

# SENATE BILL REPORT

## 2SHB 1574

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As Reported By Senate Committee On:  
Human Services & Corrections, April 1, 1999  
Ways & Means, April 5, 1999

**Title:** An act relating to administering atypical antipsychotic medications.

**Brief Description:** Administering atypical antipsychotic medications.

**Sponsors:** House Committee on Appropriations (originally sponsored by Representatives Alexander, Parlette, Cody, Radcliff, O'Brien, Schual-Berke, Reardon, Quall, Santos, Cooper, Linville, Ericksen and Hurst).

**Brief History:**

**Committee Activity:** Human Services & Corrections: 4/1/99 [DPA-WM].  
Ways & Means: 4/5/99 [DPA (HSC)].

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### SENATE COMMITTEE ON HUMAN SERVICES & CORRECTIONS

**Majority Report:** Do pass as amended and be referred to Committee on Ways & Means.  
Signed by Senators Hargrove, Chair; Costa, Vice Chair; Kohl-Welles, Long, Patterson, Sheahan, Stevens and Zarelli.

**Staff:** Joan K. Mell (786-7447)

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### SENATE COMMITTEE ON WAYS & MEANS

**Majority Report:** Do pass as amended by Committee on Human Services & Corrections.  
Signed by Senators Loveland, Chair; Brown, Vice Chair; Fairley, Fraser, Honeyford, Kline, Rasmussen, Rossi, B. Sheldon, Snyder, Spanel and Winsley.

**Staff:** Brian Sims (786-7431)

**Background:** Pharmaceutical companies have developed atypical antipsychotic medications that have fewer long-term debilitating side effects than typical medications that have been in use for a number of years. The atypical antipsychotics are available but are expensive. Pharmaceutical budgets for various mental health service providers have been insufficient to meet the demand. Further, the atypical medications have not reached the populations that would benefit dramatically from the drugs because people have been unable to access services where the medications could be prescribed.

The Department of Social and Health Services funds regional support networks, which provide mental health services at the local level through provider contracts. A funding formula is used and is required by statute. Priorities on populations served through the

networks limit the number of people able to access advanced pharmaceutical treatment at the local level.

**Summary of Amended Bill:** The Department of Social and Health Services must develop a mechanism for providing financial assistance in accessing atypical antipsychotic medications to low-income persons who are not Medicaid eligible or are transitioning to Medicaid eligibility and who have no third party payer.

Appropriated funds are to be distributed separate from the regional support network funding formula.

The mechanism must include an evaluation program to assess whether the availability of atypical antipsychotic medications results in cost savings to the state and positive treatment outcomes.

Atypical antipsychotic medications are purchased through competitive procurement and must not exceed rates paid by the department under the Medicaid program.

A null and void clause is included.

A woman's primary health care provider must identify and then screen appropriate pregnant and lactating women to determine whether an infant is at risk of being drug-affected. If screening criteria suggests the infant should be tested, then the provider must conduct the test or provide the screening information to the infant's primary health care provider. The infant's primary health care provider must then perform the test, if not already performed.

The mother's doctor must advise the mother of her right to publicly-funded tubal ligation surgery and advise her how to access appropriate drug treatment or birth control counseling services, when the infant tests positive.

Drug-affected— is defined by the Department of Social and Health Services' definition created pursuant to previous legislation, and pertains to the mother's use of non-prescription controlled substances. An infant must require treatment for withdrawal or longer term treatment and services for developmental conditions that extend beyond the point of withdrawal.

Positive test findings must be reported by the health care provider to the Department of Social and Health Services. The department must investigate all referrals and file a dependency in appropriate cases. The drug-affected status of an infant is not by itself sufficient to support a dependency finding.

Mothers can agree to treatment as a condition that may defer any dependency action. The conditions of the agreement vary depending upon the number of drug-affected infants the mother has had. With the first drug-affected infant, a mother can agree to inpatient or outpatient treatment. With the second drug-affected infant, the mother can agree to inpatient treatment. With the third or subsequent birth of a drug-affected infant, the mother is referred for evaluation for involuntary inpatient commitment for chemical dependency treatment. Mothers must be offered education in family planning and pharmaceutical birth

control. Providers may choose not to offer family planning, making a conscientious objection, but must explain to the mother where she can obtain family planning services.

Fact-finding hearings in a dependency action can be continued if the parties have agreed to conditions that take more than 75 days to fulfill. In termination proceedings, a third or subsequent drug-affected birth is an aggravating circumstance for the court's consideration.

A health care provider is only liable for acts of gross negligence or intentional misconduct as it relates to his or her duties under this act.

The Institute for Public Policy must study and report to the Legislature on the provisions of this act.

**Amended Bill Compared to Second Substitute Bill:** The provisions are rewritten to clarify that the department must develop a mechanism that meets certain criteria and to clarify eligibility. Drug-affected infants provisions are added.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Testimony For:** Being forced to live in poverty to access assistance for very costly drugs is bad policy and not what this country should promote. These atypical drugs are needed and make a difference in people's lives. The drug affected infant provisions will help families.

**Testimony Against:** Drug manufacturers charge too much for these necessary drugs that can be purchased in other countries for much less. Government should prohibit unreasonable purchase rates.

**Testified:** PRO: Representative Alexander, prime sponsor; Adeth Meyers, mental health consumer; Jim Howe, NAMI; Brad Boswell, NAMI; Deanne Kopkas, Sisters of Providence; Laurie Lippold, Children's Home Society; Chuck Albertson, mental health consumer; Eleanor Owen, WAMI (concerns); Richard Onizia, DSHS (concerns).