



July 1, 2026

Washington State Pharmacy Quality Assurance Commission
ATTN: Joshua Munroe
P.O. Box 47852
Olympia, WA 98504-7852

Delivered via email

RE: Accessible Prescription Drug Labeling CR-102 June 2026 Rule

Dear Dr. Munroe,

On behalf of the Washington State Hospital Association (WSHA), thank you for the opportunity to provide comments on the Pharmacy Quality Assurance Commission's (PQAC) proposed rule for accessible labeling. WSHA represents all of the hospitals across Washington State, totaling more than 100 hospitals and health systems. Our hospital members range from large statewide health care delivery systems to small rural hospitals that are the only health care safety net serving rural, remote communities. Many of our members also operate pharmacies that would be subject to these regulations.

Our comments, in alignment with the Washington State Pharmacy Association, primarily focus on the need to exempt prepackaged medications in health care entities. WSHA believes there is an oversight regarding these exemptions following recent legislative activity and would request PQAC refine WAC 246-945-027. We appreciate the commission's decision to revisit the rules based on implementation and compliance challenges. Many of our members shared these concerns and we are supportive of the changes.

Our comments are detailed below:

Prepackaged medications dispensed by health care entities should be exempt in the same way as emergency department-dispensed prepacks.

In 2025, the Washington Legislature acknowledged the importance of prepackaged medications dispensed by both hospital emergency departments and health care entities ([SHB 1186](#)). This service is essential to maintain access to necessary medications in communities when a retail pharmacy is not readily available. WSHA believes WAC 246-945-027 (1)(a) inadvertently only exempts hospital emergency department prepackaged medications, while excluding health care entity prepackaged medications.

In many small and rural communities across Washington, health care entities provide prepackaged medications to address limited retail pharmacy availability. For example, in one community a health system-owned urgent care provides prepackaged medications one day per year, on Thanksgiving Day when their clinic is open, but community pharmacies are closed. If this clinic were required to comply with this rule, they may have to consider halting the service given the small number of medications they dispense.

Similarly, some health care entities across Washington seek to provide improved access to certain medications, such as medications used for abortion. As currently drafted, this rule would require these prepacks to have accessible prescription labels. While our members are supportive of the intent of this rule, they are in a challenging financial position and must balance new technology investments. This is particularly true in cases of lower utilization and non-reimbursable medication dispensing.

WSHA recommends PQAC also cite RCW 18.64.450 in WAC 246-945-027 (1)(a) to ensure all prepackaged medications are exempt from these requirements. This change will also reflect legislative intent. Specific recommended language is provided below.

(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 or RCW 18.64.450;

PQAC should move forward with finalizing the requirement that pharmacies be limited to providing translation and interpretation services to the top 10 most used non-English languages.

PQAC limiting the language accessibility requirement to 10 languages is an appropriate change to this rule. WSHA has expressed concern about the prior requirement to provide an unlimited number of languages for translation and interpretation in numerous comment letters, despite the signage only being posted in ten languages. WSHA believes aligning both the signage requirement of languages and the languages available for translation and interpretation makes sense.

This change in the June 2026 CR-102 is particularly critical given that current vendor capabilities have a limited number of languages available for translation. Setting a specific number of languages for a dispensing facility or provider to have available makes this rule more predictable. WSHA supports this change in WAC 246-945-029.

Eliminating specific visual accessibility technologies is appropriate and allows for future technological advances.

Amending WAC 246-945-028 to remove specific types of visual accessibility technology that a dispensing provider or facility must provide is a reasonable change. WSHA is supportive of this change in the CR-102 and urges PQAC to finalize the change. Health care technology is constantly evolving. By specifying four technologies that must be available, the rule is likely to become outdated quickly. Requiring “a means of access” is a more appropriate approach and allows dispensing providers and facilities to have flexibility to best meet the patients’ needs as new technology becomes available.

Thank you for the opportunity to engage with the Commission on this proposed rule. We encourage the commission to strongly consider WSHA’s recommendations to balance maintaining dispensing facility and provider operations with improved accessibility. Should you have additional questions on WSHA’s recommendations, please contact Remy Kerr, WSHA Policy Director

(RemyK@WSHA.org / 206.216.2514).

Sincerely,



Remy Kerr, MPH
Policy Director, Government Affairs
Washington State Hospital Association



Chelene Whiteaker, MHA
Senior Vice President, Government Affairs
Washington State Hospital Association