
SUBSTITUTE HOUSE BILL 1932

State of Washington 64th Legislature 2015 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Kagi, Walsh, Caldier, Carlyle, Gregerson, and Ryu)

READ FIRST TIME 02/20/15.

1 AN ACT Relating to improving medication management for youth;
2 amending RCW 74.09.490; and creating a new section.

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

4 NEW SECTION. **Sec. 1.** The legislature understands that
5 antipsychotic medication is prescribed for the treatment of
6 behavioral and mental health problems in children and youth, and that
7 current efforts have reduced the frequency and number of
8 antipsychotic medications that are prescribed. The legislature
9 recognizes that recent research has identified major concerns
10 surrounding the off-label use of antipsychotic medication for
11 children and youth. The legislature finds that children in foster
12 placement are still prescribed antipsychotic medication at a much
13 higher rate than children in the general population, and that the
14 complex circumstances involved in foster care placement may
15 contribute to the risk of inappropriate antipsychotic medication use.
16 The legislature further recognizes that requiring a second opinion on
17 antipsychotic prescriptions and the utilization of behavioral
18 interventions has the potential to reduce the number of children
19 being prescribed antipsychotic medication while improving outcomes
20 for children and youth. The legislature intends to promote safe and
21 appropriate prescribing practices by requiring a review process for

1 children in foster care placement who are prescribed antipsychotic
2 medication, and assuring that children and youth are referred to
3 available psychosocial interventions in lieu of or in addition to
4 prescribed medications.

5 **Sec. 2.** RCW 74.09.490 and 2011 1st sp.s. c 15 s 23 are each
6 amended to read as follows:

7 (1) The authority, in consultation with the evidence-based
8 practice institute established in RCW 71.24.061, shall develop and
9 implement policies to improve prescribing practices for treatment of
10 emotional or behavioral disturbances in children, improve the quality
11 of children's mental health therapy through increased use of
12 evidence-based and research-based practices and reduced variation in
13 practice, improve communication and care coordination between primary
14 care and mental health providers, and prioritize care in the family
15 home or care which integrates the family where out-of-home placement
16 is required.

17 (2) The authority shall identify those children with emotional or
18 behavioral disturbances who may be at high risk due to off-label use
19 of prescription medication, use of multiple medications, high
20 medication dosage, or lack of coordination among multiple prescribing
21 providers, and establish one or more mechanisms to evaluate the
22 appropriateness of the medication these children are using, including
23 but not limited to obtaining second opinions from experts in child
24 psychiatry.

25 (3) The authority shall review the psychotropic medications of
26 all children under five and establish one or more mechanisms to
27 evaluate the appropriateness of the medication these children are
28 using, including but not limited to obtaining second opinions from
29 experts in child psychiatry.

30 (4) The authority shall require a second opinion review from an
31 expert in psychiatry for all prescriptions of one or more
32 antipsychotic medications of all children under eighteen years of age
33 in the foster care system. Thirty days of a prescription medication
34 may be dispensed pending the second opinion review. The second
35 opinion feedback must include discussion of the psychosocial
36 interventions that have been or will be offered to the child and
37 caretaker if appropriate in order to address the behavioral issues
38 brought to the attention of the prescribing physician.

1 (5) The authority shall track prescriptive practices with respect
2 to psychotropic medications with the goal of reducing the use of
3 medication.

4 (~~(5)~~) (6)(a) The authority shall (~~encourage the~~) promote the
5 appropriate use of cognitive behavioral therapies and other
6 treatments which are empirically supported or evidence-based, in
7 addition to or in the place of prescription medication where
8 appropriate and such interventions are available.

9 (b) The authority shall require all managed health care systems
10 to develop and maintain a list of evidence-based treatments and other
11 behavioral health resources under contract with the managed health
12 care system. The managed health care system shall distribute the list
13 to health care providers and their support staff within the managed
14 health care system who provide services to patients under eighteen
15 years old. The evidence based practice institute of Washington shall
16 be consulted in the development of the lists.

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