H-0528.1

HOUSE BILL 1425

State of Washington 69th Legislature 2025 Regular Session

By Representatives Davis, Obras, Rule, Stonier, Parshley, Macri, Tharinger, Simmons, Berry, Gregerson, Doglio, and Ormsby

Read first time 01/20/25. Referred to Committee on Health Care & Wellness.

AN ACT Relating to requiring coverage of pharmacogenomic testing for psychotropic medications; reenacting and amending RCW 41.05.017; adding a new section to chapter 48.43 RCW; adding a new section to chapter 74.09 RCW; and creating a new section.

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

NEW SECTION. **Sec. 1.** (1) The legislature finds that mental health disorders are treatable conditions. When a patient has rapid access to the right medication, recovery is not only possible, it is probable. The vast majority of psychotropic medications are prescribed in primary care settings. Prescribers have little direction regarding which medication might be best for a particular patient. Due to this lack of precision, two-thirds of patients seeking treatment for depression do not improve with the first medication they try. Patients with mental health challenges are already at elevated risk for suicide, and many begin to feel increasingly hopeless as this haphazard process of medication trial and error continues with no symptom relief. Pharmacogenomic testing brings the best available science to bear in assisting health care providers in prescribing medications that are most likely to result in symptom remission for a given patient, while minimizing side effects. Such testing has been demonstrated to reduce psychiatric

hospitalizations by nearly 40 percent. Many patients who have benefited from pharmacogenomic testing describe it as "life-changing" and indicate that they finally feel better after years of struggling on the wrong medications. Individuals who are courageously battling mental health challenges deserve the best possible chance at recovery via fast, effective treatment.

(2) Therefore, it is the intent of the legislature to require insurance coverage for pharmacogenetic testing for psychotropic medications without prior authorization and without requiring patients to first experience a treatment medication "failure."

NEW SECTION. **Sec. 2.** A new section is added to chapter 48.43 RCW to read as follows:

(1) For health plans issued or renewed on or after January 1, 2026, a health carrier shall provide coverage for pharmacogenetic testing for psychotropic medications.

(2) A health carrier may not impose prior authorization or step therapy requirements to coverage required under this section.

(3) The pharmacogenetic testing for psychotropic medications must be covered when the testing is supported by medical and scientific evidence including, but not limited to:

(a) Tests approved or cleared by the United States food and drug administration;

(b) Centers for medicare and medicaid services national coverage determinations or medicare administrative contractor local coverage determinations;

(c) Nationally recognized clinical practice guidelines;

(d) Clinical trials and research studies; or

(e) Consensus statements.

(4) For purposes of this section:

(a) "Consensus statements" means statements that are:

(i) Developed by an independent, multidisciplinary panel of experts utilizing a transparent methodology and reporting structure and with a conflict of interest policy;

(ii) Aimed at specific clinical circumstances; and

(iii) Based on the best available evidence for the purpose of optimizing the outcomes of clinical care.

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

(i) Are developed by independent organizations or medical professional societies utilizing a transparent methodology and reporting structure and with a conflict of interest policy;

(ii) Establish standards of care informed by a systematic review of evidence and an assessment of the benefits and costs of alternative care options; and

(iii) Include recommendations intended to optimize patient care.

(c) "Pharmacogenetic testing" means 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. Pharmacogenetic testing for purposes of this section includes single-gene and multigene tests.

Sec. 3. RCW 41.05.017 and 2024 c 251 s 5 and 2024 c 242 s 10 are each reenacted and amended to read as follows:

Each health plan that provides medical insurance offered under this chapter, including plans created by insuring entities, plans not subject to the provisions of Title 48 RCW, and plans created under RCW 41.05.140, are subject to the provisions of RCW 48.43.500, 70.02.045, 48.43.505 through 48.43.535, 48.43.537, 48.43.545, 48.43.550, 70.02.110, 70.02.900, 48.43.190, 48.43.083, 48.43.0128, 48.43.780, 48.43.435, 48.43.815, 48.200.020 through 48.200.280, 48.200.300 through 48.200.320, 48.43.440, section 2 of this act, and chapter 48.49 RCW.

NEW SECTION. **Sec. 4.** A new section is added to chapter 74.09 RCW to read as follows:

(1) By January 1, 2026, the authority and medicaid managed care organizations shall provide coverage for pharmacogenetic testing for psychotropic medications.

(2) The authority and medicaid managed care organizations may not impose prior authorization or step therapy requirements to coverage required under this section.

(3) The pharmacogenetic testing for psychotropic medications must be covered when the testing is supported by medical and scientific evidence including, but not limited to:

(a) Tests approved or cleared by the United States food and drug administration;

(b) Centers for medicare and medicaid services national coverage determinations or medicare administrative contractor local coverage determinations;

(c) Nationally recognized clinical practice guidelines;

(d) Clinical trials and research studies; or

(e) Consensus statements.

(4) For purposes of this section "consensus statements," "nationally recognized clinical practice guidelines," and "pharmacogenetic testing" have the same meanings as defined in section 2 of this act.

(5) In administering this program, the authority must seek any available federal financial participation under the medical assistance program, as codified at Title XIX of the federal social security act, the state children's health insurance program, as codified at Title XXI of the federal social security act, and any other federal funding sources that are now available or may become available.

--- END ---