

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

BILL: CS/SB 2262

SPONSOR: Children and Families Committee and Senator Smith

SUBJECT: The prescription of psychotropic medications to dependent minors

DATE: March 17, 2004 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Collins</u>	<u>Whiddon</u>	<u>CF</u>	<u>Fav/CS</u>
2.	_____	_____	<u>ED</u>	_____
3.	_____	_____	<u>HC</u>	_____
4.	_____	_____	<u>AED</u>	_____
5.	_____	_____	<u>AP</u>	_____
6.	_____	_____	_____	_____

I. Summary:

Committee Substitute for SB 2262 creates the Center for Juvenile Psychotropic Studies within the Department of Psychiatry of the College of Medicine of the University of Florida. The purpose of this center is to collect, track, and assess information regarding dependent minors in state custody who have been or are currently being prescribed psychotropic medications.

This committee substitute provides for the appointment of a director for the center, creates an advisory board and specifies the membership of the board.

The center is directed to work with the Department of Children and Family Services (DCF), the Department of Juvenile Justice (DJJ), and the Agency for Health Care Administration (AHCA) to collect specific information relating to children in the custody of the state who are receiving or have received psychotropic medications. The committee substitute also directs DCF, DJJ, and AHCA to provide client information to the center, in accordance with state and federal privacy laws.

The center is required to provide a report to the Legislature that includes recommendations regarding the treatment of dependent minors with psychotropic medications by January 1, 2005. The provisions of this committee substitute are repealed on July 1, 2005.

This committee substitute amends section 743.0645, of the Florida Statutes.

II. Present Situation:

There is a growing number of children with diagnosed mental disorders in the United States. According to research, a review of Medicaid prescription records (from unidentified states)

during 1995 indicated that 150,000 preschoolers under the age of six were prescribed psychotropic medications.¹ Further, the 1999 MECA Study (Methodology for Epidemiology of Mental Disorders in Children and Adolescents) estimated that almost 21 percent of the children in the United States between the ages of nine and 17 had a diagnosable mental or addictive disorder that caused impairment, and 11 percent of these children (approximately 4 million) had a significant impairment that limited their ability to function.

Psychotropic medication is one of many treatment interventions that may be used to address mental health problems. Medication may be recommended and prescribed for children with mental, behavioral, or emotional symptoms when the potential benefits of treatment outweigh the risks. However, there has been growing public concern over reports that very young children are being prescribed psychotropic medications with potentially adverse side effects.

Some of the concern regarding the use of psychotropic medications with children stems from the limited information that is available regarding the efficacy and the potential side effects of these drugs with children. Most clinical trials for these drugs were conducted on an adult population. The same results are not always obtained when these drugs are used with children, and the side effects for children are frequently different from those experienced by adults. The Food and Drug Administration (FDA) has publicly expressed concerns regarding the use of antidepressants in children and recently established an advisory committee to further study and evaluate the use of psychotropic medications with children.

In Florida, there has been controversy around the number of children in the custody of the state who are on psychotropic medications. The controversy has included the types of medications prescribed, the circumstances under which the drugs were used, how consent was obtained, as well as the lack of oversight provided by state agencies. However, there is no source of information that accurately depicts the prescribing patterns and frequency with which these medications are provided to children under state custody or the appropriate use of these drugs.

III. Effect of Proposed Changes:

Committee Substitute for SB 2262 amends s. 743.0645, F.S., creating the Center for Psychotropic Studies within the Department of Psychiatry of the College of Medicine of the University of Florida. The purpose of this center is to collect, track, and assess information regarding dependent minors in the custody of the state who have been or currently are being prescribed psychotropic medications. The committee substitute provides for the appointment of a director and creates an advisory board. The committee substitute directs the center to work in conjunction with Department of Children and Family Services (DCF), the Department of Juvenile Justice (DJJ), and the Agency for Health Care Administration (AHCA) to collect information pertaining to the provision of psychotropic medications to children in the custody of the state. This committee substitute also requires the center to make a report with recommendations to the Legislature.

¹ Trends in the Prescribing of Psychotropic Medications to Preschoolers, Zito, J.A., Safer, D.J., dosReis, S., Gardner, J.F., Boles, M., and Lynch, F., The Journal of the American Medical Association, Vol. 283, No.8, February, 2000.

The Center for Juvenile Psychotropic Studies

The committee substitute for SB 2262 creates s. 743.0645(6), F.S., establishing The Center for Juvenile Psychotropic Studies within the Department of Psychiatry of the College of Medicine of the University of Florida. The purpose of this center is to collect, track, and assess information regarding the use of psychotropic medications with minors in state custody held pursuant to chapter 39, chapter 984, or chapter 985, of the Florida Statutes. The committee substitute specifies that the director of this center is to be appointed by the dean of the College of Medicine.

Advisory Board

This committee substitute creates an advisory board that is required to periodically review and advise the center regarding its actions related to the implementation of this committee substitute. The board must consist of nine members who are experts in the field of psychiatric health and must include the Secretary of DCF or his or her designee, the Secretary of DJJ or his or her designee; the Secretary of AHCA or his or her designee; the Secretary of the Department of Health or his or her designee; one member appointed by the Governor; one member appointed by the President of the Senate; one member appointed by the Speaker of the House of Representatives; one member appointed by the President of the University of Florida; and two members appointed by the Florida Psychiatric Society.

The board membership specified by this committee substitute includes representatives from state agencies which currently have responsibilities for the care of children. Staff from UF report that the composition of this board should help ensure the cooperation that is necessary for the center to meet its stated purpose.

Information Gathering

The center is directed to work in conjunction with DCF, DJJ, and AHCA (to the extent allowed by the privacy requirements of state and federal law) to gather information regarding dependent minors that must include but is not limited to:

- Demographic information to include age, geographic locations, and economic status;
- Family history that includes any involvement with the child welfare or juvenile justice system;
- A medical history that includes the minor's medical condition;
- All information regarding the medications prescribed or administered to the minor, including the medication administration record; and
- The practice patterns, licensure and board certification of prescribing physicians.

Both federal and state requirements permit the sharing of client healthcare information for research purposes.² It appears that the provisions of this committee substitute directing the sharing of this information are congruent with current privacy requirements. The collection of this information at a central location will provide an opportunity to address numerous concerns and answer questions that have been raised regarding medication practices with children in state custody.

² Health Insurance and Portability Accountability Act (1996), Section 456.057, Florida Statutes

Reporting

The committee substitute for SB 2262 directs the center to report its findings and to make recommendations regarding psychotropic medications prescribed to dependent minors in the state custody to the President of the Senate, Speaker of the House of Representative, and the appropriate committee chairs of the Senate and House of Representatives by January 1, 2005.

In order to meet the time frames associated with the mandated report, information will have to be collected and organized at the departmental level to be shared with the center. Representatives from the University of Florida and DCF have indicated that this work can be accomplished within the time allocated. The contents of this report may be useful in setting public policy, developing clinical practice guidelines, and developing oversight procedures governing the utilization of psychotropic medications with children in state custody.

This subsection is to take effect on July 1, 2004, and will repeal on July 1, 2005.

IV. Constitutional Issues:**A. Municipality/County Mandates Restrictions:**

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Economic Impact and Fiscal Note:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The Department of Children and Family Services reports there will be unknown costs associated with the implementation of this committee substitute related to travel for board members as well as costs to exchange data with the Center for Juvenile Psychotropic Studies. However, it is estimated that these costs will be minimal and can be absorbed within existing resources.

It is reported by staff from the University of Florida that funding in the amount of \$250,000 is needed to implement this committee substitute. The funding will be used to support some staffing needs, travel, equipment, and supplies. However, a portion of the costs can be absorbed within existing resources.

The Department of Juvenile Justice reports that in order to meet the data requirements specified by this committee substitute, it will likely need to develop a website or adapt the Juvenile Justice Information System (JJIS). Six additional staff will be necessary to assist in data collection and entry for this project. The combined costs projected by DJJ for staff, equipment, and travel exceed \$250,000.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The Department of Children and Family Services currently has a contract with the Department of Psychiatry of the College of Medicine, University of Florida, to provide a medication consultation line. The MedConsult line is available to prescribing physicians for consultation, as well as to judges, child welfare workers, guardians ad litem and foster parents for up-to-date information on psychotropic medications, including the side effects and uses of the medications.

Given the extensive issues relating to the treatment of children with psychotropic medications, it may be beneficial for the advisory board to have broader membership. Additional membership could include representatives from other universities, consumers, and advocates.

VIII. Amendments:

None.