March 25, 2022

PQAC Meeting packet

2.

PROPOSED RULE MAKING

CR-102 (December 2017)
(Implements RCW 34.05.320)
Do **NOT** use for expedited rule making

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: February 15, 2022
TIME: 4:05 PM

WSR 22-05-089

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** 20-23-027 **; 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).**

☐ **Proposal is exempt under RCW .**

Title of rule and other identifying information: (describe subject) WAC 246-945-056 Schedule V. The Pharmacy Quality Assurance Commission (commission) is proposing to amend WAC 246-945-056 to delete Epidiolex from Schedule V controlled substances in Washington State in line with changes in Uniform Controlled Substances Act and in response to a rulemaking petition.

Hearing location(s):			
Date:	**Time:**	**Location:** (be specific)	**Comment:**
03/25/2022	9:15 a.m.	In response to the coronavirus disease 2019 (COVID-19) pandemic, the Pharmacy Quality Assurance Commission will not provide a physical location for this hearing to promote social distancing and the safety of the citizens of Washington State. A virtual public hearing, without a physical meeting space, will be held instead. To access the meeting: Please register for this meeting and join from your computer, tablet or smartphone. Please register for the PQAC Business Meeting on March 25, 2022 9:00 AM PST at: https://attendee.gotowebinar.com/register/4623500690320973325 After registering, you will receive a confirmation email containing information about joining the webinar. Participants can use their telephone or computer mic & speakers (VoIP).	

		UNITED STATES - +1 (631) 992-3221 AUDIO PIN - ATTENDEE-muted - 704-709-411	

Date of intended adoption: 03/25/2022 (Note: This is **NOT** the **effective** date)

Submit written comments to:

Name: Joshua Munroe
Address: PO Box 47852
Olympia, WA 98504-7852
Email: https://fortress.wa.gov/doh/policyreview
Fax: 3602362901
Other: N/A
By (date) 03/11/2022

Assistance for persons with disabilities:

Contact Joshua Munroe
Phone: 3602362987
Fax:
TTY: 711
Email: PharmacyRules@doh.wa.gov
Other:
By (date) 03/18/2022

Purpose of the proposal and its anticipated effects, including any changes in existing rules: Epidiolex is an FDA-approved cannabidiol with less than 0.3% tetrahydrocannabinal (THC), used to help treat some seizure disorders. The Uniform Controlled Substances Act (chapter 69.50 RCW) declassifies hemp products with less than 0.3% THC from the definition of a controlled substance because hemp was removed from the definition of marijuana per RCW 15.140.030(6). The commission received a petition from interested parties to update the rules to reflect changes caused by the Uniform Controlled Substances Act. In response to the rulemaking petition and the goal of reducing superfluous pressure on the health system during the ongoing coronavirus disease 2019 (COVID-19) pandemic, the commission implemented emergency rules to delete Epidiolex from the list of Schedule V controlled substances beginning May 20, 2020 under WSR 20-11-078, and has retained the emergency rule since then. This proposal is intended to permanently delete Epidiolex from the list of Schedule V controlled substances in WAC 246-945-056 consistent with the emergency rule. The current emergency rule under WSR 21-22-065 was filed on October 29, 2021.

Reasons supporting proposal: In August 2020, the DEA completed rulemaking formally de-scheduling Epidiolex federally. Per RCW 69.50.201 the commission has the duty to similarly control Epidiolex as the DEA has, therefore the commission has the duty to remove Epidiolex from the Schedule V list.

This proposal is in response to a rulemaking petition, but it also aligns Washington state rule with the federal change.

Statutory authority for adoption: RCW 18.64.005; RCW 69.50.201

Statute being implemented: None

Is rule necessary because of a:

Federal Law?	☐ Yes	☒ No
Federal Court Decision?	☐ Yes	☒ No
State Court Decision?	☐ Yes	☒ No

If yes, CITATION:

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: None

Name of proponent: (person or organization) Washington State Pharmacy Quality Assurance Commission		☐ Private ☐ Public ☒ Governmental

Name of agency personnel responsible for:

	Name	Office Location	Phone
Drafting:	Joshua Munroe	111 Israel Rd SE, Tumwater, WA 98501	360-236-2987
Implementation:	Joshua Munroe	111 Israel Rd SE, Tumwater, WA 98501	360-236-2987
Enforcement:	Margaret Holm	111 Israel Rd SE, Tumwater, WA 98501	360-236-4731

Is a school district fiscal impact statement required under RCW 28A.305.135? ☐ Yes ☒ No

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:

Is a cost-benefit analysis required under RCW 34.05.328?

☐ Yes: A preliminary cost-benefit analysis may be obtained by contacting:

Name:
Address:
Phone:
Fax:
TTY:
Email:
Other:

☒ No: Please explain: The commission did not complete a cost benefit analysis under RCW 34.05.328. RCW 34.05.328(5)(b)(v) exempts rules the content of which is explicitly and specifically dictated by statute. RCW 69.50.201 requires the commission to deschedule Epidiolex the same as was done federally.

Regulatory Fairness Act Cost Considerations for a Small Business Economic Impact Statement:

This rule proposal, or portions of the proposal, **may be exempt** from requirements of the Regulatory Fairness Act (see chapter 19.85 RCW). Please check the box for any applicable exemption(s):

☐ This rule proposal, or portions of the proposal, is exempt under RCW 19.85.061 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:

- ☐ RCW 34.05.310 (4)(b) (Internal government operations)
- ☐ RCW 34.05.310 (4)(c) (Incorporation by reference)
- ☐ RCW 34.05.310 (4)(d) (Correct or clarify language)
- ☒ RCW 34.05.310 (4)(e) (Dictated by statute)
- ☐ RCW 34.05.310 (4)(f) (Set or adjust fees)
- ☐ RCW 34.05.310 (4)(g) ((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 .

Explanation of exemptions, if necessary: Epidiolex is no longer considered a controlled substance by the federal government. Per RCW 69.50.201 the commission has the duty to deschedule epidiolex in Washington state as well.

COMPLETE THIS SECTION ONLY IF NO EXEMPTION APPLIES

If 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 analysis showing how costs were calculated.

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

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

Name:
Address:
Phone:
Fax:
TTY:
Email:
Other:

Date: 2/15/2022	**Signature:** 
Name: Teri Ferreira, RPh	
Title: Pharmacy Quality Assurance Chair	

AMENDATORY SECTION (Amending WSR 20-12-072, filed 6/1/20, effective 7/1/20)

WAC 246-945-056 Schedule V. The commission finds that the following substances have low potential for abuse relative to substances in Schedule IV under RCW 69.50.210 and WAC 246-945-055 and have currently accepted medical use in treatment in the United States and that the substances have limited physical dependence or psychological dependence liability relative to the substance in Schedule IV. In addition to the substances listed in RCW 69.50.212, the commission places each of the following drugs and substances by whatever official name, common or usual name, chemical name, or brand name in Schedule V.

Depressants. Unless specifically exempted or excluded or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts:

(1) Brivaracetam ((2S)-2-[(4R)-2-oxo-4-propylpyrrolidin-1-yl] butanamide); also referred to as BRV; UCB-34714; Briviact;

(2) Ezogabine [N-[2-amino-4-(4-fluorobenzylamino)-phenyl]-carbamic acid ethyl ester].

((~~(3) Approved cannabidiol drugs. A drug product in finished dosage formulation that has been approved by the U.S. Food and Drug Administration that contains cannabidiol (2-[1R-3-methyl-6R-(1-methylethenyl)-2-cyclohexen-1-yl]-5-pentyl-1,3-benzenediol) derived from cannabis and no more than 0.1 percent (w/w) residual tetrahydrocannabinols, also known as Epidiolex.~~))

Draft Rule Language for Rules Workshop

New section in chapter 246-945 WAC – Retired active pharmacist license

Purpose of rule: Allows a pharmacist with a retired active pharmacist license status to practice pharmacy, in compliance with proclamation 20-32 signed by the Governor on March 26, 2020.

NEW SECTION

WAC 246-945-171 Retired active pharmacist license status. (1) A pharmacist may apply for a retired active pharmacist license status if they:

(a) Hold an active pharmacist license issued by the commission under chapter 18.64 RCW that is in good standing;

(b) Submit an application on a form provided by the commission; and

(c) Pay the retired active credential status application fee as specified in WAC 246-945-990.

(2) A pharmacist with a retired active pharmacist license status shall practice only in emergent or intermittent circumstances.

(a) "Emergent" includes, but is not limited to, earthquakes, floods, times of declared war or other states of emergency.

(b) "Intermittent" means no more than a total of ninety days each year in Washington state.

(3) A pharmacist with a retired active pharmacist license status must meet the continuing education requirements in WAC 246-945-178.

(4) A pharmacist with a retired active pharmacist license status must renew their license every two years in compliance with WAC 246-12-130. The retired active credential status renewal fee is in WAC 246-945-990.

(5) A pharmacist with a retired active pharmacist license status must meet the requirements in WAC 246-12-140 to return their license to active status. The active renewal fee is in WAC 246-945-990.

4.2

RULE-MAKING ORDER
EMERGENCY RULE ONLY

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

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: January 28, 2022
TIME: 8:16 AM

WSR 22-04-062

Agency: Department of Health- Pharmacy Quality Assurance Commission

Effective date of rule:

Emergency Rules

☒ Immediately upon filing.
☐ Later (specify)

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

☐ Yes ☒ No If Yes, explain:

Purpose: WAC 246-945-171 Retired active pharmacist license status, establishing a new section of rule. This adopted emergency rule will extend WSR 21-20-076 filed on September 30, 2021 without change. On March 26, 2020, Governor Inslee signed proclamation 20-32 to help increase the number of healthcare workers available to meet the needs of patients during the coronavirus disease 2019 (COVID-19) pandemic. This proclamation included a provision that allows a pharmacist with a retired active pharmacist license status to practice pharmacy. Specifically, the proclamation amended WAC 246-863-080(2), which was effective at that time, to allow holders of a retired active pharmacist license status to practice pharmacy while the proclamation remains in effect.

The Pharmacy Quality Assurance Commission (commission) updated and consolidated all rules under its authority into one new chapter (chapter 246-945 WAC), effective July 1, 2020. In this rewrite process the requirements from WAC 246-863-080 and the retired active pharmacist license status were repealed. Beginning July 1, 2020 chapter 246-945 WAC took effect and the commission no longer enforces WAC 246-863-080. In order to meet the intent of the Governor's proclamation and allow retired pharmacists to assist with the COVID response with pharmacy services such as vaccine administration, there must be a retired active pharmacist license rule in place. The adopted rule will reinstate the retired active pharmacist credential and allow a pharmacist to apply for a retired active pharmacist license status. The holder of a retired active pharmacist license is allowed to practice during emergent or intermittent circumstances and assist with the COVID-19 response. This emergency rule also establishes the criteria for returning to active status.

Citation of rules affected by this order:

New: WAC 246-945-171
Repealed: None
Amended: None
Suspended: None

Statutory authority for adoption: RCW 18.64.005; RCW 18.64.205

Other authority:

EMERGENCY RULE

Under RCW 34.05.350 the agency for good cause finds:

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

☐ That state or federal law or federal rule or a federal deadline for state receipt of federal funds requires immediate adoption of a rule.

Reasons for this finding: The immediate adoption of WAC 246-945-171 is necessary for the preservation of public health, safety, and general welfare. This rule allows retired pharmacists to assist in the response during public health emergencies such as the COVID-19 pandemic and is in line with the intent of Governor Inslee's proclamation 20-32. This emergency rule allows retired pharmacists to help meet the needs of patients during the COVID-19 pandemic through performing pharmacy services such as vaccine administration. Observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to the public interest and the Governor's orders.

The commission authorized permanent rules and the CR-101 (WSR 21-09-063) was filed in April 2021, but will not be completed by the time the current emergency rules expire. Necessary adjustments to the permanent rule language are currently under internal review.

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

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

The number of sections adopted in order to comply with:

Federal statute:	New	0	Amended	0	Repealed	0
Federal rules or standards:	New	0	Amended	0	Repealed	0
Recently enacted state statutes:	New	0	Amended	0	Repealed	0

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

	New	0	Amended	0	Repealed	0

The number of sections adopted on the agency's own initiative:

	New	1	Amended	0	Repealed	0

The number of sections adopted in order to clarify, streamline, or reform agency procedures:

	New	0	Amended	0	Repealed	0

The number of sections adopted using:

Negotiated rule making:	New	0	Amended	0	Repealed	0
Pilot rule making:	New	0	Amended	0	Repealed	0
Other alternative rule making:	New	1	Amended	0	Repealed	0

Date Adopted: 01/26/2022	**Signature:** 
Name: Teri Ferreira, RPh	
Title: Pharmacy Quality Assurance Chair	

NEW SECTION

WAC 246-945-171 Retired active pharmacist license status. (1) A pharmacist may apply for a retired active pharmacist license status if they:

(a) Hold an active pharmacist license issued by the commission under chapter 18.64 RCW that is in good standing;

(b) Submit an application on a form provided by the commission; and

(c) Pay the retired credential application fee as specified in WAC 246-907-030.

(2) A pharmacist with a retired active pharmacist license status shall practice only in emergent or intermittent circumstances.

(a) "Emergent" includes, but is not limited to, earthquakes, floods, times of declared war or other states of emergency.

(b) "Intermittent" means no more than a total of ninety days each year in Washington state.

(3) A pharmacist with a retired active pharmacist license status must renew every year, comply with WAC 246-12-130 and pay the retired credential renewal fee in WAC 246-907-030.

(4) To return to active status, a retired active pharmacist must comply with WAC 246-12-140 and pay the pharmacist license renewal fee in WAC 246-907-030.

Link to Washington State Legislature Bill Information 2022

Jan 10, 2022 – First day of session.
Feb 3, 2022 – Policy Committee Cutoff.
Feb 7, 2022 – Fiscal Committee Cutoff.
Feb 15, 2022 – House of Origin Cutoff.
Feb 24, 2022 – Policy Committee Cutoff – Opposite House.
Feb 28, 2022 – Fiscal Committee Cutoff – Opposite House.
March 4, 2022 – Opposite House Cutoff.
March 10, 2022 – Sine die. Last day allowed for regular session under state constitution.

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

Bills Requiring Active Involvement/Input			
Bill # /Companion	**Short Title**	**Brief Description**	**Committee Action (subject to change)**
SHB 1675 Bill as passed legislature	Dialysate and dialysis device manufacturers.	SHB 1675 amends RCW 18.64.257 and 69.41.032 (addressing the prescription of legend drugs by dialysis programs) to include additional entities related to dialysis programs and treatment. These entities—dialysis device and/or dialysate manufacturers and wholesalers—are allowed to sell, deliver, possess, and/or dispense dialysis devices or commercially available dialysate directly to dialysis patients. This direct delivery to patients is only allowed for legend drugs and dialysis devices prescribed by "a practitioner acting within the scope of the practitioner's practice" as determined by the commission in rule. SHB 1675 also grants the commission rulemaking authority to implement the bill.	**HB 1675** *Sponsors*: Representatives Bateman, Maycumber, Leavitt, Graham, Dolan, Cody, Griffey, and Riccelli *Introduced*: 1/10/2022, referred to House Health Care & Wellness Committee. **SHB 1675** *Floor vote (House)*: 1/26/2022, **Voted to pass (97/0/0/1)** *Floor vote (Senate)*: 3/1/2022, **voted to pass (48/0/0/1)** *Final signatures*: House speaker (3/2), Senate President (3/2), delivered to Governor (3/7)
SHB 1728 Bill as passed legislature	Insulin affordability – Workgroup funding and report deadline.	SHB 1728 would amend RCW 70.14.160 to change the composure of the insulin affordability workgroup and would create a new section pertaining to funding deadlines for that group. The deadline for the submission of the preliminary report "detailing strategies to reduce the cost of and total expenditures" of insulin for patients and the expiration of the section establishing the workgroup is extended from 2020 to 2022. The section expiration date is also extended from 2022 to 2024. A new section (Sec. 2.) is added that makes this act null and void if specific funding is not provided for this act by June 30, 2022.	**HB 1728** *Sponsors*: Representatives Maycumber, Cody, Callan, Eslick, Macri, Ramos, Griffey, Riccelli, and Leavitt; by request of Health Care Authority *Introduced*: 1/10/2022, referred to House Health Care & Wellness.

Bills Requiring Active Involvement/Input			
Bill # /Companion	**Short Title**	**Brief Description**	**Committee Action (subject to change)**
		Per Amendment S4806.1, the workgroup is required to develop strategies to provide a once-yearly 30-day emergency supply of insulin to individuals.	**SHB 1728** *Floor vote*: 2/14/2022, **voted to pass (97/1/0/0)** *Floor vote (Senate)*: 3/3/2022, **voted to pass (48/0/0/1)** *Floor vote (House concurrence)*: 3/7/2022, **voted to pass (97/1/0/0)** *Final signatures*: House Speaker (3/8), Senate President (3/10), delivered to Governor (3/10)
SSB 5753 Bill as passed legislature	Enhancing the capacity of health profession boards, commissions, and advisory committees.	SSB 5753 modifies membership and quorum requirements for 18 regulatory bodies including the Pharmacy Quality Assurance Commission (commission). Section 15 of the bill grants the commission authority to designate a presiding officer—either the secretary or their designee—to conduct disciplinary proceedings under the commission's jurisdiction in place of an administrative law judge. The presiding officer shall not vote on or make any final decisions in cases where clinical expertise is necessary. Functions performed in accordance with chapter 34.05 RCW. Section 17 of the bill adds a new section to chapter 18.64 RCW and grants the commission authority to appoint members of panels with at least three members. Minimum quorum for such panels is three. SSB 5753 also removes U.S. citizenship as a prerequisite to serve on boards, commissions, or committees, reclassifies some boards, commissions, and committees as Class 5 Groups under chapter 43.03 RCW, and adjusts/updates quorum rules for various boards, commissions, and committees. Amendment AMH HCW POOL 022, adopted into SSB 5753 on February 23, 2022, removes licensing requirements for the executive director position for the Pharmacy Quality Assurance and the Nursing Care Quality Assurance Commission.	**SB 5753** *Sponsors*: Senators Robinson and Lovick *Introduced*: 1/10/2022, referred to Senate Health & Long Term Care Committee. **SSB 5753** *Floor vote*: 2/2/2022, **voted to pass (36/11/0/2)** *Floor vote (House)*: 3/1/2022, **voted to pass (57/41/0/0)** *Floor vote (Senate concurrence)*: 3/7/2022, **voted to pass (31/18/0/0)** *Final signatures*: Senate President (3/10), House Speaker (3/10), delivered to Governor (3/11)

Additional Bills to Watch (Not in PQAC Jurisdiction)		
Bill # /Companion	**Short Title**	**Committee Action (subject to change)**
E2SHB 1181 Bill as passed legislature	Suicide prevention programs for veterans and military members	**HB 1181** *Sponsors*: Orwall, Boehnke, Callan, Leavitt, Davis, Dolan, Valdez, Young, Riccelli, Lekanoff, Barkis, Peterson, Shewake, Bronoske, Macri, and Morgan *Introduced (House)*: 1/13/2022, referred to House Housing, Human Services & Veterans Committee. **E2SHB 1181** *Floor vote (House)*: 2/15/2022, **voted to pass (97/0/0/1)** *Floor vote (Senate)*: 3/3/2022, **voted to pass (48/0/0/1)** *Floor vote (House concurrence)*: 3/7/2022, **voted to pass (98/0/0/0)** *Final signatures*: House Speaker signed (3/8), Senate President signed (3/10), delivered to Governor for signature (3/10)
SHB 1821 Bill as passed legislature	Definition of established relationship for purposes of audio-only telemedicine.	**HB 1821** *Sponsors*: Representatives Schmick, Riccelli, Cody, and Graham *Introduced*: 1/10/2022 and referred to House Committee on Health Care & Wellness. **SHB 1821** *Floor vote*: 2/8/2022, **voted to pass (95/0/0/3)** *Floor vote (Senate)*: 3/1/2022, **voted to pass (49/0/0/0)** *Floor vote (House concurrence)*: 3/7/2022, requests Senate recede from amendments. *Floor vote (Senate)*: 3/8/2022, Senate recedes from amendments, **voted to pass (49/0/0/0)** *Final signatures*: House Speaker (3/10), Senate President (3/10), delivered to Governor (3/10)
HB 1874 Bill as passed legislature	Reducing licensing barriers for those with previous arrest.	**HB 1874** Sponsors: Representatives Vick, Dufault, Hoff, Jacobsen, Leavitt, Simmons, Corry, Senn, Peterson, Goodman, Riccelli, Davis, Macri, and Young *Introduced*: 1/11/2022, referred to House Consumer Protection & Business Committee. *Floor vote*: 1/26/2022, **Voted to pass (96/1/0/1)** *Floor vote (Senate)*: 3/1/2022, **voted to pass (49/0/0/0)** *Final signatures*: House Speaker (3/2), Senate President (3/2), delivered to Governor (3/7)
2SSB 5532 Bill as passed legislature	Prescription drug affordability board.	**SB 5532** *Sponsors*: Senators Keiser, Robinson, Conway, Hasegawa, Pedersen, Randall, Stanford, and Wilson, C. *Introduced*: 1/10/2022, referred to Senate Health & Long Term Care Committee. **2SSB 5532**

Additional Bills to Watch (Not in PQAC Jurisdiction)		
Bill # /Companion	**Short Title**	**Committee Action (subject to change)**
		Floor vote: 2/9/2022, **voted to pass (47/0/0/2)** *Floor vote (House)*: 3/2/2022, **voted to pass (57/39/0/2)** *Floor vote (Senate concurrence)*: 3/7/2022, **voted to pass (28/20/0/1)** *Final signatures*: Senate President (3/9), House Speaker (3/9), delivered to Governor (3/11)
SSB 5546 Bill as passed legislature	Insulin affordability – Monthly insurance copay cap	**SB 5546** *Sponsors*: Senators Keiser and Van De Wege *Introduced*: 1/10/2022, referred to Senate Health & Long Term Care Committee. **SSB 5546** *Floor vote*: 2/8/2022, **voted to pass (48/1/0/0)** *Floor vote (House)*: 2/26/2022, **voted to pass (85/10/0/3)**. *Final Signatures*: Senate President (3/1), House Speaker (3/1), delivered to Governor (3/2), **signed by Governor (3/4)** *Effective date*: 6/9/2022
SSB 5765 Bill as passed legislature	Relating to the practice of midwifery.	**SB 5765** *Sponsors*: Senators Randall, Keiser, Conway, Das, Hasegawa, Lovelett, Mullet, Robinson, Saldaña, Stanford, Trudeau, Wilson, C. *Introduced*: 1/11/2022, referred to Senate Health & Long Term Care Committee. **SSB 5765** *Floor vote*: 2/14/2022, **voted to pass (27/20/0/2)** *Final signatures*: Senate President (3/8), House Speaker (3/8), delivered to Governor (3/9) *Executive session (House)*: 2/23/2022, **moved through Health Care & Wellness Committee with "do pass" recommendation (with amendments)**, referred to Rules Committee and placed on second reading (2/26). *Floor vote (House)*: 3/3/2022, **voted to pass (61/37/0/0)** *Final signatures*: Senate President signed (3/8), House Speaker signed (3/8)

Dead/dormant Bills (relevant if needed to implement the budget)		
Bill # /Companion	**Short Title**	**Bill Summary**
2SHB 1668	Expanding regulatory	2SHB 1668 would authorize the Liquor and Cannabis Board (board) to regulate all cannabinoids that may be impairing, regardless of origin, and would direct the board to adopt rules related to cannabinoid products and Cannabis isolates, except those authorized as a drug by the federal Food and Drug Administration (FDA).

Dead/dormant Bills (relevant if needed to implement the budget)		
Bill # /Companion	**Short Title**	**Bill Summary**
	authority over cannabinoids.	This would move jurisdiction over some identified substances from the Pharmacy Quality Assurance Commission (PQAC) to the Liquor and Cannabis Board (LCB) and would give the LCB rulemaking authority for the production, processing, delivery, sale, etc. of hemp and FDA-approved substances. These substances include forms of tetrahydrocannabinol (THC) other than delta-9 THC, which has previously been placed in LCB's jurisdiction.
SHB 1813	Pharmacy choice – Pharmacy benefit manager rules.	Non-jurisdiction/division track bill
ESHB 1852 ESHB 1852 – AMS KEIS S5806.1	Language requirements for prescription drug labels.	The Pharmacy Quality Assurance Commission (commission) must adopt rules by July 1, 2024 establishing requirements for the purpose of translating prescription drug labels and prescription information. This applies only to outpatient medications dispensed for home use and intended for human use. At a minimum, these rules must require the printing of English and the translated language directions for use on prescription containers/labels and that pharmacies or nonresident pharmacies must provide any additional directions of use, auxiliary warnings, or other information required by the commission in rule. Additionally, these rules must establish: • The languages for which translation is required (must choose at least 15 languages in consultation with the WA State office of Equity and Governor's Interagency Council on Health Disparities and update the list at least every 5 years) • The labels and/or information sheets for which translation is required • The pharmacies and settings to which the translation requirements apply • The procuring/providing process for the translations • Necessary conditions under which a pharmacy must provide translated prescription information • Any signage a pharmacy must post to notify customers of the availability of translated prescription information The commission must also make rules that help administer/implement the translation requirements and rules that establish other accessibility requirements for individuals who are blind, visually impaired, and/or print disabled. Establishes penalties on nonresident pharmacies for violations of these requirements. Recently adopted amendments clarified that the commission has the goal, but not the responsibility, to include all languages in rule spoken by at least 5% of the state population or 1,000 people in Washington when selecting at least 15 languages for the translation list. Amendment language also changed the circumstances under which the commission should set rules regarding "auxiliary warnings," and modifies the frequency by which the translated language list should be updated.

Dead/dormant Bills (relevant if needed to implement the budget)		
Bill # /Companion	**Short Title**	**Bill Summary**
HB 1863	Authorizing the prescriptive authority of psychologists.	The bill adds psychologists to the list of professions able to prescribe medication, if a currently licensed psychologist meets the certain criteria. The bill also excludes opioids from medication that may be prescribed, requires the Examining Board of Psychology to work with the medical commission when creating administrative rules establishing standards for certifying prescribing psychologists, and adds a 10th board member and a requirement one of the board members must be an expert in psychotropic prescribing.
HB 2122	Expanding regulatory authority over cannabinoids.	HB 2122 authorizes the Liquor and Cannabis Board (board) to regulate all cannabinoids that may be impairing, regardless of origin, and would direct the board to adopt rules related to cannabinoid products and Cannabis isolates, except those authorized as a drug by the federal Food and Drug Administration (FDA). This would clarify board jurisdiction over some identified substances and would give the board rulemaking authority for the production, processing, delivery, sale, etc. of hemp and FDA-approved substances. These substances include forms of tetrahydrocannabinol (THC) other than delta-9 THC, which has previously been placed in LCB's jurisdiction. Additional licensing types and fees are created under board jurisdiction.
HB 2123	Quality and safety standards for cannabinoid product testing.	HB 2123 requires the Liquor and Cannabis Board (board) to adjust their regulations regarding cannabinoid definitions, cannabis product testing, and lab standards. This bill adds new sections to the Uniform Controlled Substances Act (RCW 69.50) establishing a THC concentration threshold for sale of products outside marijuana producers, processors, or retailers licensed by the board. A grant program (Section 6) is created to aid local governments in enforcing the new sales thresholds. Section 5 of the bill establishes a scientific panel tasked with reviewing data and regulations pertaining to the definitions of "impairing," "artificial cannabinoids," and "synthetically derived cannabinoids." The panel is also tasked with providing recommendations on potential manufacturing, extracting, and synthesizing methods and safety guidelines for cannabinoids, all to be included in a findings report to be submitted by December 1, 2022
SSB 5542	Related to the practice of optometry.	Non-jurisdiction/division track bill
PSSB 5660	Establishment of a psilocybin board.	This bill creates a system in which individuals aged 21 or older may consume psilocybin products for purposes of wellness, provided that the consumption takes place within licensed service centers, under the supervision of licensed facilitators, and using products created and tested by manufacturers and testers licensed by the Washington State Department of Health (DOH). The bill also establishes a misdemeanor offense for falsification of identification and establishes civil penalties for violations of psilocybin rules, preempts local jurisdictions from establishing local licenses or taxes related to the

Dead/dormant Bills (relevant if needed to implement the budget)		
Bill # /Companion	**Short Title**	**Bill Summary**
		manufacturing or sale of psilocybin, and prohibits an employer from discriminating against, requiring testing for, or discharging an employee for receiving psilocybin services.
SB 5743	Designating kratom as a controlled substance.	SB 5743 amends RCW 69.50.204 to classify mitragynine and 7-hyroxymitragynine, substances commonly known as kratom, as Schedule I drugs. A new section is added to justify the decision via emergency declaration: "This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately."
SB 5767	Regulating hemp-derived cannabinoids.	The bill requires LCB to adjust their regulations regarding cannabinoids and cannabis product testing, and lab standards. This includes LCB regulation regarding flower lots, batch testing; and laboratory testing standards that require certain tests to be completed on each flower lot, such as moisture analysis, foreign matter screening, microbial, mycotoxins and others. This bill adds several definitions and defines different types of cannabinoids. The bill may require the department to amend 246-70 WAC, depending on what LCB would need to change in their rules. We may need to amend our chapter regarding heavy metal screening and mycotoxin screening depending on how it affects LCB's rulemaking.
SB 5941	The Washington Kratom Consumer Protection Act	SB 5941—the Washington Kratom Consumer Protection Act—adds a new chapter to Title 69 RCW for the purpose of regulating the preparation, distribution, or sale of kratom products. Kratom products are defined in Section 2.5 as "products that contain any part of the leaf of the plant *Mitragyna speciose* or kratom extract, and are intended for human ingestion." Section 3 of the HB 5941 prohibits kratom processors—those who sell, prepare, manufacture, distribute, or maintain kratom products—from using "dangerous nonkratom substances" in kratom products and establishes additive thresholds for such products. Kratom processors may not distribute or sell kratom products to individuals under 21 years of age (Section 4), and Section 5 establishes fines that may be imposed for violations of Sections 3 and 4. Section 6 of SB 5941 grants the department rulemaking authority related to kratom products to establish 1) testing standards for safe human consumption, 2) accurate labeling standards, and 3) other rules deemed necessary to administer the new chapter. Sections 1 through 6 are intended to comprise the new chapter in Title 69 RCW, which will take effect on January 1, 2023.
SSB 5794	Behavior health condition prescription drug coverage.	Non-jurisdiction/division track bill