the request of the visually impaired or print disabled individual, their prescriber, or their authorized representative.

(2) Every dispensing facility and dispensing practitioner shall offer to provide means of access to prescription information to visually impaired or print disabled individuals when it is

self-evident the person to whom the prescription is being prescribed and delivered is visually impaired or print disabled.

(3) If the dispensing facility or dispensing practitioner offers to provide a means of access to prescription information pursuant to subsection (2) of this section but the visually impaired or print disabled individual refuses that service, then the dispensing facility or dispensing practitioner shall document this refusal in the individual's health record.

(4) A dispensing facility or dispensing practitioner shall provide one, or a combination, of the following means of access for visually impaired or print disabled individuals upon the request of the visually impaired or print disabled individual, their prescriber, or their authorized representative:

- (a) Printed prescription information in a minimum of 12-point font size, including the ability to affix all information required by WAC 246-945-015 for dispensing practitioners or WAC 246-945-016 for dispensing facilities to the prescription drug container in a minimum of 12-point font size;
- (b) Prescription information in Braille;
- (c) A QR code, or equivalent, affixed to the prescription drug container that transmits prescription information to an individual's external accessible device; or
- (d) A prescription drug reader that is able to obtain prescription information from the label affixed to the prescription drug container and provide the prescription information in an audio format accessible to the individual.

(5) When dispensing facilities or dispensing practitioners provide prescription information in one or more accessible means to visually impaired or print disabled individuals the dispensing facility or dispensing practitioner must still affix their standard label to the prescription drug container that meets the requirements of WAC 246-945-015 for dispensing practitioners or WAC 246-945-016 for dispensing facilities, unless the only modification to the standard label is font size.

WAC 246-945-DDD Translation and Interpretation for Prescription Information for LEP individuals.

(1) Every dispensing facility and dispensing practitioner shall provide competent oral interpretation and translation services of prescription information to LEP individuals upon the request of the LEP individual, their prescriber, or their authorized representative.

(2) Every dispensing facility and dispensing practitioner shall offer to provide competent oral interpretation and translation services of prescription information to LEP individuals when it is self-evident the person to whom the prescription is being prescribed or delivered is an LEP individual.

(3) If the dispensing facility or dispensing practitioner offers to provide competent oral interpretation and translation services of prescription information pursuant to subsection (2) of this section but the LEP individual refuses those services, then the dispensing facility or dispensing practitioner shall document this refusal in the individual's health record.

(4) Dispensing facilities and dispensing practitioners who dispense and deliver medications at a fixed physical location shall conspicuously post, at or adjacent to each counter over which prescription drugs are sold, a notification of an individual's right to competent oral interpretation and translation services of prescription information. The notification shall:

- (a) Identify that competent oral interpretation and translation services of prescription information will be provided at no additional cost upon request;
 - (b) Be in at least 20-point bold face font;
 - (c) Be in a color that sharply contrasts with the background color of the sign;
- and
- (d) Be in each language spoken by at least one percent of the population in Washington as determined by the most recent decennial census

conducted by the Bureau of the Census of the United States Department of Commerce.

(5) Dispensing facilities and dispensing practitioners who dispense and deliver medications through the mail shall notify individuals of the individual's right to competent oral interpretation and translation services of prescription information when delivering the individual's medication. The notification shall:

- (a) Identify that competent oral interpretation and translation services of prescription information will be provided at no additional cost upon request;
- (b) Be in at least 20-point bold face font;
- (c) Be in a color that sharply contrasts with the background color of the notification; and
- (d) Be in each language spoken by at least one percent of the population in Washington as determined by the most recent decennial census conducted by the Bureau of the Census of the United States Department of Commerce.

(6) Dispensing practitioners and dispensing facilities must still affix a label that meets the requirements of WAC 246-945-015 for dispensing practitioners or WAC 246-945-016 for dispensing facilities in English when providing translation services of prescription information to LEP individuals.

Health Equity Continuing Education Language Draft - May 2023 Rules Workshop

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WAC 246-945-178 Pharmacist continuing education. (1) As part of the process to renew a pharmacist license, a pharmacist shall complete ~~CPE~~ continuing education in compliance with this section.

(2) A pharmacist shall complete the equivalent of 30 hours of continuing education each license renewal cycle.~~3.0 of CPE hours (equal to thirty contact hours) administered by an ACPE accredited provider each license renewal cycle.~~ The 30 hours of continuing education must be delivered by a continuing education provider accredited by ACPE, except as provided for in subsections (4) and (5) of this section.

(3) A pharmacist shall register with a program designated by the commission for tracking completed CPE hours.

(4) A pharmacist shall complete a one-time training in suicide screening and referral by the end of the first full renewal cycle after initial licensure. The training must meet the following requirements:

(a) Be at least three hours long;

(b) Be from the department~~-of health~~'s model list of approved suicide prevention training programs, and include content related to imminent harm via lethal means; and

(c) The hours spent completing the training in this subsection may count toward meeting CPE requirements.

(5) A pharmacist shall complete at least one hour of health equity training as described in WAC 246-12-830 each license renewal cycle.

(a) Health equity training may be provided by a continuing education provider accredited by ACPE or by a health equity training program contained on the department's list of approved health equity training programs.

(b) The hours spent completing health equity training will count toward meeting continuing education requirements.

(56) CPE hours cannot be carried over to the next renewal cycle.

[Statutory Authority: RCW 18.64.005 and 18.64A.020. WSR 21-04-145, § 246-945-178, filed 2/3/21, effective 12/1/21. Statutory Authority: RCW 18.64.005, 18.64.080, 18.130.075, 18.64.043, 18.64.044, 18.64.045, 18.64.046, 18.64.370, 18.64.460,

69.50.310, 18.64.011, 18.64.245, 18.64.470, 18.64.255,
18.64.205, 18.64.253, 18.64.410, 18.64.500, 18.64.590. WSR 20-
12-072, § 246-945-178, filed 6/1/20, effective 3/1/21.]

[]

DRAFT

WAC 246-945-220 Pharmacy technician—Continuing education.

(1) As part of the process to renew a pharmacy technician license, a pharmacy technician shall complete continuing ~~pharmacy~~ education ~~(CPE)~~ in compliance with this section.

(2) A pharmacy technician shall complete ~~2.0 CPE~~20 hours ~~(equal to twenty contact hours) administered by an ACPE accredited program each certification renewal period of~~ continuing education each certification renewal period. The 20 hours of continuing education must be presented by a continuing education provider accredited by ACPE, except as provided by in subsection (3) of this section.

(3) A pharmacy technician shall complete at least one hour of health equity training as described in WAC 246-12-830 each certification renewal period.

(a) Health equity training may be provided by a continuing education provider accredited by ACPE or by a health equity training program contained on the department's list of approved health equity training programs.

(b) The hours spent completing health equity training will count toward meeting continuing education requirements.

(~~34~~) A pharmacy technician shall register with a program designated by the commission for tracking completed CPE hours.

(~~45~~) ~~CPE~~ Continuing education hours cannot be carried over to the next renewal cycle.

[Statutory Authority: RCW 18.64.005 and 18.64A.020. WSR 21-04-145, § 246-945-220, filed 2/3/21, effective 12/1/21. Statutory Authority: RCW 18.64.005, 18.64.080, 18.130.075, 18.64.043, 18.64.044, 18.64.045, 18.64.046, 18.64.370, 18.64.460, 69.50.310, 18.64.011, 18.64.245, 18.64.470, 18.64.255, 18.64.205, 18.64.253, 18.64.410, 18.64.500, 18.64.590. WSR 20-12-072, § 246-945-220, filed 6/1/20, effective 3/1/21.]

[Link to Washington State Legislature Bill Information 2023](#)

January 9, 2023 – First day of session.
 February 17, 2023 – Policy Committee Cutoff.
 February 24, 2023 – Fiscal Committee Cutoff.
 March 8, 2023 – House of Origin Cutoff.
 March 29, 2023 – Policy Committee Cutoff – Opposite House.

April 4, 2023 – Fiscal Committee Cutoff – Opposite House.
 April 12, 2023 – Opposite House Cutoff.
 April 23, 2023 – Sine die. Last day allowed for regular session under state constitution.

TVW - <http://www.tvw.org/>

Bills That Merit Active Involvement/Input			
Bill # /Companion	Short Title	Brief Description	Committee Action (subject to change)
SB 5768	Protecting access to abortion medications	<p>The stated purpose of this bill is to “promote access to affordable, high quality sexual and reproductive health care, including abortion care, without unnecessary burdens or restrictions on patients or providers.” Section 2 of the bill adds a new section to chapter 72.09 RCW to allow the Department of Corrections to “acquire, receive, possess, sell, resell, deliver, dispense, distribute, and engage in any activity constituting the practice of pharmacy or wholesale distribution with respect to abortion medications.”</p> <p>The bill contains an emergency clause and would take effect immediately upon passage.</p>	<p>SB 5768 <i>Sponsors:</i> Senators Keiser, Dhingra, Cleveland, Frame, Hunt, Kuderer, Lovelett, Nobles, Pedersen, Randall, Robinson, Stanford, Trudeau, Valdez, Wellman, and C. Wilson <i>Floor vote (House):</i> 4/20/2023, passed through chamber by majority vote (55/40/0/3). <i>Final signatures:</i> Senate President (4/21), House Speaker (4/23). Delivered to Governor (4/24).</p>
SHB 1275	Athletic trainers scope-of-practice	<p>Subsection 2(1) of the original bill amended RCW 18.250.110 to clarify current medication laws by allowing athletic trainers to purchase, store, and administer medications <u>in accordance with their pharmacological education and training</u>. Previous legislation inadvertently limited athletic trainers to specific over-the-counter topical medications. This language removes this unnecessary limitation.</p> <p>The substitute versions of both bills remove the previously proposed amendment language and creates a new section to specify in Section 2, subsection (1)(b) that athletic trainers able to purchase, store, and administer medications are those who “completed accredited training programs on pharmacology and medication administration.”</p>	<p>SHB 1275 <i>Sponsors:</i> Representatives Thai, Harris, and Riccelli <i>Introduced (Senate):</i> 3/9/2023, referred to Senate Health & Long Term Care Committee <i>Floor vote (Senate):</i> 4/6/2023, passed through chamber by majority vote (48/0/0/1). <i>Final signatures:</i> 4/7/2023 (House Speaker), 4/8/2023 (Senate President). Delivered to Governor (4/14). <i>Governor signed:</i> 4/20/2023. Effective date: 7/23/2023.</p>

Bills That Merit Active Involvement/Input			
Bill # /Companion	Short Title	Brief Description	Committee Action (subject to change)
		The bill also adds language clarifying the definitions for “athlete,” “athletic injury,” and “athletic trainer” under RCW 18.25.010 to align with other states and national organizations.	
SSB 5389	Optometry scope-of-practice	This is a scope-of-practice bill for optometry updated from last year’s version (SHB 5542). The bill amends RCW 18.53.010 expanding the optometrist scope of practice to include limited, but mostly undefined, ophthalmic surgical procedures and injections. The bill also adds drug prescribing and administering rights. The expanded scope is further defined through a list of prohibited ophthalmic surgical procedures. The board must adopt rules (sole authority) to define authorized procedures, additional drug privileges and guidelines, and required education, training and testing to ensure optometrists are qualified to practice under the expanded scope.	SSB 5389 <i>Sponsors:</i> Senators Cleveland, Rivers, Robinson, Van De Wege, Conway, Holy, Schoesler, Wilson, L. Lovick, Randall, Wilson, C. <i>Senate concurrence:</i> 4/18/2023, House amendments concurred by majority vote (47/1/0/1). <i>Final signatures:</i> Senate President (4/19), House Speaker (4/20). Delivered to Governor (4/21).
2SSB 5263	Psilocybin services	<p>The substitute version of 5263 reworked much of the bill language, removing provisions related to establishing a two-year program development period; psilocybin licenses; psilocybin sessions; creating a psilocybin control and regulation account; authority of local jurisdictions to regulate psilocybin; testing, tracking, labeling, packaging, and dosing psilocybin products; and creating a social opportunity program.</p> <p>Sections 7 and 8 of the substitute establish other advisory workgroups along with the one already described in Section 6. Two of the boards have seats reserved for an individual with expertise in psychopharmacology, but otherwise the language remains exempting the pharmacy commission from jurisdictional responsibility.</p> <p>The second substitute bill further edits down the bill language to focus on the workgroups and advisory committees. The aforementioned exemption of the commission from jurisdictional responsibility remains intact.</p>	SB 5263 <i>Sponsors:</i> Senators Salomon, Rivers, Saldaña, Nobles, Lovick, Lovelett, Hunt, Hasegawa, Mullet, Trudeau, Robinson, Pedersen, Wellman, Muzzall, C. Wilson, Kuderer, Keiser, Lias, Van De Wege, and Frame <i>Senate concurrence:</i> 4/14/2023, House amendments concurred by majority vote (40/4/0/5). <i>Final signatures:</i> Senate President (4/18), House Speaker (4/20). Delivered to Governor (4/20).
2SSB 5120	23-hour crisis receiving centers	This bill would establish 23-hour crisis receiving centers (CRCs) in Washington State. The purpose of CRCs is to address the mental and physical health needs of people in crisis.	SB 5120 <i>Sponsors:</i> Senators Dhingra and Wagoner

Bills That Merit Active Involvement/Input			
Bill # /Companion	Short Title	Brief Description	Committee Action (subject to change)
		<p>CRC is defined in RCW 71.24.025 per Section 1, and Section 2 describes the various roles that a CRC would fulfill, including but not limited to: Offering walk-in options and drop-off options for first responders, provide services to address mental health and substance use crisis issues, screen all individuals for suicide risk and violence risk, etc.</p> <p>Of interest to the commission is that CRCs are eligible to obtain an HCE license, which would have some effect on licensure management and inspection practices.</p> <p>The substitute version of the bill specifies that the service is only for adults and establishes record-keeping requirements for facilities to track declined admissions (making the information available to the department). SSB 5120 also requires a prescriber for the facility and the ability to dispense medications.</p>	<p><i>Senate concurrence:</i> 4/13/2023, Senate refuses to concur House amendments and asks House to recede from amendments. House receded from amendments (4/20).</p> <p><i>Floor vote (House):</i> 4/20/2023, passed through chamber by majority vote (98/0/0/0).</p> <p><i>Final signatures:</i> Senate President (4/21), House Speaker (4/23). Delivered to Governor (4/24).</p>
SHB 1678	Dental therapy	<p>The bill creates dental therapists as a new profession under Title 18 RCW. Discipline would be under the authority of the Dental Quality Assurance Commission. Approval of licensing examinations would be the responsibility of the Dental Hygiene Examining Committee. A dental therapist must practice under the supervision of a dentist and with a written practice plan contract which must be filed with the Department of Health.</p> <p>The bill details the scope of practice, and restricts the practice settings for dental therapists, along with requirements for supervision and a practice plan contract with a supervising dentist.</p> <p>The substitute version of the bill authorizes dentists exempt from licensure under the Indian Health Care Improvement Act to supervise dental therapists. The bill also modifies certain education requirements and allow practices, and removes dental therapists from the list of authorized prescribers in RCW 69.41.030.</p>	<p>HB 1678</p> <p><i>Sponsors:</i> Representatives Riccelli, Lekanoff, Stonier, Morgan, Bateman, Macri, Ormsby, Slatter, Entenman, Ramos, Peterson, Tharinger, Chopp, Ryu, Pollet, Davis, Harris, Taylor, Simmons, Kloba, and Gregerson</p> <p><i>Executive session (Senate):</i> 3/23/2023, passed by majority vote. Referred to Rules Committee for second reading (3/24). Placed on second reading (4/4).</p> <p><i>Floor vote (Senate):</i> 4/11/2023, passed through chamber by majority vote (30/19/0/0).</p> <p><i>Final signatures:</i> House Speaker (4/14), Senate President (4/18). Delivered to Governor (4/19).</p>
2SHB 1009	Military spouse employment	<p>The Military Spouse Employment Act creates occupational flexibility for military spouses, 34 to 50 percent of whom work in fields requiring a professional license. RCW 180.340.020 is amended to streamline the process</p>	<p>HB 1009</p> <p><i>Sponsors:</i> Representatives Leavitt, Barkis, Ryu, Paul, Donaghy, Slatter,</p>

Bills That Merit Active Involvement/Input			
Bill # /Companion	Short Title	Brief Description	Committee Action (subject to change)
		<p>by which licensing authorities may expedite the issuance of a license to a qualified applicant who is also a military spouse.</p> <p>Section 5 of the bill also mandates training for each board or commission member on “the culture of military spouses, the military spouse experience, and issues related to military spouse career paths.” Boards and commissions are encouraged to appoint a military spouse to serve on its licensing board or commission.</p> <p>The bill would also create a military spouse assistance web page (Section 6), require the department to develop a campaign with local business associations and chambers of commerce to increase military spouse employment (Section 8), and allow military spouses to terminate their own employment more easily in cases of a permanent change of station for their spouse (Section 9).</p> <p>The substitute version added definitions for completed applications and elaborated on penalties incurred. SHB 1009 also included a date of October 1, 2023 for the bill to “take effect.”</p>	<p>Simmons, Low, Volz, Schmidt, Christian, Lekanoff, Griffey, Doglio, Robertson, Orwall, Caldier, Reeves, Bronoske, Bergquist, Shavers, Riccelli, and Ormsby <i>Executive action (Senate Ways & Means): 4/3/2023, passed through committee by majority vote.</i> Passed to Rules Committee for second reading (4/4). Placed on second reading (4/5). <i>Floor vote (Senate): 4/10/2023, passed through chamber by majority vote (49/0/0/0).</i> <i>House concurrence: 4/13/2023, Senate amendments concurred by majority vote (97/0/0/1).</i> <i>Final signatures:</i> House Speaker (4/14), Senate President (4/17). Delivered to Governor (4/18). <i>Governor signed: 4/25/2023, effective date of 7/23/2023.</i></p>

Additional Bills to Watch (Not in PQAC Jurisdiction)			
Bill # /Companion	Short Title		Committee Action (subject to change)
2SHB 1452	State Medical Reserve Corps Act	HB 1452	<p><i>Sponsors:</i> Representatives Timmons and Harris <i>Public hearing (Senate Ways & Means): 3/23/2023</i> <i>Executive action (Senate Ways & Means): 4/3/2023, passed through committee by majority vote.</i> Passed to Rules Committee for second reading (4/4). Placed on second reading (4/11). <i>Floor vote (Senate): 4/12/2023, passed through chamber by majority vote (48/0/0/1).</i> <i>Final signatures:</i> House Speaker (4/14), Senate President (4/17). Delivered to Governor (4/18)..</p>
SSB 5179	Death with Dignity Act	SB 5179	<p><i>Sponsors:</i> Senators Pedersen, King, Cleveland, Dhingra, Frame, Hunt, Keiser, Kuderer, Lias, Lovelett, Lovick, Mullet, Nobles, Robinson, Saldaña, Stanford, Valdez, Van De Wege, Wellman, and C. Wilson</p>

Additional Bills to Watch (Not in PQAC Jurisdiction)		
Bill # /Companion	Short Title	Committee Action (subject to change)
		<i>Floor vote (House): 3/24/2023, passed through chamber by majority vote (53/43/0/2).</i> <i>Executive signatures: Senate President (3/29), House Speaker (3/29). Delivered to the Governor (3/31).</i> <i>Signed by Governor: 4/6/2023 (effective date: 7/23/2023)</i>
E2SSB 5367	Regulation of products with THC	SB 5367 <i>Sponsors: Senators Robinson, Schoesler, Conway, Dozier, Keiser, Saldaña, and Wellman, by request of the Liquor and Cannabis Board</i> <i>Executive action (House Appropriations): 4/3/2023, passed through committee by majority vote. Referred to Rules 2 Review (4/4). Placed on second reading (4/6).</i> <i>Floor vote (House): 4/7/2023, majority votes to pass (93/3/0/2). Third reading reconsidered and majority votes to pass on reconsidered vote (90/6/0/2).</i> <i>Senate concurrence: 4/17/2023, House amendments concurred by majority vote (47/1/0/1).</i> <i>Final signatures: Senate President (4/19), House Speaker (4/20). Delivered to the Governor (4/20).</i>

Dead/dormant Bills (relevant if needed to pass the budget)		
Bill # /Companion	Short Title	Bill Summary
HB 1006	Expanding access to drug testing equipment.	Division tracked/non-jurisdictional
HB 1041	Prescriptive authority of psychologists.	Due to an identified “lack of prescribers comfortable with prescribing psychiatric medications to support the behavioral health needs of the state,” this bill authorizes successfully credentialed psychologists to prescribe psychotropic medications. Section 2 of the bill revises and adds numerous definitions to the RCW 18.83.010 to accommodate the proposed action while Sections 3 and 4 create and grant prescriptive authority to credentialed psychologists in statute. Of note to the commission is Section 6(6) which requires the examining board of psychology to transmit a list of prescribing psychologists and update or modify the list as necessary going forward.
HB 1269	Prescription drug affordability board	Division tracked/non-jurisdictional

Dead/dormant Bills (relevant if needed to pass the budget)		
Bill # /Companion	Short Title	Bill Summary
HB 1434	Uniform Facilities Enforcement Framework	Companion bill to SB 5271
HB 1546	Good Faith Pain Act	This bill establishes protections for various health care professions “acting in good faith” in prescribing or dispensing opioid drugs “for legitimate medical purposes in the course of professional practice.” The covered professions include pharmacists, dentists, physicians, physician assistants, advanced registered nurse practitioners, podiatric physicians and surgeons, and osteopathic physicians and surgeons.
SHB 1547	Out-of-state providers	Division tracked/non-jurisdictional
HB 1665	Pharmacist scope-of-practice and drug therapy	<p>This bill amends RCW 18.64.011 and adds a new section to chapter 18.64 RCW expanding the scope-of-practice for licensed pharmacists to initiate treatment for certain health conditions without the need for a collaborative drug therapy agreement (CDTA) or other written protocol and order and interpret CLIA-waived tests without a drug therapy and diagnosis.</p> <p>Section 1 of the bill amends RCW 18.64.011(28) to expand the definition for “Practice of pharmacy” to include the responsibility for “ordering, administering, reviewing, or interpreting” tests for certain health conditions approved by the FDA and waived under CLIA without a CDTA or a drug therapy and diagnosis. The definition is further expanded to allow pharmacists to initiate or modify drug therapy for certain health conditions without a CDTA. Drug therapy must be initiated or modified in accordance with written guidelines, protocols, or a CDTA if the health condition being treated is <i>not</i> described in Section 2 of the bill.</p> <p>Section 2 defines a health condition as “typically a short-term health condition that is generally managed with noncontrolled drug therapies, minimal treatment, or self-care.” Pharmacists may use any waiver-qualifying test—per Medicare and Medicaid guidelines—to guide clinical decision making and may delegate the administering of those tests in Section 2 to an intern or pharmacy technician acting under their supervision.</p>
ESB 5022	Exempting fentanyl testing equipment from the definition of drug paraphernalia.	The purpose of this bill is to remove fentanyl testing equipment from the definition of drug paraphernalia in RCW 69.50.102. The engrossed version of the bill was created following the acceptance of a floor amendment during the Senate floor debate. ESB 5022 adds a class I civil infraction penalty for the sale or purchase of drug paraphernalia, but exempts all injection syringes and testing equipment from this penalty provided they are sold or purchased in a public health or community-based HIV prevention program, or at a pharmacy.

Dead/dormant Bills (relevant if needed to pass the budget)		
Bill # /Companion	Short Title	Bill Summary
SB 5035	Amending drug possession classifications.	Division tracked / non-jurisdictional
SSB 5271	Uniform Facilities Enforcement Framework	<p>This legislation extends the enforcement tools enacted in 2020 and 2021 for psychiatric and acute care hospitals to all facilities the department regulates. Our current enforcement options for most facilities are limited to denying, suspending, or revoking a license. This bill adds:</p> <ul style="list-style-type: none"> • Immediate enforcement tools, such as stop placement, limited stop placement, limited stop service, and reasonable conditions, to address violations that constitute immediate jeopardy, including when a facility refuses to comply with an investigation. Immediate jeopardy is defined as a situation in which the facility has placed patients in its care at risk for serious injury, serious impairment, or death. • Intermediate tools to address repeat violations to bring facilities into compliance with regulations. These tools, including reasonable conditions and civil fines, are intended to be used after the department’s initial informal process of issuing a statement of deficiencies and a facilities’ plan of correction fail to ensure the violation does not occur again. <p>The legislation also ensures the authority to issue cease and desist orders and injunctions for unlicensed operation of a facility is consistent for all facilities the department regulates.</p>
SSB 5308	Athletic trainers scope-of-practice	Companion bill to SHB 1275
SB 5411	Naturopaths scope-of-practice	<p>The bill expands the prescriptive authority for naturopathic physicians to include all legend drugs and controlled substances in schedule II, III, IV, and V of the uniformed controlled substances act. Licensees who desire to prescribe these medications must complete education and training requirements established by the Board of Naturopathy and register with the prescription monitoring program. The bill also updates other drug statutes by adding naturopathic physicians.</p> <p>The bill changes the references of “naturopaths” to “naturopathic physicians”. It permits a naturopath to sign and attest to any certificates, cards, forms, or other required documentation that a physician may sign, so long as it is within the naturopathic physician's scope of practice. These changes support increasing primary care service availability.</p>
SB 5467	Treatment for possession of certain counterfeit drugs or	Division tracked / non-jurisdictional

Dead/dormant Bills (relevant if needed to pass the budget)		
Bill # /Companion	Short Title	Bill Summary
	controlled substances	
SSB 5481	Uniform Telemedicine Act	<p>This bill proposes the creation of a new section or sections of statute for the purpose of allowing health care practitioners to provide telemedicine services to patients. Providers using telemedicine services must comply with health care practices regulated by state and federal law and in compliance with professional practice standards applicable to the health care practitioner.</p> <p>SB 5481 also allows for the registration of out-of-state health care practitioners by relevant disciplining authorities listed under RCW 18.130.040. Out-of-state practitioners must complete a form provided by the disciplining authority to register under the proposed statutory language. Section 7 of the bill establishes qualifying requirements such as active license status, five years without any disciplinary action taken, and registration fees. Following sections outline the conditions by which disciplinary actions may be taken (Section 8), reporting requirements by the practitioner to the disciplinary authority (Section 9), and venue restrictions for practitioners providing telemedicine services (Section 10).</p>
2SSB 5536	Concerning controlled substances, counterfeit substances, and legend drug possession	<p>This bill amends sections in chapters 69.50 RCW, 9.96 RCW, 36.70A RCW, and 71.24.590, and adds new sections to chapters 69.50 RCW, 71.24 RCW, and 43.330 RCW relating to justice system and behavioral health responses for persons “experiencing circumstances” involving controlled substances, counterfeit substances, legend drugs, and drug paraphernalia.</p> <p>The term “knowingly” is added to actions around the aforementioned substances and language is included in the first four sections to divert criminal justice actions to behavioral treatment options. Section 10 of the bill requires the department to adopt rules by December 31, 2023 to allow substance use disorder treatment programs to establish off-site medication units (free-standing, collocated in a community setting such as a hospital, or a mobile medication unit). These units are classified as essential public facilities in Section 11.</p> <p>Floor amendment 5536-S2.E AMH ENGR H1919.E was adopted on the floor of the House prior to final passage. The adopted amendment adjusts RCW 18.64.600 regarding the license of location for remote dispensing sites. The first subsection is amended to expand the purpose to “the treatment of opioid use disorder or its symptoms.” The third subsection is expanded to allow dispensing technologies to be owned either by the pharmacy or the registered remote dispensing site.</p>
SB 5624	Substance use recovery services advisory committee recommendations	<p>SB 5624 focuses on the Substance Use and Recovery Services Advisory Committee (SURSAC) and the language of the bill proposes implementing committee recommendations such as:</p> <ul style="list-style-type: none"> • Decriminalization of possession of a personal amount of counterfeit substance, controlled substance, or legend drug for persons 21+ • Provides legal advocacy for parents affected by behavioral health issues in dependency and child custody cases.

Dead/dormant Bills (relevant if needed to pass the budget)		
Bill # /Companion	Short Title	Bill Summary
		<ul style="list-style-type: none"> • Funds, promotes and establishes training for recovery residences • Establishes health engagement hubs • HCA must provide grants to supportive programs that help persons with SUD with employment. • Establishes a statewide directory of recovery services • Intends to fund crisis stabilization units, mobile crisis response, recovery navigator programs, and law enforcement assisted diversion. • Establishes a HCA workgroup to streamline SUD treatment intakes/ assessments with goal to broaden workforce capable of conducting intakes. • Establishes a safe-supply workgroup with members appointed by the governor. <p>Explicitly adds OTPs to the list of essential public facilities</p>
SB 5685	Creating the profession of dental therapy	The bill creates dental therapists as a new profession under Title 18 RCW. Discipline would be under the authority of the Dental Quality Assurance Commission. Approval of licensing examinations would be the responsibility of the Dental Hygiene Examining Committee. A dental therapist must practice under the supervision of a dentist and with a written practice plan contract which must be filed with the Department of Health.



Pharmacy Quality Assurance Commission 2021-23 Budget & Fund Balance Overview For the Period July 1, 2021 through March 31, 2023

Health Professions Account Beginning Fund Balance on July 1, 2021	2,493,136
Revenue To-Date	17,600,307
21-23 HELMS Assessment To-Date	785,167
Expenses To-Date	12,236,315
Health Professions Account Fund Balance as of March 31, 2023	7,071,960

REVENUE	ESTIMATED REVENUE	ACTUAL REVENUE	VARIANCE	% OF ESTIMATED
To-Date	18,055,713	17,600,307	(455,406)	97.5%
Biennium Total	19,608,317			89.76%

EXPENSES - Health Professions Account	TOTAL BIEN BUDGET	BUDGET TO-DATE	EXPENSES TO-DATE	VARIANCE TO-DATE	VARIANCE TO-DATE %
Staff Salaries and Benefits	5,420,468	4,676,417	4,566,385	110,032	2.4%
Commission Pay	92,815	74,710	59,294	15,416	20.6%
Professional Service Contracts	15,456	13,524	485	13,039	96.4%
Attorney General Support	218,621	217,188	444,013	(226,825)	-104.4%
Goods and Services	91,539	81,805	49,023	32,782	40.1%
Travel	99,469	81,958	61,144	20,814	25.4%
IT Equipment	28,656	25,074	18,830	6,244	24.9%
WA Recovery Assist. Prog. for Pharmacy (WRAPP)	134,952	118,083	144,748	(26,665)	-22.6%
Intra-Agency Charges - Discipline	1,663,756	1,442,818	1,108,366	334,452	23.2%
Intra-Agency Charges - Credentialing	3,226,935	2,814,270	2,783,604	30,666	1.1%
Intra-Agency Charges - Other	660,067	575,765	590,258	(14,493)	-2.5%
Total Direct Costs	11,652,734	10,121,612	9,826,151	295,461	2.9%
Agency Indirect Costs	1,936,020	1,680,942	1,454,187	226,755	13.5%
Division Indirect Costs	1,292,455	1,122,155	955,978	166,177	14.8%
Total Indirect Costs	3,228,475	2,803,097	2,410,165	392,932	14.0%
Grand Total	14,881,209	12,924,709	12,236,315	688,393	5.3%

