SENATE COMMITTEE OF REFERENCE REPORT

April 17, 2024
Chair of Committee Date
Committee on <u>Health & Human Services</u> .
After consideration on the merits, the Committee recommends the following:
SB24-110 be amended as follows, and as so amended, be referred to the Committee on <u>Appropriations</u> with favorable recommendation:
Amend printed bill, page 3, line 5, strike "no".
Page 3, after line 13 insert:
"(c) "Unsuccessfully treated" refers to the clinically appropriate guidelines used to determine a patient's failure on a medication and may include a lack of efficacy during a six-week medication trial, an allergic reaction, intolerable side effects, significant drug-to-drug interactions, or a known interacting genetic polymorphism that prevents safe preferred medication dosing as attested to by the provider.".
Page 3, strike lines 14 through 22 and substitute:
"(2) The state department shall not require an adult to be prescribed an antipsychotic prescription drug that is included on the preferred drug list and used to treat a mental health disorder or mental health condition, as indicated on federally approved labels, if: (a) During the preceding three hundred sixty-five days, the adult was prescribed and unsuccessfully treated with an antipsychotic prescription drug that is included on the preferred drug list and used to treat a mental health disorder or mental health condition and for which a single claim is paid; or
(b) THE ADULT IS STABLE ON AN ANTIPSYCHOTIC DRUG USED TO TREAT A MENTAL HEALTH DISORDER OR MENTAL HEALTH CONDITION THAT

IT NOT INCLUDED ON THE PREFERRED DRUG LIST.".

Page 4, after line 11 insert:

2	"(7) This section does not prevent the state department
3	FROM REQUIRING THE PRESCRIBING PROVIDER TO ELECTRONICALLY
4	ATTEST THAT THE ADULT MEETS THE REQUIREMENTS OF SUBSECTION
5	(2)(a) OR (2)(b) OF THIS SECTION PRIOR TO PROVIDING COVERAGE FOR AN
6	ANTIPSYCHOTIC DRUG USED TO TREAT A MENTAL HEALTH DISORDER OR
7	MENTAL HEALTH CONDITION THAT IS NOT INCLUDED ON THE PREFERRED
8	DRUG LIST. THE ATTESTATION MUST BE AUTOMATICALLY PROCESSED AND
9	MUST AUTOMATICALLY OVERRIDE THE PREFERRED DRUG COVERAGE
10	REQUIREMENT UPON THE ATTESTATION BEING MADE".

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