

SENATE BILL REPORT

SB 6289

As Reported By Senate Committee On:
Education, February 4, 2004

Title: An act relating to school policies on health evaluations for and the administration of psychotropic drugs to children.

Brief Description: Requiring the adoption of policies regarding health evaluations for and the administration of psychotropic drugs in schools.

Sponsors: Senators Parlette, Johnson, Winsley, Rasmussen, Carlson, Thibaudeau and Roach.

Brief History:

Committee Activity: Education: 1/28/04, 2/4/04 [DPS].

SENATE COMMITTEE ON EDUCATION

Majority Report: That Substitute Senate Bill No. 6289 be substituted therefor, and the substitute bill do pass.

Signed by Senators Johnson, Chair; Finkbeiner, Vice Chair; Carlson, Eide, McAuliffe, Pflug, Rasmussen and Schmidt.

Staff: Heather Lewis-Lechner (786-7448)

Background: Psychotropic medications are those medications that affect or alter thought processes, mood, sleep, or behavior, including, but not limited to, stimulants, antipsychotics, anti-anxiety medications, mood stabilizers, anticonvulsants and antidepressants. Specific examples of more common psychotropic medications include Ritalin, Prozac, Lithium or Xanax.

Under current Washington special education law, local school districts must conduct child find activities for the purposes of evaluating and identifying students with a suspected disability who are not receiving special education and related services. These activities extend to students attending private schools. Any school personnel that suspects a child of having a disability must refer the child to the school district. The district must document the referral and provide the student's parents written notice that the student has been referred because of a suspected disabling condition and that the district, with parental input, will determine whether there is good reason to believe the student should be evaluated.

For special education purposes, children with disabilities are defined in statute as those children who are temporarily or permanently retarded in normal educational processes by reason of physical or mental disability or by reason of emotional maladjustment or by reason of other disability, and those children who have specific learning and language disabilities resulting from perceptual-motor disabilities, including problems in visual and auditory perception and integration.

Summary of Substitute Bill: Administrators, teachers, and school employees who are not a qualified medical professional in public or private kindergarten through twelfth grade schools are prohibited from recommending a student seek a prescription for a medication that is prescribed for the intent of affecting or altering the thought processes, mood, or behavior of the student. Clarifying language is included that establishes that this act does not prohibit the listed school employees from communicating with parents concerning a student's behavior or relieve a district of its duty to identify, locate or evaluate students with disabilities.

Substitute Bill Compared to Original Bill: Creation of a policy is no longer required. Administrators, teachers, and school employees who are not a qualified medical professional in public or private kindergarten through twelfth grade schools are prohibited from recommending a student seek a prescription for a medication that is prescribed for the intent of affecting or altering the thought processes, mood, or behavior of the student. The requirement that a letter be sent to parents is removed. Clarifying language is added that establishes that this act does not prohibit the listed school employees from communicating with parents concerning a student's behavior or relieve a district of its duty to identify, locate or evaluate students with disabilities.

Appropriation: None.

Fiscal Note: Not requested.

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

Testimony For: The intent of this bill is to make sure people who are not qualified to do so are not encouraging parents to put their children on medications. It aims to ensure that the issue is handled in a professional manner. This is a very simple problem; teachers do what they are trained to do very well and should not be attempting to do what they are not trained to do.

Concerns: This bill is an attempt to address an important issue. The quick jump to medications as the solution to behavior problems is not appropriate and skips over the process of evaluation. Need to make sure that parents are informed of what the school personnel are observing that causes the concern. Non-medical professionals sometimes put an inappropriate emphasis on medications. However, we need to make sure that those employees who have medical authority can still make suggestions to parents. There is also a concern over limiting this to only psychotropic drugs and giving preference to only physicians. Parents should have the options of what type of provider to consult with. While we recognize that this is an important issue, it is also complex and needs to be dealt with in a more detailed manner than the current bill does.

Testimony Against: None.

Testified: Senator Parlette, prime sponsor; Loren Freeman, Citizen Advocate; Phil Watkins, Dan Stechner, Novontis Pharmaceuticals; **PRO W/CONCERNS:** Greg Williamson, OSPI; Richard Warner, Citizen's Commission on Human Rights; Kristen Rogers, Nat. Assoc. of Social Workers; Seth Dawson, NAMI Washington and WA State Council of Child and Adolescent Psychiatrists; Terry Kohl, Tom Delaney, WA State Assoc. of School Psychologists.