Washington State
House of Representatives
Office of Program Research

BILL ANALYSIS

Health Care & Wellness Committee

HB 1425

Brief Description: Requiring coverage of pharmacogenomic testing for psychotropic medications.

Sponsors: Representatives Davis, Obras, Rule, Stonier, Parshley, Macri, Tharinger, Simmons, Berry, Gregerson, Doglio and Ormsby.

Brief Summary of Bill

- Requires health plans, including health plans offered to public employees, and the state's Medicaid program to provide coverage for pharmacogenetic testing for psychotropic medications.

Hearing Date: 2/4/25

Staff: Kim Weidenaar (786-7120).

Background:

Psychotropic medications treat a number of conditions and are medications that affect the mind, emotions, and behavior and include antianxiety agents, antidepressants, antipsychotics, mood stabilizers, stimulants, and others.

Pharmacogenetic testing is a type of genetic analysis that looks for the presence of clinically significant genes or genetic variations that may impact how patients metabolize or respond to certain medications.

Summary of Bill:

Health plans, including health plans offered to public employees, issued or renewed on or after

---

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

January 1, 2026, and the state's Medicaid program must provide coverage for pharmacogenetic testing for psychotropic medications. "Pharmacogenetic testing" is the analysis of a patient's biospecimen for the presence of clinically significant genes or genetic variations that may impact how patients metabolize or respond to certain medications and includes single-gene and multigene tests. The pharmacogenetic testing for psychotropic medications must be covered when the testing is supported by medical and scientific evidence including:

- when tests approved or cleared by the United States Food and Drug Administration;
- the Centers for Medicare and Medicaid Services national coverage determinations or Medicare administrative contractor local coverage determinations;
- nationally recognized clinical practice guidelines;
- clinical trials and research studies; or
- consensus statements.

Health plans, the Health Care Authority (HCA), and Medicaid managed care organizations may not impose prior authorization or step therapy requirements to this testing. The HCA must seek any available federal financial participation under the Medical Assistance Program and any other federal funding sources that are available or may become available.

"Consensus statements" means statements that are:

- developed by an independent, multidisciplinary panel of experts utilizing a transparent methodology and reporting structure and with a conflict-of-interest policy;
- aimed at specific clinical circumstances; and
- based on the best available evidence.

"Nationally recognized clinical practice guidelines" means evidence-based clinical practice guidelines that:

- are developed by independent organizations or medical professional societies utilizing a transparent methodology and reporting structure and with a conflict-of-interest policy;
- establish standards of care informed by a systematic review of evidence and an assessment of the benefits and costs of alternative care options; and
- include recommendations intended to optimize patient care.

Appropriation: None.

Fiscal Note: Requested on January 29, 2025.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.