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# A BILL FOR AN ACT

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RELATING TO REPORTS TO THE LEGISLATURE FOR THE DEPARTMENT OF  
HUMAN SERVICES.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1       SECTION 1. The purpose of this Act is to delete outdated  
2 or obsolete reporting requirements of the department of human  
3 services and office of youth services.

4       SECTION 2. Section 346-59.9, Hawaii Revised Statutes, is  
5 amended to read as follows:

6       "**§346-59.9 Psychotropic medication.** (a) This section  
7 shall apply only to the medicaid managed care and fee-for-  
8 service programs administered by the department when the  
9 department or the department's contracted health plan is the  
10 primary insurer. When the department is the secondary insurer,  
11 the department and its contracted health plans shall be  
12 responsible only for the secondary insurer's share of any  
13 psychotropic medication covered by the primary insurer.

14       (b) The department and its contracted health plans shall  
15 not impose any restriction or limitation on the coverage for, or  
16 a recipient's access to, antipsychotic medication.



1 (c) The department and its contracted health plans shall  
2 not impose any restriction or limitation on the coverage for, or  
3 a recipient's access to, antidepressant medication other than:

4 (1) Requiring that an individual must have two failed  
5 attempts on a generic antidepressant medication to  
6 receive coverage for a new brand-name antidepressant  
7 prescription; and

8 (2) Requiring that if an individual does not have two  
9 failed attempts on a generic antidepressant  
10 medication, that individual shall receive coverage for  
11 a brand-name antidepressant medication with prior  
12 authorization by the contracted health plan; provided  
13 that while a prior authorization request for a brand-  
14 name antidepressant medication submitted by the  
15 prescriber is pending, a supply of the prescribed  
16 medication sufficient to last until the request is  
17 resolved shall be covered if requested by the  
18 prescriber.

19 For purposes of this subsection, a "failed attempt" means  
20 that the prescribed generic antidepressant medication up to the  
21 maximum FDA-approved dosage is not effective in treating the



1 individual, or the individual's compliance is compromised due to  
2 the side effects caused by the medication.

3 (d) The department and its contracted health plans shall  
4 not impose any restriction or limitation on the coverage for, or  
5 a recipient's access to, anti-anxiety medication other than:

6 (1) Requiring that an individual must have two failed  
7 attempts on a generic anti-anxiety medication to  
8 receive coverage for a new brand-name anti-anxiety  
9 prescription; and

10 (2) Requiring that if an individual does not have two  
11 failed attempts on a generic anti-anxiety medication,  
12 that individual shall receive coverage for a brand-  
13 name anti-anxiety medication with prior authorization  
14 by the contracted health plan; provided that while a  
15 prior authorization request for a brand-name anti-  
16 anxiety medication submitted by the prescriber is  
17 pending, a supply of the prescribed medication  
18 sufficient to last until the request is resolved shall  
19 be covered if requested by the prescriber.

20 For purposes of this subsection, a "failed attempt" means  
21 that the prescribed generic anti-anxiety medication up to the



1 maximum FDA-approved dosage is not effective in treating the  
2 individual, or the individual's compliance is compromised due to  
3 the side effects caused by the medication.

4 (e) The department and its contracted health plans shall  
5 not require any individual stable on a brand-name antidepressant  
6 medication on or before July 1, 2010, to transfer to a different  
7 antidepressant medication, generic or brand-name, unless the  
8 individual's condition becomes unstable and requires the  
9 medication to be replaced.

10 (f) The department and its contracted health plans shall  
11 not require any individual stable on a brand-name anti-anxiety  
12 medication on or before July 1, 2010, to transfer to a different  
13 anti-anxiety medication, generic or brand-name, unless the  
14 individual's condition becomes unstable and requires the  
15 medication to be replaced.

16 (g) The department and its medicaid managed care  
17 contracted health plans shall have the authority to investigate  
18 fraud, abuse, or misconduct.

19 ~~[(h) The department shall report to the legislature no~~  
20 ~~later than twenty days before the convening of each regular~~  
21 ~~session on:~~



~~(1) The number of brand name and generic prescriptions  
written to which this section applies; and  
(2) The amount expended on brand name prescriptions and  
the amount expended on generic prescriptions written  
each fiscal year to which this section applies.]~~

~~[(i)]~~ (h) All psychotropic medications covered by this  
section shall be prescribed by a psychiatrist, a physician, or  
an advanced practice registered nurse with prescriptive  
authority under chapter 457 and duly licensed in the State.

~~[(j)]~~ (i) As used in this section:

"Anti-anxiety medication" means those medications included  
in the United States Pharmacopeia's anxiolytic therapeutic  
category.

"Antidepressant medication" means those medications  
included in the United States Pharmacopeia's antidepressant  
therapeutic category.

"Antipsychotic medication" means those medications included  
in the United States Pharmacopeia's antipsychotic therapeutic  
category.

"Psychotropic medication" means only antipsychotic,  
antidepressant, or anti-anxiety medications approved by the



1 United States Food and Drug Administration for the treatment of  
2 mental or emotional disorders."

3 SECTION 3. Section 346-54, Hawaii Revised Statutes, is  
4 repealed.

5 ~~["§346-54 Report to the legislature. On or before January~~  
6 ~~1 of odd numbered years the director shall submit a report to~~  
7 ~~the legislature concerning the adequacy of the assistance~~  
8 ~~allowance established by this chapter.~~

9 ~~In addition, should general fund expenditures for financial~~  
10 ~~assistance and medical payment increase at a rate greater than~~  
11 ~~the rate of increase in general fund tax revenues in any fiscal~~  
12 ~~year, the director shall report such increases to the~~  
13 ~~legislature and make cost control recommendations that will~~  
14 ~~control increases in general fund public assistance~~  
15 ~~expenditures. Cost control recommendations shall include, but~~  
16 ~~not be limited to, the following:~~

- 17 ~~(1) Changes in eligibility standards;~~  
18 ~~(2) Adjustments to the assistance allowance;~~  
19 ~~(3) Alternatives to financial assistance for meeting the~~  
20 ~~needs essential to maintaining an adequate standard of~~  
21 ~~living; and~~



1       ~~(4) Adjustments to medical payment fees and levels of~~  
2 ~~service."]~~

3       SECTION 4. Act 281, Session Laws of Hawaii 2006, is  
4 amended by repealing section 6.

5       ~~["SECTION 6. The office of youth services, the department~~  
6 ~~of education, and the counties' parks and recreation departments~~  
7 ~~shall convene annually to share information on the best~~  
8 ~~practices and outcomes. The office of youth services shall~~  
9 ~~submit to the legislature an annual report on the programs~~  
10 ~~funded under this Act no later than twenty days prior to the~~  
11 ~~convening of each regular session, beginning with the regular~~  
12 ~~session of 2007."]~~

13       SECTION 5. Statutory material to be repealed is bracketed  
14 and stricken. New statutory material is underscored.

15       SECTION 6. This Act shall take effect upon its approval.



**Report Title:**

Department of Human Services; Legislative Reports

**Description:**

Removes outdated reporting requirements for the Department of Human Services, including the Office of Youth Services. (SD1)

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*

