

SENATE BILL REPORT

SB 6609

As of February 14, 2020

Title: An act relating to expanding the role of certain pharmacists in the delivery of behavioral health services.

Brief Description: Expanding the role of certain pharmacists.

Sponsors: Senator King.

Brief History:

Committee Activity: Health & Long Term Care: 2/05/20.

Brief Summary of Bill

- Provides a definition of psychiatric pharmacist practitioner.
- Allows a psychiatric pharmacist practitioner to perform various functions related to involuntary behavioral health treatment of adults and minors which are currently performed by psychiatrists, physician assistants working with supervising psychiatrists, psychiatric advanced registered nurse practitioners, and other mental health professionals.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Staff: Kevin Black (786-7747)

Background: A pharmacist is a professional licensed by the Department of Health under chapter 18.64 RCW to engage in the practice of pharmacy. Pharmacists are authorized to:

- interpret prescription orders;
- compound, dispense, label, administer, and distribute drugs and devices;
- monitor drug therapy and use;
- initiate or modify drug therapy in accordance with written guidelines or protocols previously established and approved for their practice by a practitioner authorized to prescribe drugs;
- participate in drug utilization reviews and drug product selection;
- store and distribute drugs and devices and maintain proper records thereof; and
- provide information on legend drugs which may include the advising of therapeutic values, hazards, and the uses of drugs and devices.

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

Involuntary Treatment Act Procedures. Under the Involuntary Treatment Act (ITA), a person may be detained and ordered to undergo involuntary mental health disorder or substance use disorder treatment if the person, as a result of a behavioral health disorder, poses a likelihood of serious harm or is gravely disabled.

Likelihood of serious harm is a ground for involuntary commitment which means a substantial risk:

- physical harm will be inflicted by a person upon themselves, as evidenced by threats or attempts to commit suicide or inflict physical harm on themselves;
- physical harm will be inflicted by a person upon another, as evidenced by behavior which has caused such harm or which places another person in reasonable fear of sustaining such harm;
- physical harm will be inflicted by a person upon the property of others, as evidenced by behavior which has caused substantial loss or damage; or
- the person has threatened the physical safety of another and has a history of one or more violent acts.

Gravely disabled is a ground for involuntary commitment which means the person, who as a result of a mental disorder or drug addiction:

- is in danger of serious physical harm resulting from a failure to provide for the person's essential human needs of health or safety; or
- manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over their actions and is not receiving such care as is essential for their health and safety.

A designated crisis responder (DCR) is responsible for investigating and determining whether to detain an individual who may need involuntary treatment. In emergency situations where the likelihood of serious harm or grave disability is imminent, the DCR may detain a person without a court order up to 72 hours. For detention to continue past the end of the 72-hour period, a probable cause hearing must be held in superior court. By making appropriate findings, the court may authorize up to 14 additional days of involuntary treatment. The person must have access to appointed counsel and be afforded an array of due process rights. In nonemergent situations, the DCR may detain a person only upon a court order.

Detention for treatment occurs at an evaluation and treatment facility (E&T) or secure withdrawal management and stabilization facility (SWMS). A detained person has certain rights, and may not be subject to involuntary medication except upon a written order supported by a second opinion by a psychiatrist, physician assistant working with a supervising psychiatrist, or psychiatric advanced registered nurse practitioner. The court may renew involuntary treatment upon further petitions for renewable periods of 90 and 180 days.

Summary of Bill: A psychiatric pharmacist practitioner is defined as a licensed pharmacist who enters into a written agreement establishing guidelines and protocols with a psychiatrist that includes collaborative assessment, evaluation, and management of behavioral health conditions.

A psychiatric pharmacist practitioner is authorized to perform the following functions in relation to persons who receive evaluation or treatment services as adults or minors under the ITA:

- making an admission decision that a person should be treated in a hospital;
- serving as a developmental disabilities professional if the pharmacist has specialized training and three years experience in directly treating or working with persons with developmental disabilities;
- serving as a mental health professional;
- serving as a professional person in charge of an E&T or SWMS;
- provide an initial evaluation within 24 hours of a person's admission to an E&T or SWMS;
- provide a second opinion in support of a forced medication order for a committed person;
- administer antipsychotic medication to a person in an emergency situation;
- serve as an appointed expert witness for a detained person;
- petition the court for a 14-day, 90-day, or 180-day involuntary treatment order; and
- receive training to be appointed as a designated crisis responder.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: This bill was brought to me by a psychiatrist and a psychiatric pharmacist. There is a shortage. This is a way of addressing the shortage and helping people get the services they need. This bill is patterned after physician assistants or nurse practitioners, allowing a psychiatric pharmacist to have the same responsibilities. They have the training to do all of this.

Persons Testifying: PRO: Senator Curtis King, Prime Sponsor.

Persons Signed In To Testify But Not Testifying: PRO: Aubrie Duke, Comprehensive Healthcare; Glen Chase, Comprehensive Healthcare.

CON: Rebecca Allen, Washington State Psychiatric Association; Sean Graham, Washington State Medical Association.

OTHER: Melissa Johnson, Association of Advanced Practice Psychiatric Nurses.