

HOUSE BILL REPORT

HB 2663

As Reported By House Committee On:

Health Care
Appropriations

Title: An act relating to the distribution of atypical antipsychotic medications to underserved populations.

Brief Description: Providing for the distribution of atypical antipsychotic medications to underserved populations.

Revised for 1st Substitute: Creating a pilot program to provide atypical antipsychotic medications to underserved populations.

Sponsors: Representatives Alexander, Schual-Berke, Parlette, Cody, Reardon, Ericksen, Morris, Tokuda, Benson, Doumit, Pflug, Kessler, Ruderman, Rockefeller, Edmonds, Santos, O'Brien, Hurst and Esser.

Brief History:

Committee Activity:

Health Care: 2/1/00, 2/4/00 [DPS];

Appropriations: 2/7/00 [DP2S(w/o sub HC)].

Brief Summary of Second Substitute Bill

- The Department of Social and Health Services must establish a pilot program to distribute atypical antipsychotic medications to underserved populations through contacts with regional support networks.
- The department must report to the Legislature on the results of the program by December 1, 2001.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 12 members: Representatives Cody, Democratic Co-Chair; Parlette, Republican Co-Chair; Pflug, Republican Vice Chair; Schual-Berke, Democratic Vice Chair; Alexander; Campbell; Conway; Edmonds; Edwards; Mulliken; Pennington and Ruderman.

Staff: John Welsh (786-7133).

Background:

The Department of Social and Health Services provides funding to regional support networks for offering mental health services in the community. Counties or groups of counties operate as regional support networks for serving the mental health needs of Medicaid-eligible persons and other low-income persons who are acutely or chronically mentally ill or seriously disturbed. The regional support networks contract with community mental health centers and other mental health providers, and currently serve some 105,000 outpatients in the community. The services include a crisis response system, outpatient treatment, case management, residential and housing supports, and psychiatric care in community hospitals and the state mental hospitals. The public mental health system must provide crisis care regardless of the person's ability to pay or eligibility for Medicaid assistance.

Approximately 30 percent of persons who suffer serious mental illness do not qualify for Medicaid assistance benefits, nor do they have resources to needed antipsychotic medications, especially the newer atypical antipsychotic medications. Recent experience shows that conventional antipsychotic medications are less effective and have serious and irreversible side effects. The newer atypical antipsychotic medications suggest early, drastic reductions in total mental health treatment costs, without the same side effects as other psychotic medications.

Summary of Substitute Bill:

The Department of Social and Health Services is directed to establish a pilot program to distribute atypical antipsychotic medications to underserved populations, which include non-Medicaid persons in crisis and the working poor, as well as jail populations. The department must report to the legislature on the results of the program December 1, 2001.

The department must contract with regional support networks in a competitive application process specifying the population to be served and reimbursement and distribution mechanism to be used in serving the optimum number of individuals served within available resources. Funding for the pilot program is separate from the regional support network allocation.

There is an appropriation of up to \$1,000,000 from the General Fund to the department for the fiscal year ending June 30, 2001.

Substitute Bill Compared to Original Bill: The program is reduced to a pilot program with a report to the Legislature required by December 1, 2001.

Appropriation: The sum of \$1,000,000 from the General Fund.

Fiscal Note: Requested on January 26, 2000.

Effective Date of Substitute Bill: Ninety days after adjournment of session in which bill is passed. However, the bill is null and void unless funded in the budget.

Testimony For: There is a need to serve the mentally ill population which does not qualify for state Medicaid services and therefore does not have access to newer atypical antipsychotic medications. Conventional medications are less effective and have serious, possible irreversible side effects.

Testimony Against: Antipsychotic medications are inherently dangerous, including the newer atypical drugs which can cause serious harm to patients.

Testified: (In support) Representative Alexander, prime sponsor; Representative Schual-Berke, secondary sponsor; Tom Richardson and Charles Albertson, National Alliance for the Mentally Ill of Washington; and Melanie Stewart, Washington State District and Municipal Court Judges.

(Concerns) Richard Warner, CCHR; Pat Terry, Mental Health Division, Department of Social and Health Services; and Eleanor Owen, Washington Alliance for the Mentally Ill.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Health Care. Signed by 31 members: Representatives Huff, Republican Co-Chair; H. Sommers, Democratic Co-Chair; Barlean, Republican Vice Chair; Doumit, Democratic Vice Chair; D. Schmidt, Republican Vice Chair; Alexander; Benson; Clements; Cody; Crouse; Gombosky; Grant; Kagi; Keiser; Kenney; Kessler; Lambert; Linville; Lisk; Mastin; McIntire; McMorris; Mulliken; Parlette; Regala; Rockefeller; Ruderman; Sullivan; Sump; Tokuda and Wensman.

Minority Report: Do not pass. Signed by 1 member: Representative Boldt.

Staff: Amy Hanson (786-7118).

Summary of Recommendation of Committee on Appropriations Compared to Recommendation of Committee on Health Care: The appropriation clause was removed.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Second Substitute Bill: Ninety days after adjournment of the session in which this bill is passed. However, the bill is null and void unless funding is included in the omnibus appropriations act.

Testimony For: This is a very important issue for the handling of the state's mental health population. This is a program designed to help the very difficult to serve, non-Medicaid eligible, seriously mentally ill population. Access to this medication will help create opportunities for this group.

Testimony Against: None.

Testified: Representative Alexander, prime co-sponsor; and Brad Boswell, National Alliance for the Mentally Ill of Washington.