



## SENATE JOINT RESOLUTION 19-007

BY SENATOR(S) Moreno, Bridges, Fenberg, Fields, Gardner, Hill, Lundeen, Scott, Tate, Todd, Williams A., Winter, Woodward, Cooke, Coram, Court, Crowder, Danielson, Donovan, Foote, Ginal, Gonzales, Hisey, Holbert, Lee, Marble, Pettersen, Priola, Rankin, Rodriguez, Smallwood, Sonnenberg, Story, Zenzinger, Garcia;

also REPRESENTATIVE(S) Kraft-Tharp, Buentello, Caraveo, Gray, Hooton, Landgraf, Lontine, McKean, Melton, Michaelson Jenet, Roberts, Titone, Valdez A., Valdez D., Arndt, Baisley, Beckman, Benavidez, Bird, Bockenfeld, Buck, Buckner, Carver, Catlin, Coleman, Cutter, Duran, Esgar, Exum, Froelich, Galindo, Garnett, Geitner, Hansen, Herod, Humphrey, Jackson, Jaquez Lewis, Kennedy, Kipp, Larson, Lewis, Liston, McCluskie, McLachlan, Mullica, Neville, Pelton, Ransom, Rich, Saine, Sandridge, Singer, Sirota, Snyder, Soper, Sullivan, Tipper, Van Winkle, Weissman, Will, Williams D., Wilson, Becker.

CONCERNING DESIGNATION OF THE FIRST FULL WEEK OF MAY AS "TARDIVE DYSKINESIA AWARENESS WEEK".

WHEREAS, Many people with serious, chronic mental illness, such as schizophrenia and other schizoaffective disorders, bipolar disorder, or severe depression, require treatment with medications that work as dopamine receptor blocking agents (DRBAs), including antipsychotics; and

WHEREAS, While ongoing treatment with these medications can be very helpful, and even lifesaving, for many people it can also lead to Tardive Dyskinesia (TD); and

WHEREAS, Many people who have gastrointestinal disorders, including gastroparesis, nausea, and vomiting, also require treatment with DRBAs; and

WHEREAS, Treatment of gastrointestinal disorders with DRBAs can

be very helpful, but for many patients can lead to TD; and

WHEREAS, TD is a movement disorder that is characterized by random, involuntary, and uncontrolled movements of different muscles in the face, trunk, and extremities; and

WHEREAS, In some cases, people with TD experience involuntary and uncontrolled movement of the arms, legs, fingers, toes, tongue, lips, or jaw; swaying movements of the trunk or hips; or impacts to the muscles associated with walking, speech, eating, and breathing; and

WHEREAS, TD can develop months, years, or decades after a person starts taking DRBAs, and even after the person has discontinued use of such medications; and

WHEREAS, Not everyone who takes a DRBA develops TD, but if TD develops it is often permanent; and

WHEREAS, Common risk factors for TD include advanced age, alcoholism, substance abuse disorders, being postmenopausal, and mood disorders; and

WHEREAS, A person is at higher risk for TD after taking DRBAs for three months or longer, and the longer a person takes DRBAs, the higher the risk of developing TD; and

WHEREAS, Studies suggest that the overall risk of developing TD following prolonged exposure to DRBAs is between 10 and 30 percent; and

WHEREAS, It is estimated that approximately 500,000 individuals in the United States suffer from TD; and

WHEREAS, Years of challenging research have resulted in scientific advancements since 2017, with two new treatments for TD approved by the United States Food and Drug Administration; and

WHEREAS, TD is often unrecognized and patients suffering from the illness are commonly misdiagnosed; and

WHEREAS, Patients taking DRBAs should see their health care providers for regular evaluations to ensure that any signs of TD are recognized; and

WHEREAS, Patients with TD often suffer embarrassment due to abnormal and involuntary movements, which leads them to withdraw from society and isolate themselves as the disease progresses; and

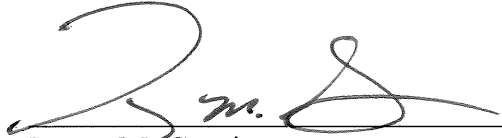
WHEREAS, The caregivers of patients with TD face many challenges and are often responsible for the overall care of the TD patient; now, therefore,

*Be It Resolved by the Senate of the Seventy-second General Assembly of the State of Colorado, the House of Representatives concurring herein:*

That the first full week of May is proclaimed "Tardive Dyskinesia Awareness Week", with the goals of:

- (1) Raising awareness of this potentially debilitating disease;
- (2) Encouraging individuals not afflicted with TD to consider the effects of TD on individuals and society; and
- (3) Encouraging Coloradans to contribute to charities supporting TD research and awareness.

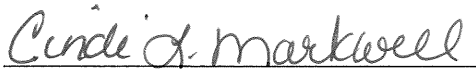
*Be It Further Resolved,* That copies of this Joint Resolution be sent to the Colorado chapter of the National Alliance on Mental Illness, Mental Health Colorado, the Colorado Governor's office, the Department of Health Care Policy and Financing, the Department of Public Health and Environment, the Office of Saving People Money on Health Care, and the office of the Ombudsman for Behavioral Health Access to Care.



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