



# PROPOSED RULE MAKING

**CR-102 (June 2024)**  
**(Implements RCW 34.05.320)**  
Do **NOT** use for expedited rule making

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FILED

DATE: May 29, 2026

TIME: 9:40 AM

WSR 26-12-047

**Agency:** Department of Health – Pharmacy Quality Assurance Commission

**Original Notice**

**Supplemental Notice to WSR**

**Continuance of WSR**

**Preproposal Statement of Inquiry was filed as WSR 25-23-064; or**

**Expedited Rule Making--Proposed notice was filed as WSR \_\_\_\_\_; or**

**Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or**

**Proposal is exempt under RCW \_\_\_\_\_.**

**Title of rule and other identifying information:** Prescription labeling accessibility rules. The Pharmacy Quality Assurance Commission (commission) proposes amending WAC 246-945-015 and WAC 246-945-026 through 246-945-029 to refine the standards for dispensing practitioners and dispensing facilities subject to the commission's prescription labeling accessibility rules.

**Hearing location(s):**

<b>Date:</b>	<b>Time:</b>	<b>Location: (be specific)</b>	<b>Comment:</b>
7/23/2026	10:30 a.m.	<p><b>Physical location:</b> Labor &amp; Industries Building 7273 Linderson Way SW Tumwater, WA 98501</p> <p><b>Virtual:</b> To access the meeting on July 23, 2026 at 10:30 am, go to <a href="https://zoom.us/join">https://zoom.us/join</a> or <a href="https://us02web.zoom.us/j/86309299195">https://us02web.zoom.us/j/86309299195</a> and use the Webinar ID 863 0929 9195</p> <p>The access options include one tap mobile: US: +12532158782,,86309299195# or +16699009128,,86309299195#</p> <p>Or Telephone: Dial(for higher quality, dial a number based on your current location): US: +1 253 215 8782 or +1 669 900 9128 or +1 346 248 7799 or +1 669 444 9171 or +1 386 347 5053 or +1 564 217 2000 or +1 646 558 8656 or</p>	The commission will hold a hybrid hearing. Attendees are welcome to attend either in-person at the physical location or virtual via Zoom.

	+1 646 931 3860 or +1 301 715 8592 or +1 312 626 6799 Webinar ID: 861 1495 8466  International numbers available: <a href="https://us02web.zoom.us/j/86114958466">https://us02web.zoom.us/j/86114958466</a>	
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**Date of intended adoption:** 7/23/2026 (Note: This is **NOT** the effective date)

<b>Submit written comments to:</b> Name Joshua Munroe Address PO Box 47852, Olympia, WA 98504-7852 Email PharmacyRules@doh.wa.gov Fax 360-236-2901 Other <a href="https://fortress.wa.gov/doh/policyreview">https://fortress.wa.gov/doh/policyreview</a> Beginning (date and time) The date and time of filing By (date and time) 7/2/2026 at 11:59 p.m.	<b>Assistance for persons with disabilities:</b> Contact Joshua Munroe Phone 360-502-5058 Fax 360-236-2901 TTY 711 Email PharmacyRules@doh.wa.gov Other None By (date) 7/2/2026
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**Purpose of the proposal and its anticipated effects, including any changes in existing rules:**  
The commission adopted new and amended rules (WAC 246-945-015 and WAC 246-945-026 through 246-945-029) for prescription labeling accessibility standards under WSR 25-04-003 on January 22, 2025. Those amended and new rules require dispensing facilities and dispensing practitioners to provide a means of access to patients with visual impairments or print disabilities, and patients with Limited English Proficiency (LEP) by supplying accessible prescription labels upon request. Acknowledging the need to give regulated practitioners and facilities time to implement the rules, the commission set an effective date of January 22, 2027.

Following the adoption of the prescription labeling accessibility rules, the commission received feedback from facilities and practitioners regarding the technological and fiscal challenges for providing the accessibility tools and methods listed in the adopted rules due to changes in the healthcare landscape that have occurred since the adoption of the rules. In addition, the rules inadvertently restricted the use of newer technology that may assist in providing a means of access to prescription information. The commission determined at its October 16, 2025 business meeting that the accessible labeling rules necessitated review to consider how to best address implementation burdens while still fulfilling the original goal of ensuring meaningful access to accurate prescription information for all patients receiving prescribed medications in Washington.

The proposed rule amends both primary goals to the accessible labeling program: providing a means of access to individuals with print disabilities or visual impairments, and providing a means of access to LEP individuals. The print and visual accessibility language in WAC 246-945-028 is amended to remove the requirement to make available a specified list of methods—large-print, Braille print, QR code or equivalent, and prescription reader or equivalent—to patients upon request. Dispensers must instead ensure they provide a means of access in any manner necessary. As a result of this removal, a number of definitions in WAC 246-945-026 are also removed.

The proposed rule removes the prescriptive list of which methods must be made available at all times for visual accessibility purposes, allowing facilities and practitioners to utilize the method or methods that best serve their respective patients’ needs while also allowing entities to better adapt to future changes in technological standards. Furthermore, the reduction of the languages required for written translation and oral interpretation from all languages down to the ten most common non-English languages (per OFM estimates) allows facilities and practitioners to more easily pursue third-party vendor services with a defined list of languages to make available.

**Reasons supporting proposal:**  
The proposed rule amends the requirements for which accessibility methods must be used by a practitioner or facility to best accommodate the patient’s needs. The modified conditions for compliance would address expressed concerns over an entity’s ability to implement and comply with the commission’s prescription label accessibility rules. However, the goal remains that a means of access as defined in the rule must be provided to all patients and, per WAC 246-945-027, accessibility services must still be supplied to the patient at no additional cost.

Clear comprehension of prescription drug label information is a matter of public health and safety for all persons, regardless of disability or language barriers.

<b>Statutory authority for adoption:</b> RCW 18.64.005, 69.41.240, and 69.50.301			
<b>Statute being implemented:</b> RCW 18.64.005(7), 69.41.240, and 69.50.301			
<b>Is rule necessary because of a:</b>			
Federal Law?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Federal Court Decision?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
State Court Decision?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, CITATION:			
<b>Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:</b>			
The original accessible prescription labeling rules will go into effect on January 22, 2027. The goal is to adopt newly revised rules with the same effective date.			
<b>Name of proponent:</b> (person or organization) Pharmacy Quality Assurance Commission			
<b>Type of proponent:</b> <input type="checkbox"/> Private. <input type="checkbox"/> Public. <input checked="" type="checkbox"/> Governmental.			
<b>Name of agency personnel responsible for:</b>			
	Name	Office Location	Phone
Drafting	Joshua Munroe	111 Israel Rd SE, Tumwater, WA 98501	360-502-5058
Implementation	Joshua Munroe	111 Israel Rd SE, Tumwater, WA 98501	360-502-5058
Enforcement	Marlee O'Neill	111 Israel Rd SE, Tumwater, WA 98501	360-480-9108
<b>Is a school district fiscal impact statement required under <a href="#">RCW 28A.305.135</a>?</b> <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
If yes, insert statement here:			
The public may obtain a copy of the school district fiscal impact statement by contacting:			
Name			
Address			
Phone			
Fax			
TTY			
Email			
Other			
<b>Is a cost-benefit analysis required under <a href="#">RCW 34.05.328</a>?</b>			
<input checked="" type="checkbox"/> Yes: A preliminary cost-benefit analysis may be obtained by contacting:			
Name Joshua Munroe			
Address PO Box 47852, Olympia, WA 98504-7852			
Phone 360-502-5058			
Fax 360-236-2901			
TTY 711			
Email PharmacyRules@doh.wa.gov			
Other			
<input type="checkbox"/> No: Please explain:			
<b>Regulatory Fairness Act and Small Business Economic Impact Statement</b>			
Note: The <a href="#">Governor's Office for Regulatory Innovation and Assistance (ORIA)</a> provides support in completing this part.			
<b>(1) Identification of exemptions:</b>			
This rule proposal, or portions of the proposal, <b>may be exempt</b> from requirements of the Regulatory Fairness Act (see <a href="#">chapter 19.85 RCW</a> ). For additional information on exemptions, consult the <a href="#">exemption guide published by ORIA</a> . Please check the box for any applicable exemption(s):			
<input type="checkbox"/> This rule proposal, or portions of the proposal, is exempt under <a href="#">RCW 19.85.061</a> because this rule making is being adopted solely to conform and/or comply with federal statute or regulations. Please cite the specific federal statute or regulation this rule is being adopted to conform or comply with, and describe the consequences to the state if the rule is not adopted.			
Citation and description:			

This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by [RCW 34.05.313](#) before filing the notice of this proposed rule.

This rule proposal, or portions of the proposal, is exempt under the provisions of [RCW 15.65.570\(2\)](#) because it was adopted by a referendum.

This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025\(3\)](#). Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> <a href="#">RCW 34.05.310</a> (4)(b)<br>(Internal government operations)         | <input type="checkbox"/> <a href="#">RCW 34.05.310</a> (4)(e)<br>(Dictated by statute)   |
| <input type="checkbox"/> <a href="#">RCW 34.05.310</a> (4)(c)<br>(Incorporation by reference)             | <input type="checkbox"/> <a href="#">RCW 34.05.310</a> (4)(f)<br>(Set or adjust fees)  |
| <input checked="" type="checkbox"/> <a href="#">RCW 34.05.310</a> (4)(d)<br>(Correct or clarify language) | <input type="checkbox"/> <a href="#">RCW 34.05.310</a> (4)(g)<br>((i) Relating to agency hearings; or (ii) process requirements for applying to an agency for a license or permit) |

This rule proposal, or portions of the proposal, is exempt under [RCW 19.85.025\(4\)](#). (Does not affect small businesses).

This rule proposal, or portions of the proposal, is exempt under RCW .

Explanation of how the above exemption(s) applies to the proposed rule:

The proposed amendments of WAC 246-945-015 and 246-945-026 align terms used through the rules and remove define terms relating to accessibility methods for individuals with print disabilities or visual impairments that are no longer used in the rules.

**(2) Scope of exemptions:** *Check one.*

The rule proposal: Is fully exempt. (*Skip section 3.*) Exemptions identified above apply to all portions of the rule proposal.

The rule proposal: Is partially exempt. (*Complete section 3.*) The exemptions identified above apply to portions of the rule proposal, but less than the entire rule proposal. Provide details here (consider using [this template from ORIA](#)):

The rule proposal: Is not exempt. (*Complete section 3.*) No exemptions were identified above.

**(3) Small business economic impact statement:** *Complete this section if any portion is not exempt.*

If any portion of the proposed rule is **not exempt**, does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?

- No Briefly summarize the agency's minor cost analysis and how the agency determined the proposed rule did not impose more-than-minor costs.

**A brief description of the proposed rule including the current situation/rule, followed by the history of the issue and why the proposed rule is needed. A description of the probable compliance requirements and the kinds of professional services that a small business is likely to need in order to comply with the proposed rule.**

The Pharmacy Quality Assurance Commission (commission) proposes amending WAC 246-945-015 and 246-945-026 through 246-945-029 to refine the standards for dispensing practitioners and dispensing facilities subject to the commission's prescription labeling accessibility rules.

The commission adopted new and amended rules (WAC 246-945-015 and 246-945-026 through 246-945-029) for prescription labeling accessibility standards under WSR 25-04-003 on January 22, 2025. Those amended and new rules require dispensing facilities and dispensing practitioners to provide a means of access to patients with visual impairments or print disabilities, and patients with Limited English Proficiency (LEP) by supplying accessible prescription labels upon request. Acknowledging the need to give regulated practitioners and facilities time to implement the rules, the commission set an effective date of January 22, 2027.

Following the adoption of the prescription labeling accessibility rules, the commission received feedback from facilities and practitioners regarding the technological and fiscal challenges for providing the accessibility tools and methods listed in the adopted rules due to changes in the healthcare landscape that have occurred since the adoption of the rules. In addition, the rules inadvertently restricted the use of newer technology that may assist in providing a means of access to prescription information. The commission determined at its October 16, 2025 business meeting that the accessible labeling rules necessitated review to consider how to best address implementation burdens while still fulfilling the original goal of ensuring meaningful access to accurate prescription information for all patients receiving prescribed medications in Washington.

In order to address the implementation burdens the commission is proposing rule changes. The commission intends to adopt changes that will become effective January 22, 2027 and will replace the existing rules slated to become effective that same day.

The proposed rule amends both primary goals to the accessible labeling program: providing a means of access to individuals with print disabilities or visual impairments, and providing a means of access to LEP individuals. The print and visual accessibility language in WAC 246-945-028 is amended to remove the requirement to make available a specified list of methods—large-print, Braille print, QR code or equivalent, and prescription reader or equivalent—to patients upon request. Dispensers must instead ensure they provide a means of access in any manner necessary. As a result of this removal, a number of definitions in WAC 246-945-026 are also removed.

The language accessibility section, WAC 246-945-029, is also amended to replace the requirement to translate or interpret the complete directions for use in any language upon patient request with the requirement for dispensing facilities and dispensing practitioners to instead be able to provide those same translation and interpretation services in the ten most common non-English languages in Washington. The list of the ten most common languages is based on the Washington State Office of Financial Management’s (OFM) LEP estimates. Facilities and practitioners subject to the accessible labeling rules shall review the OFM estimates annually in March and update the ten non-English languages they make available as necessary. The commission must also annually review the OFM estimates to update the signage template it makes available to dispensing facilities and dispensing practitioners.

Lastly, an exemption is added to WAC 246-945-027 for prepackaged medications delivered to an individual by a mobile healthcare team as a part of a public health outreach program, and an editorial amendment has been made to WAC 246-945-015 to align the use of terms “drugs and devices” throughout the rules.

**Identification and summary of which businesses are required to comply with the proposed rule using the North American Industry Classification System (NAICS).**

**SBEIS Table 1. Summary of Businesses Required to comply to the Proposed Rule**

NAICS Code (4, 5 or 6 digit)	NAICS Business Description	Number of businesses in Washington State	Minor Cost Threshold
621111	Offices of Physicians (except Mental Health Specialists)	2,779	\$12,206.76
621210	Offices of Dentists	3,111	\$4,929.21
621391	Offices of Podiatrists	94	\$2,131.32
541940	Veterinary Services	942	\$6,265.81
621399	Offices of All Other Miscellaneous Health Practitioners*	5,023	\$1,428.08
621320	Offices of Optometrists	454	\$3,760.94
456110	Pharmacies and Drug Stores	267**	\$70,682.56

\*The Offices of All Other Miscellaneous Health Practitioners category includes the remaining professions capable of having prescriptive authority in the State of Washington: Nurse practitioners, physician assistants, and naturopaths.

\*\*The Employment Security Department (ESD) reported 267 businesses categorized as Pharmacies and Drug Stores, but Department of Health staff reported the number of pharmacies as of April 2024, with 1,283 facilities being standalone pharmacies and 110 facilities being hospital pharmacies.

**Analysis of probable costs of businesses in the industry to comply to the proposed rule and includes the cost of equipment, supplies, labor, professional services, and administrative costs. The analysis considers if compliance with the proposed rule will cause businesses in the industry to lose sales or revenue.**

## **EXEMPT SECTIONS**

WAC 246-945-015 Minimum requirements for dispensing practitioners, and WAC 246-945-026 Accessible Prescription Information – Definitions are exempt from analysis under RCW 34.05.310(4)(d) because they clarify the rule and do not substantively change the existing duties or responsibilities of practitioners.

## **WAC 246-945-027 ACCESSIBLE PRESCRIPTION INFORMATION.**

**Description:** WAC 246-945-027 establishes the general provisions that dispensing facilities and dispensing practitioners must comply with in order to provide accessible prescription information services to patients and individuals.

Subsection (1) outlines the types of medications and packaging exempt from accessibility requirements (e.g., prepackaged medications in an emergency department and drug samples as defined in RCW 69.45.010). The section is amended to include prepackaged medications delivered to an individual by a mobile health care team as a part of a public health outreach program.

### **Cost(s):**

The only change made by the proposed rule is the addition of the exemption category of “prepackaged medications delivered to an individual by a mobile health care team as a part of a public health outreach program” in WAC 246-945-027(1)(e). It is estimated that creating an exemption for such prepackaged medications represents **no additional cost** to those programs because adding this exemption removes potential costs.

## **WAC 246-945-028 ACCESSIBILITY OF PRESCRIPTION INFORMATION FOR VISUALLY IMPAIRED OR PRINT DISABLED INDIVIDUALS.**

### **Description:**

WAC 246-945-028 focuses on providing means of access for patients who are visually impaired or print disabled. The prescription information that must be made accessible for such patients is defined in WAC 246-945-026, containing information elements such as the name of the drug, name of the patient, drug quantity, and the complete directions for use. The proposed rule removes subsection (3) and amends subsection (4) with clarifying language regarding the responsibilities of dispensing practitioners and dispensing facilities to provide a means of access for print disabled or visually impaired patients.

### **Cost(s):**

The proposed rule removes a subsection that required each dispensing practitioner and dispensing facility to acquire and maintain four methods of visual and print accessibility: large-print labels, Braille labels, QR codes or equivalent, and audio prescription readers or equivalent. While the entities that must comply with the accessible labeling rules will still need to acquire and maintain a method or methods that provide their patients as a means of access to their prescription information, the expenditure will be less than or equal to the prior requirements<sup>1</sup>. As such, there are **no new costs** estimated for this proposed section of rule.

However, it is possible that a dispensing practitioner or dispensing facility, in preparation for the January 22, 2027 implementation date of the original accessible labeling rules, already incurred costs beyond that required under the proposed rule in order to obtain hardware and software associated with the four visual or print accessibility methods. Commission staff believe this scenario is unlikely based on feedback received from regulated entities.

## **WAC 246-945-029 TRANSLATION AND INTERPRETATION FOR PRESCRIPTION INFORMATION FOR INDIVIDUALS WITH LEP.**

### **Description:**

This section of rule establishes requirements for providing means of access for Limited English Proficient (LEP) patients when fulfilling prescriptions. The current rule requires dispensing practitioners and facilities to be able to provide oral interpretation and written translation services in any language. The amended rule requires the dispensing facility or office of the dispensing practitioner to be able to make available to LEP patients written translation or oral interpretation in the ten most common non-English languages in Washington based on the Washington State Office of Financial Management’s (OFM) estimates. Facilities and practitioners subject to the accessible labeling rules must check the OFM’s website annually during the month of March to evaluate whether there is a change to the ten most common non-English languages, and adjust the languages they provide in response. The only element required for written translation is the complete directions for use, and the translated portion must be affixed to the prescription container per subsection 2.

Offices of dispensing practitioners and dispensing facilities must post signage developed and made available by the commission to notify individuals of the right to oral interpretation and written translation services. The signs will be translated in the ten most common written non-English languages in Washington State and the commission will review the list of languages on the signs annually. Signage developed and reviewed by the commission is exempt from analysis under RCW

34.05.328(5)(b)(ii), as that rule relates only to internal government operations. Dispensing facilities and offices of dispensing practitioners that dispense and deliver prescriptions through the mail are required to provide notification to patients about the availability of accessibility services since the patient would not see a sign when interacting with that practitioner or facility.

**Cost(s):**

The proposed rule amends the number of languages that dispensing facilities and dispensing practitioners must make available to LEP patients upon request, from all languages down to the ten most common non-English languages in Washington State. The department and commission reasonably assumes that the costs for providing ten languages for translation and interpretation are less burdensome than finding a third-party vendor that can provide all languages and paying for that service, it is estimated that the change to the language requirements in WAC 246-945-029 represents **no additional cost** to regulated entities.

The only new element that might represent a new cost is the proposed requirement to check the OFM estimates annually and adjust the ten non-English languages provided in response. Since OFM does not issue new language estimates each year, it is unlikely that dispensing facilities and dispensing practitioners would need to spend more than a few minutes a year on this task. The department and commission reasonably believe there are fewer costs to verify the languages each year and make adjustments as needed, and therefore there is **no additional cost**.

As with the visual and print accessibility changes in WAC 246-945-028, it is possible that a dispensing practitioner or dispensing facility, in preparation for the January 22, 2027 implementation date of the original accessible labeling rules, already incurred costs in order to provide every language for translation and interpretation to patients. Commission staff believe this scenario is also unlikely based on feedback received from regulated entities.

**Summary of all Cost(s)**

**SBEIS Table 2. Summary of Section 3 probable cost(s)**

<b>WAC Section and Title</b>	<b>Probable Cost(s)</b>
WAC 246-945-027 Accessible Prescription Information	No additional costs
WAC 246-945-028 Accessibility of Prescription Information for Visually Impaired or Print Disabled Individuals	No new costs
WAC 246-945-029 Translation and Interpretation for Prescription Information for Individuals with LEP	No additional costs (potential for negligible costs)

**Analysis on if the proposed rule may impose more than minor costs for businesses in the industry. Includes a summary of how the costs were calculated.**

No, the determination of “no new costs” or “no additional costs” (with potential for estimated negligible costs of annually checking the OFM’s language estimates and adjusting the non-English languages offered to patients) are less than the minor cost threshold of the following dispensing practitioners and dispensing facilities:

**Business Description: Minor cost threshold**

- Offices of Physicians (except Mental Health Specialists): \$12,206.76
- Dentist’s office: \$4,929.21
- Podiatric physician’s office: \$2,131.32
- Veterinarian’s office: \$6,265.81
- Nurse practitioner’s office: \$1,428.08
- Optometrist’s office: \$3,760.94

<sup>1</sup> Hardware acquisition for complying with WAC 246-945-028 was estimated at between \$0 and \$9,240, and ongoing label printing costs for the section was estimated at between \$0 and \$15,180 based on patient volume and type of entity required to comply with those rules. Further information about cost estimates associated with the original accessible prescription labeling rules may be found with the CR-102 Rules Proposal package filed with the Washington State Office of the Code Reviser on August 14, 2024 under WSR 24-17-046.

- Physician assistant's office: \$1,428.08
- Naturopath's office: \$1,428.08
- Pharmacy: \$70,682.56

Yes      Calculations show the rule proposal likely imposes more-than-minor cost to businesses and a small business economic impact statement is required. Insert the required small business economic impact statement here:

The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:

Name      Joshua Munroe  
 Address   PO Box 47852, Olympia, WA 98504-7852  
 Phone      360-502-5058  
 Fax         360-236-2901  
 TTY         711  
 Email      PharmacyRules@doh.wa.gov  
 Other

**Date:** May 29, 2026

**Name:** Hawkins DeFrance, PharmD

**Title:** Pharmacy Quality Assurance Commission Chair

**Signature:**



AMENDATORY SECTION (Amending WSR 25-04-003, filed 1/22/25, effective 1/22/27)

**WAC 246-945-015 Minimum requirements for dispensing practitioners.** (1) A practitioner authorized to prescribe or administer a legend drug including a controlled substance, other than a pharmacy, may dispense a legend drug including a controlled substance directly to an ultimate user without a prescription.

(2) All practitioners authorized to prescribe legend drugs and devices, and who dispense drugs or devices directly to the ultimate user, shall affix a label to the prescription container that meets the requirements of RCW 69.41.050 and shall comply with WAC 246-945-026 through 246-945-029.

AMENDATORY SECTION (Amending WSR 25-04-003, filed 1/22/25, effective 1/22/27)

**WAC 246-945-026 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 246-945-026 through 246-945-029:

(1) "Accessible prescription information" means the provision of accurate prescription information to a visually impaired or print disabled individual, and means the provision of accurate complete directions for use to an individual with LEP.

(2) "Complete directions for use" means standard instructions intended to guide a patient on how to safely and effectively use a dispensed prescription. Minimum elements include:

(a) ~~((The))~~ A verb such as, but not limited to, take, place, instill;

(b) ~~((The))~~ Dosage form such as, but not limited to, tablet, capsule, and drops;

(c) Dosage quantity;

(d) Route of administration;

(e) Frequency of administration; and

(f) Additional contextual information for the safe and effective use of a dispensed prescription such as, but not limited to, "as needed," and "when tired."

(3) "Dispensing facility" or "dispensing facilities" means a pharmacy, nonresident pharmacy, health care entity, or hospital pharmacy associated clinic that dispenses and delivers prescriptions to the ultimate user or the ultimate user's authorized representative. It does not include prescriptions dispensed by a pharmacy, nonresident pharmacy, health care entity, and hospital pharmacy associated clinic that are administered by a licensed health care professional acting within their scope of practice.

(4) "Dispensing practitioner" or "dispensing practitioners" means a practitioner authorized to prescribe legend drugs and devices and who dispenses and delivers prescriptions 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))~~ "Individual with limited-English proficiency" or "individual with LEP" 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))~~ (6) "Means of access" means provision of a mechanism to enable a visually impaired or print disabled individual to receive accurate prescription information.

~~((8))~~ (7) "Oral interpretation" means oral communication in which a person acting as an interpreter comprehends a message in one language and re-expresses all necessary information accurately in ~~((the individual with LEP's preferred))~~ another language.

~~((9))~~ (8) "Prescription information" means drug or device name, patient name, patient species if applicable, complete directions for use, and drug quantity.

~~((10) "Prescription drug reader" means a device that provides information in an audio format accessible to the individual.~~

~~(11))~~ (9) "Print disabled" means the inability to effectively read or access prescription information due to a visual, physical, perceptual, cognitive disability, or other impairment.

~~((12) "QR code" means a two-dimensional barcode printed as a square pattern of black and white squares that encodes data.~~

~~(13))~~ (10) "Translation" shall mean the accurate conversion of a written text from one language into an equivalent written text in another language.

~~((14))~~ (11) "Visually impaired" means an impairment that prevents an individual from effectively reading or accessing information, such as prescription information, without assistance.

AMENDATORY SECTION (Amending WSR 25-04-003, filed 1/22/25, effective 1/22/27)

**WAC 246-945-027 Accessible prescription information.** (1) Dispensing facilities and dispensing practitioners shall comply with the requirements in WAC 246-945-027 through 246-945-029 to provide accessible prescription information unless the prescription is for:

(a) A prepackaged medication delivered pursuant to WAC 246-945-435;

(b) An opioid overdose reversal medication as defined in RCW 69.41.095;

(c) A multiple dose drug or device dispensed and partially administered to an individual by a health care professional acting within their scope of practice and subsequently relabeled for that individual's use; ~~((or))~~

(d) A drug sample, as defined in RCW 69.45.010, delivered to an individual no more than twice within a 60-day period by the same dispensing practitioner or dispensing facility; or

(e) Prepackaged medications delivered to an individual by a mobile health care team as a part of a public health outreach program.

(2) Dispensing facilities and dispensing practitioners shall develop and implement policies and procedures to implement the requirements in WAC 246-945-027 through 246-945-029.

(3) Dispensing facilities and dispensing practitioners shall provide accessible prescription information as required in WAC 246-945-027 through 246-945-029 at no additional cost.

(4) The services required by WAC 246-945-027 through 246-945-029 may be provided by an employee of the dispensing facility or dispensing practitioner, the dispensing practitioner themselves, or a third party. The use of a third party does not diminish the responsibility of the dispensing facility or dispensing practitioner to comply with the requirements in WAC 246-945-027 through 246-945-029.

(5) The provision of accessible prescription information, as required by WAC 246-945-027 through 246-945-029, shall occur at the time of delivery of the filled prescription to the individual or the individual's authorized representative, 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. Part 36).

AMENDATORY SECTION (Amending WSR 25-04-003, filed 1/22/25, effective 1/22/27)

**WAC 246-945-028 Accessibility of prescription information for visually impaired or print disabled individuals.** (1) Every dispensing facility and dispensing practitioner shall provide a means of access to prescription information, as defined in WAC 246-945-026(~~((7))~~), 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 a means of access to prescription information, as defined in WAC 246-945-026(~~((7))~~), 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) ~~((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, as defined in WAC 246-945-026(9), in a minimum of 12-point font size, which is affixed to the prescription container;~~

~~(b) Prescription information, as defined in WAC 246-945-026(9), in Braille affixed to the prescription container;~~

~~(c) A QR code, or equivalent, affixed to the prescription drug container that transmits prescription information, as defined in WAC 246-945-026(9), to an individual's external accessible device; or~~

~~(d) A prescription drug reader, or equivalent, that is able to provide prescription information, as defined in WAC 246-945-026(9),~~

~~from the label affixed to the prescription container in an audio format accessible to the individual.~~

~~(4))~~ When dispensing facilities or dispensing practitioners provide a means of access to prescription information, as defined in WAC 246-945-026(~~(9))~~, (~~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.

AMENDATORY SECTION (Amending WSR 25-04-003, filed 1/22/25, effective 1/22/27)

**WAC 246-945-029 Translation and interpretation for prescription information for individuals with LEP.** (1) Every dispensing facility and dispensing practitioner (~~shall~~) must be able to provide oral interpretation and written translation services of the complete directions for use (~~to individuals with LEP upon the request of the individual with LEP, their prescriber, or their authorized representative. The translated complete directions for use must be affixed to the prescription container~~) in the 10 most common non-English languages in Washington based on the Washington state office of financial management's (OFM) LEP estimates.

(a) Every dispensing facility and dispensing practitioner shall provide oral interpretation and written translation services as described in this subsection to individuals with LEP upon the request of the individual with LEP, their prescriber, or their authorized representative.

(b) The translated complete directions for use must be affixed to the prescription container.

(c) Dispensing facilities and dispensing practitioners shall review the OFM LEP estimates report annually during the month of March to evaluate whether there has been a change to the 10 most common non-English languages in Washington based on this data.

(2) Every dispensing facility and dispensing practitioner shall offer to provide oral interpretation and written translation services of the complete directions for use to individuals with LEP when it is self-evident the person to whom the prescription is being prescribed or delivered is an individual with LEP. The complete directions for use must be affixed to the prescription container.

(3) Dispensing facilities and dispensing practitioners who dispense and deliver prescriptions at a fixed physical location shall, at a minimum, conspicuously display a sign developed and made available by the commission that notifies individuals of the right to oral interpretation and written translation services of the complete directions of use.

(a) When creating the sign, the commission will include the 10 most common non-English languages in Washington based on the Washington state office of financial management's (OFM) LEP estimates.

(b) The commission shall review the OFM LEP estimates report (~~once every five years~~) annually during the month of March to evaluate whether there has been a change to the 10 most common non-English languages in Washington based on this data and update the signage tem-

plate as necessary. (~~During this review, the commission will determine whether other resources or methodologies provide more accurate LEP estimate information to determine the list of languages included on the sign.~~)

(4) Dispensing facilities and dispensing practitioners who dispense and deliver prescriptions through the mail shall notify individuals of the individual's right to oral interpretation and written translation services of the complete directions for use when delivering the individual's (~~medication~~) prescription. The commission will develop and make available the notification that dispensing facilities and dispensing practitioners will provide.

(a) When creating the notification, the commission will include the 10 most common non-English languages based on the Washington state office of financial management's (OFM) LEP estimates.

(b) The commission shall review the OFM LEP estimates report once every five years to evaluate whether there has been a change to the 10 most common non-English languages in Washington based on this data. During this review, the commission will determine whether other resources or methodologies provide more accurate LEP estimate information to determine the list of languages included on the notification.

(5) 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, except the complete directions for use can be affixed in its translated form only.