

## SB 401 A STAFF MEASURE SUMMARY

### Senate Committee On Health Care

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**Action Date:** 02/27/23

**Action:** Do pass with amendments and requesting referral to Ways and Means. (Printed A-Engrossed.)

**Vote:** 5-0-0-0

**Yeas:** 5 - Bonham, Campos, Gorsek, Hayden, Patterson

**Fiscal:** Fiscal impact issued

**Revenue:** No revenue impact

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**Meeting Dates:** 1/23, 2/27

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#### WHAT THE MEASURE DOES:

Directs the Oregon Health Authority (OHA) to study tardive dyskinesia and other related involuntary movement disorders. Requires study of existing resources and opportunities to expand resources for patients, providers, and caregivers. Directs OHA to produce a report with a strategic plan and recommendations to ensure equitable access to resources, to be provided to the interim committees of the Legislative Assembly related to public health and health care no later than September 15, 2024.

#### ISSUES DISCUSSED:

- Frequency of occurrence
- Guidelines for treatment
- Cost of vesicular monoamine transporter 2 (VMAT2) treatment

#### EFFECT OF AMENDMENT:

Replaces the measure.

#### BACKGROUND:

According to the National Institute of Neurological Disorders and Stroke, tardive dyskinesia is a movement disorder characterized by uncontrollable and repetitive movements of the face, torso, and other parts of the body. The condition is caused by prolonged use of antipsychotic drugs used to treat schizophrenia, bipolar disorder, and depression. A meta-analysis published in the Journal of Clinical Psychiatry found that 25.3 percent of people treated with first- and second-generation antipsychotic drugs experience tardive dyskinesia.

Treatment for tardive dyskinesia may include lowering the dosage of the antipsychotic medication, or, for patients who have moderate to severe or disabling tardive dyskinesia associated with antipsychotic therapy, a reversible inhibitor of the vesicular monoamine transporter 2 (VMAT2) ([link](#) to American Psychiatric Association practice guidelines).

Senate Bill 401 A directs the Oregon Health Authority to study tardive dyskinesia and to submit a report, which may include recommendations, to the interim committees on health care by September 15, 2024.