

VETO MESSAGE ON SB 5082-S

May 20, 1997

To the Honorable President and Members,  
The Senate of the State of Washington  
Ladies and Gentlemen:

I am returning herewith, without my approval, Engrossed Substitute Senate Bill No. 5082 entitled:

"AN ACT Relating to mental health and chemical dependency treatment for minors;"

Engrossed Substitute Senate Bill No. 5082 addresses a very important matter, the role of parents in directing mental health and chemical dependency treatment of their teenage minor children. I have vetoed this measure because it leaves unresolved a number of important issues.

A focus of the bill is parent initiated inpatient mental health and chemical dependency treatment. At the outset of parent initiated inpatient treatment of a minor 13 years of age or older, this bill would substitute a series of professional psychiatric evaluations directed by the Department of Social and Health Services (DSHS) for the early judicial commitment hearing required in law as currently interpreted. This bill would permit approximately 100 days to pass prior to the minor having access to the courts, an unduly long period of time.

This bill is primarily a response to the case, State v. CPC Fairfax Hospital, 129 Wn.2d 439 (1996). In that ruling, four justices underscored the importance of due process in involuntary commitments. This bill, in delaying judicial review for a lengthy period, may not satisfy due process.

The issue of reimbursement for treatment must be handled more completely than is provided by this bill. At some early point in the process of admission of Medicaid eligible minors, the issue of reimbursements for treatment will inevitably arise. The bill would require all determinations (subsequent to the initial one) of whether treatment should continue to be based on a standard of "medically appropriate". It is unclear whether the state would be reimbursed for inpatient treatments that do not meet a standard describing a mental disorder, or even a standard of medical necessity. In the case of private insurers, perhaps some will choose to reimburse at a lower standard than "medically necessary". Others may not. This uncertainty around the financing and reimbursement of potentially costly treatment indicates the need for more careful attention to this matter.

For these reasons, I have vetoed Engrossed Substitute Senate Bill No. 5082 in its entirety.

Respectfully submitted,  
Gary Locke  
Governor