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**SUBSTITUTE HOUSE BILL 1932**

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**State of Washington 64th Legislature 2015 Regular Session**

**By** House Health Care & Wellness (originally sponsored by Representatives Kagi, Walsh, Caldier, Carlyle, Gregerson, and Ryu)

AN ACT Relating to improving medication management for youth; amending RCW 74.09.490; and creating a new section.

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

NEW SECTION. **Sec.**  The legislature understands that antipsychotic medication is prescribed for the treatment of behavioral and mental health problems in children and youth, and that current efforts have reduced the frequency and number of antipsychotic medications that are prescribed. The legislature recognizes that recent research has identified major concerns surrounding the off-label use of antipsychotic medication for children and youth. The legislature finds that children in foster placement are still prescribed antipsychotic medication at a much higher rate than children in the general population, and that the complex circumstances involved in foster care placement may contribute to the risk of inappropriate antipsychotic medication use. The legislature further recognizes that requiring a second opinion on antipsychotic prescriptions and the utilization of behavioral interventions has the potential to reduce the number of children being prescribed antipsychotic medication while improving outcomes for children and youth. The legislature intends to promote safe and appropriate prescribing practices by requiring a review process for children in foster care placement who are prescribed antipsychotic medication, and assuring that children and youth are referred to available psychosocial interventions in lieu of or in addition to prescribed medications.

**Sec.**  RCW 74.09.490 and 2011 1st sp.s. c 15 s 23 are each amended to read as follows:

(1) The authority, in consultation with the evidence-based practice institute established in RCW 71.24.061, shall develop and implement policies to improve prescribing practices for treatment of emotional or behavioral disturbances in children, improve the quality of children's mental health therapy through increased use of evidence-based and research‑based practices and reduced variation in practice, improve communication and care coordination between primary care and mental health providers, and prioritize care in the family home or care which integrates the family where out‑of‑home placement is required.

(2) The authority shall identify those children with emotional or behavioral disturbances who may be at high risk due to off‑label use of prescription medication, use of multiple medications, high medication dosage, or lack of coordination among multiple prescribing providers, and establish one or more mechanisms to evaluate the appropriateness of the medication these children are using, including but not limited to obtaining second opinions from experts in child psychiatry.

(3) The authority shall review the psychotropic medications of all children under five and establish one or more mechanisms to evaluate the appropriateness of the medication these children are using, including but not limited to obtaining second opinions from experts in child psychiatry.

(4) The authority shall require a second opinion review from an expert in psychiatry for all prescriptions of one or more antipsychotic medications of all children under eighteen years of age in the foster care system. Thirty days of a prescription medication may be dispensed pending the second opinion review. The second opinion feedback must include discussion of the psychosocial interventions that have been or will be offered to the child and caretaker if appropriate in order to address the behavioral issues brought to the attention of the prescribing physician.

(5) The authority shall track prescriptive practices with respect to psychotropic medications with the goal of reducing the use of medication.

((~~(5)~~)) (6)(a) The authority shall ((~~encourage the~~)) promote the appropriate use of cognitive behavioral therapies and other treatments which are empirically supported or evidence-based, in addition to or in the place of prescription medication where appropriate and such interventions are available.

(b) The authority shall require all managed health care systems to develop and maintain a list of evidence-based treatments and other behavioral health resources under contract with the managed health care system. The managed health care system shall distribute the list to health care providers and their support staff within the managed health care system who provide services to patients under eighteen years old. The evidence based practice institute of Washington shall be consulted in the development of the lists.

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