

FINAL BILL REPORT

2SHB 2663

C 217 L 00

Synopsis as Enacted

Brief Description: Creating a program to provide atypical antipsychotic medications to underserved populations.

Sponsors: By House Committee on Appropriations (originally sponsored by Representatives Alexander, Schual-Berke, Parlette, Cody, Reardon, Ericksen, Morris, Tokuda, Benson, Doumit, Pflug, Kessler, Ruderman, Rockefeller, Edmonds, Santos, O'Brien, Hurst and Esser).

House Committee on Health Care
House Committee on Appropriations
Senate Committee on Human Services & Corrections
Senate Committee on Ways & Means

Background:

The Department of Social and Health Services provides funding to regional support networks, formed by counties or groups of counties, for offering mental health services in the community. The regional support networks contract with community mental health centers and other mental health providers, and serve some 105,000 outpatients in the community.

Approximately 30 percent of persons who suffer serious mental illness do not qualify for Medicaid assistance benefits, nor do they have resources to obtain needed antipsychotic medications, especially the newer atypical antipsychotic medications. Recent experience suggests that conventional antipsychotic medications are less effective, more expensive, and have more serious and irreversible side effects than newer atypical antipsychotic medications.

Summary of Bill:

There is a declaration of legislative intent to promote access to atypical antipsychotic medications for those unable to access them and who present risks of harm to themselves and to the community.

To the extent funds are available, the Department of Social and Health Services is directed to establish a program to promote access to atypical antipsychotic medications for persons with schizophrenia or other psychiatric or neurological

conditions, whose incomes are less than 200 percent of the federal poverty level, and who are not covered by insurance or other benefit.

Contracts must be awarded to contractors who have a cost effect distribution mechanism, target children and adults transitioning from corrections facilities or receiving mental health services under the state mental health treatment laws, and who propose a comprehensive treatment program designed to achieve an improved mental health status and stable living situation.

Participating pharmaceutical companies must increase access to their products for the targeted population through intensive outreach to their respective indigent drug programs.

The Washington Institute for Public Policy is directed to conduct an evaluation of the program to determine patient outcomes, access to atypical antipsychotic medications, and the uniformity of prescriptions among the population, and report to the legislature by June 30, 2002.

Votes on Final Passage:

House 96 1

Senate 48 0 (Senate amended)

House 96 2 (House concurred)

Effective: June 8, 2000