

5082-S

Sponsor(s): Senate Committee on Human Services & Corrections
(originally sponsored by Senators Hargrove, Long, Franklin, Oke and
Winsley)

Brief Title: Revising procedures for mental health and chemical
dependency treatment for minors.

SB 5082-S.E - DIGEST

(DIGEST AS PASSED LEGISLATURE)

Revises provisions relating to mental health care for minors.
Revises provisions for voluntary mental health outpatient
treatment.

Establishes provisions for voluntary mental health inpatient
treatment.

Provides for parent-initiated mental health treatment.

Provides for chemical dependency treatment.

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