FIRST FOCUS
CAMPAIGN FOR CHILDREN

Comments for the Record

Submitted To:

Subcommittee on Federal Financial Management, Government Information, Federal Services and International Security
Committee on Homeland Security and Governmental Affairs

By:
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First Focus

Hearing on:
The Financial and Societal Costs of Medicating America's Foster Children

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Chairman Carper, Ranking Member Brown and members of the Subcommittee, thank you for this opportunity to submit a statement for the record regarding the December 1 hearing on *"The Financial and Societal Costs of Medicating America's Foster Children."* We appreciate the attention that your Subcommittee is bringing to the issue of psychotropic medication prescription practices for children in foster care. Following on the heels of a number of recent media stories about what appears to be a disturbing trend in overprescribing medications and inadequate monitoring and prescription practices for this population, the Government Accountability Office (GAO) report requested by your Subcommittee and this hearing are each bringing much needed attention to this problem.

The First Focus Campaign for Children is a bipartisan organization advocating for legislative change in Congress to ensure children and families are a priority in federal policy and budget decisions. Our organization is dedicated to the long-term goal of substantially reducing the number of children entering foster care, and working to ensure that our existing system of care protects children and adequately meets the needs of families in the child welfare system. We are especially concerned with raising attention to the health concerns and policies impacting children in the foster care system, and identifying effective approaches to addressing the health and behavioral health needs of this vulnerable population. We believe that in order to truly improve the provision of health care for children in foster care, we must shift our federal efforts and investments toward developing a more comprehensive approach to addressing the needs of foster children.

Recommendations

As the GAO report highlights, states have made efforts to institute and implement consent, authorization and monitoring procedures in response to a call for measures to curb inappropriate prescribing and oversight of prescription practices. Such efforts were in part driven by recent Congressional action. Specifically, the Fostering Connections to Success and Increasing Adoptions Act (PL 110-351) includes a requirement for developing health care oversight and coordination plans, and as part of these, states are required to report on what will be done to ensure the oversight of prescription medications, including psychotropic drugs. More recently, the Child and Family Services Improvement and Innovation Act (PL 112-34) requires states to establish protocols for the appropriate use and monitoring of psychotropic medications prescribed to children in foster care. States studied as part of the GAO report, including Texas, have made notable progress in implementing policies and procedures to curb inappropriate prescribing practices but more remains to be done.

We echo the GAO's recommendation that the **Department of Health and Human Services (HHS) endorse guidance on specific measures for state oversight of psychotropic prescriptions for foster children.** Additionally, we offer the following recommendations for future action:

- **Continuing to Monitor States' Progress.** States should develop and disseminate guidelines and institute protocols for the oversight, prescribing and monitoring of psychotropic medication usage for children in foster care. HHS and Congress should continue to closely monitor states' progress on this front.
- **Comprehensive Medical Evaluations and Diagnosis before Treatment.** It is critical that a child receives a comprehensive medical evaluation and a medical diagnosis before beginning treatment for a mental or behavioral disorder. To ensure that children are properly diagnosed, treated and monitored, states should provide adequate Medicaid reimbursement for comprehensive evaluations and assessments.
- **Psychosocial Interventions before Medications.** Gleason and colleagues (2007) recently reviewed available literature and developed recommendations regarding the psychopharmacologic treatment of preschool children. The researchers emphasized the importance of psychosocial interventions before medications are utilized.[1] We strongly support this practice, and believe that non-pharmacological interventions (e.g. psychotherapy) should be considered as an alternative to psychotropic medication, or if appropriate, in combination with pharmaceutical treatment. A number of effective psychosocial interventions exist; including Trauma-Focused Cognitive Behavioral Therapy, Multisystemic Therapy, Parent-Child Interaction Therapy and cognitive behavioral therapy for depression. Other effective home and community-based services such as Therapeutic foster care, including Multidimensional Treatment Foster Care should also be considered. The Center for Medicare and Medicaid (CMS) should encourage states to utilize such effective and evidence-based interventions, provide technical assistance to states on the utilization of such approaches, and offer states clarification on reimbursement for services such as Therapeutic Foster Care that may be covered as a package (with the exception of the cost of room and board, which is not reimbursable).
- **Routine Follow-Up Care.** Children on psychotropic medications should receive routine follow-up care and their prescription dosages should be regularly monitored and adjusted as appropriate. Any potential side effects of medications should be carefully monitored.
- **More Data Needed on Atypical Antipsychotic Use in Children.** We strongly support efforts to better understand the effects of atypical antipsychotic medications usage for children, especially younger age groups.

- **Long-Term Drug Safety Investigations in Children Needed.** We must also invest in long-term drug safety investigations, provide ongoing clinical monitoring of psychotropic medication use in children, and develop the most appropriate and effective treatments possible for children. A number of prominent researchers have recommended expanding studies of the benefits and risks of pharmaceutical treatments beyond clinical trials and into sustained studies in community-based youth populations – especially high-risk populations on Medicaid (e.g., children in foster care), given the rather complicated and poorly evidenced, high-cost medication regimens these children typically receive.

A Growing Problem

Today, one in every five children and adolescents in the U.S. is diagnosed with a mental health disorder;[2] yet, as a 2001 Report of the Surgeon General on Children's Mental Health highlighted, a significant number of these kids do not receive the treatment and care they desperately need.[3] In fact, fewer than 1 in 5 children actually receive treatment, and nearly 80 percent fail to receive specialty services.[4] If left untreated, a mental health problem often has devastating long-term consequences, including contact with the juvenile justice system, job loss, homelessness, and even suicide. At the same time, prescriptions for psychotropic medications have increased dramatically for children with behavioral and emotional problems over the last 20 years, a trend evident for younger age groups- even preschoolers.[5] [6] [7]In fact, prescription rates for atypical antipsychotics for children have increased more than fivefold over the past decade and a half. Today, atypical antipsychotics are being prescribed at a much higher rate today than ever, even though they have limited Food and Drug Administration (FDA) approval in older children and little is known of their impact on younger children.

For many children, Medicaid is a critical source of health and related support services, including both outpatient and inpatient mental health services. Medicaid supports the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program and also funds long-term mental health care for children who need more intensive or restrictive services, including hospitalizations and residential treatments. In recent years, Federal spending on prescription medications has consumed a greater portion of Medicaid budgets. This can be partly attributed to growing Medicaid expenditures on new and more costly psychotropic medications for children – many of which have not been tested for use in children.

As Jeffrey Thompson, the Chief Medical Officer of Washington State's Medical program noted in an interview, "the number one drug class in expenditures is atypical antipsychotics in almost every state. And the fastest growing utilization is for both on and off-label use in children." Research has shown that children enrolled in Medicaid generally experience greater chronic health conditions and impairment,[8] and have a higher prevalence of psychotropic medication use than those who are privately insured.[9] [10] [11]In fact,

in one study, the rate of psychotropic drug use was nearly double among Medicaid-insured children as compared to privately insured children; and, a greater proportion of Medicaid enrolled children were given prescriptions for multiple psychotropic medications, even though fewer received outpatient mental health services.[12] Similarly, in a 2004 report, Safer and colleagues found that psychotropic medication usage rates are significantly higher for SCHIP participants than privately insured children.[13]

Within the Medicaid program, certain populations are even more likely to utilize psychotropic medications. Specifically, children in foster care are much more likely to use psychotropic medications than children who qualify for Medicaid through other aid categories.[14] [15]As you know, children who have been abused or neglected often have a range of unique physical and mental health needs, physical disabilities and developmental delays, far greater than other high-risk populations. For instance, foster children are more likely than other children who receive their health care coverage through Medicaid to experience emotional and psychological disorders and have more chronic medical problems. In fact, studies suggest that nearly 60 percent of children in foster care experience a chronic medical condition, and one-quarter suffer from three or more chronic health conditions.[16] [17] Roughly 35 percent have significant oral health problems.[18] In addition, nearly 70 percent of children in foster care exhibit moderate to severe mental health problems,[19] and 40 percent to 60 percent are diagnosed with at least one psychiatric disorder.[20]

Studies have shown that kids in foster care are prescribed psychotropic medications at a much higher rate than other children - 2 to 3 times higher.[21] For instance, a 2003 study found that in Connecticut, while children in state custody represented only 4.8 percent of the Medicaid population, they accounted for 17.8 percent of the psychotropic prescriptions filled–a 4.5 fold higher usage rate.[22] Similarly, a study of children in the Los Angeles County foster care system found that these youth had a threefold higher rate of psychotropic drug use than the broader youth population, a pattern similar to a study of a mid-Atlantic state Medicaid program. Additionally, a 2007 GAO report identified over-prescribing of psychotropic medications to foster children as one of the leading issues facing child welfare systems in the coming years.[23]In addition, youth in foster care are often prescribed two or three medications, the effects of which are not well-known in combination.[24]

In a 2008 study of Texas children with Medicaid coverage, Zito and colleagues found that youth in foster care received at least three times more psychotropic drugs than other children in poor families. Zito and colleagues report that from September 2003 to August 2004, of 32,135 Texas foster care children enrolled in Medicaid, 12,189 (38 percent) were prescribed one or more psychotropic medications. In addition, 41.3 percent of a random subgroup of 472 youths received three or more psychotropic drugs daily. Although the practice of prescribing psychotropic medications for children continues to grow, serious concerns about the safety and efficacy of use for this population have been raised. Many have expressed concerns about the

safety, efficacy and long-term consequences of psychotropic medication use in children, especially younger age groups.[25] [26][27]Specifically, researchers have expressed concern about the effects of these medications on the developing brain, and the safety and effectiveness of medications tested in adults for alleviating behavioral and emotional symptoms in children.

For certain newer classes of drugs, medications have not been FDA-approved for use in children. In fact, between 50% to 75% of psychotropic drugs are not approved for use in children or adolescents.[28] As a result, providers are often prescribing drugs "off-label" (for use other than the intended). To date, we have no safety data and little understanding of the long-term effects of the use of atypical antipsychotics in younger children. In addition, available research suggests that use in younger children may contribute to weight gain and diabetes, can yield extrapyramidal side effects, and contribute to aggressive behaviors.[29]

In 2007, State Medicaid Medical Directors and investigators from the Rutgers Center for Education and Research on Mental Health Therapeutics (CERTs) developed a plan for a collaborative project to examine the use of antipsychotic medications in children and adolescents in Medicaid. The product of the collaboration was a report on antipsychotic medication usage in Medicaid in 16 states. Among the report's findings, children in foster care (12.4 percent) were prescribed antipsychotic medications at much higher rates than other children (1.4 percent). In addition, from 2004 to 2007, the pooled antipsychotic medication use rate for children and adolescents in the 16 participating Medicaid programs increased from 1.45 percent to 1.60 percent in 2007, about a 10 percent relative increase. For foster care children and adolescents, the antipsychotic medication use rate increased (on a relative basis) by 5.6 percent between 2004 and 2007 (from 11.7 percent to 12.4 percent).[30]

A September 2010 Multi-State Study on Psychotropic Medication Oversight in Foster Care conducted by the TUFTS Clinical and Translational Science Institute found that the oversight of psychotropic medication use was a high concern for state child welfare agencies. Respondents reported an increase in the use of psychotropics for youth in foster care, including: antipsychotics, antidepressants and ADHD medications, increased medication use among young children, and an increased reliance on PRN medications (medications administered as needed), and "blanket authorizations" in residential facilities.[31] In terms of state practices and policies, the report found that 26 states had a written policy/guideline on psychotropic medication use; 13 states were in the process of developing a policy/guideline; and 9 states had no policy/guideline on psychotropic medication use. States are moving in the direction of developing practices and policies to monitor and curb the overuse of psychotropic medications for children in foster care but clearly more work remains to be done.

Federal Government Can and Must Act

In closing, Mr. Chairman and members of the Subcommittee, the First Focus Campaign for Children stands prepared to work with you to ensure that the health care needs of foster children are adequately met. There is a significant role for federal government to play in delivering the progress children need. By providing guidance to states on appropriate oversight policies, HHS can increase awareness of best practices. States should develop and disseminate guidelines and institute protocols for the oversight, prescribing and monitoring of psychotropic medication usage for children in foster care. In practice, States should ensure that children receive medication only in response to a relevant diagnosis, only if a good-faith effort to address the condition in therapy has fallen short, and then only under close and frequent monitoring with careful attention to opportunities to adjust medications as a child's condition changes. HHS and Congress should continue to closely monitor states' progress on this front. And Congress should invest in research, so we can better understand how the new generation of antipsychotic drugs is affecting an entire generation of American kids in the real world, not just in clinical trials.

We thank you for your leadership in addressing this critical issue, and protecting the health and welfare of our most vulnerable children. We look forward to working with you to ensure better care for our nation's foster children. If you have any additional questions, please contact me at (202) 657-0678.

Notes

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