

1 AN ACT Relating to requiring an integration of the prescription
2 monitoring program into the coordinated care electronic tracking
3 program to increase coordination of care; adding a new section to
4 chapter 70.225 RCW; and creating a new section.

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

6 NEW SECTION. **Sec. 1.** (1) The legislature finds that the
7 prescription monitoring program was created in 2007 to improve patient
8 care and stop prescription drug misuse by collecting records for
9 Schedule II, III, IV, and V drugs prescribed in this state.
10 Information on these controlled substances is made available to medical
11 providers and pharmacists as a patient safety tool. Under the
12 prescription monitoring program, practitioners have access to the
13 controlled substance history of the patient before a prescription is
14 issued or dispensed. This helps to prevent overdoses and misuse, and
15 promotes referrals for pain management and for treatment of addiction.

16 (2) The legislature further finds that emergency departments across
17 the nation are facing increases in utilization from a variety of
18 pressures. Much of this increased utilization stems from the inability
19 to appropriately care for a growing population of disenfranchised,

1 repeat, or treatment-reluctant patients. This trend demands that
2 emergency departments adapt with better and more coordinated care
3 strategies.

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

6 (1) The department of health must by January 1, 2014:

7 (a) Integrate the prescription monitoring program into the
8 coordinated care electronic tracking program developed in response to
9 section 213, chapter 7, Laws of 2012 2nd sp. sess. commonly referred to
10 as the seven best practices in emergency medicine. This integration
11 must be done in real time and be pushed to the provider when a patient
12 registers in an emergency department.

13 (b) This integration must be done annually with the system that is
14 in place for the previously required information exchange mandated to
15 coordinate emergency department use, such exchange may be a private or
16 public joint venture.

17 (2) All insurers and third-party administrators that provide
18 coverage to residents of Washington state shall:

19 (a) Provide information regarding the assigned primary care
20 provider, their telephone number, and fax number to the coordinated
21 care electronic tracking program for real-time communication to an
22 emergency department provider when caring for a patient.

23 (b) Provide information regarding any available care plans or
24 treatment plans for patients with higher utilization of services on a
25 regular basis to the coordinated care electronic tracking program for
26 dissemination to the treating provider.

27 (3) Any provider of the coordinated care electronic tracking
28 program previously implemented as part of the seven best practices in
29 emergency medicine program shall by January 1, 2014:

30 (a) Integrate prescription monitoring program information into the
31 reports provided to medical providers in real-time in a format that is
32 identified collaboratively with the health care authority, Washington
33 state hospital association, Washington state medical association, the
34 Washington chapter of the American college of emergency physicians, and
35 other interested provider representatives.

36 (b) Develop a system for real-time notification of previously

1 identified primary care providers when a patient arrives in an
2 emergency department for care that includes:

3 (i) Provide contact phone number and information regarding the
4 location at which the patient is receiving care;

5 (ii) Provide status as a patient review and coordination program or
6 similar private plan designation as available to the system;

7 (iii) Provide any available care plans or treatment plans available
8 in the system;

9 (iv) Provide a summary of emergency department utilization as
10 provided to the emergency department in their communication; and

11 (v) Provide a summary of the prescription of controlled substances
12 as provided to the treating provider in the emergency department.

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