

Senate Bill 1174

Psychotropic Drug Oversight Foster Youth

Senator McGuire

SUMMARY

Over the past fifteen years, the rate of foster youth prescribed psychotropic medication has increased 1,400 percent¹.

Nearly 1 in 4 California foster teens are prescribed psychotropic drugs; of those nearly 60 percent were prescribed an anti-psychotic – the powerful drug class most susceptible to debilitating side effects.²

While the Child and Family Services Improvement and Innovation Act of 2011 requires each state to oversee and monitor the use of psychotropic medications with children in care, there are currently no requirements to identify those who are over prescribing medication to foster youth.

The State of California has not been monitoring over prescribing because the data collection and data sharing system is not in place.

Given the State has a responsibility to monitor the administration of these drugs and to ensure the health and well-being of foster children, we should implement a process that provides the appropriate oversight for these powerful medications.

SB 1174 will establish a formal process for the Medical Board of California to responsively review and confidentially investigate psychotropic medication prescription patterns among California children.

BACKGROUND

Psychotropic drugs are potent medications that have documented well-known side effects that include serious lifelong and irreversible effects. Moreover, California spends more on psych drugs for foster children than on any other kind of medication. In the last decade, the state spent more than \$226 million on psych meds for foster children, an astounding 72 percent of total spending³.

¹ Child Welfare Indicator Project, UC Berkeley

² National Center for Youth Law provided data from DHCS

³ Drugging out Kids, Karen De Sa, Bay Area New Group, Drugging our Kids, Part 1, 2014, <http://webspecial.mercurynews.com/druggedkids/?page=pt1>

PROBLEM

While the vast majority of doctors prescribing medication are doing so appropriately, California still needs an oversight mechanism (among other reforms including funding robust trauma care services). Currently, we have no system for evaluating the medical soundness of high rates of prescribing; and no way to measure the efficacy of these practices.

Last year, the Department of Health Care Services (DHCS) and the Medical Board of California adopted a one-year trial Data Use Agreement that allows for the sharing of prescriber data in order to identify the outlying prescribers.

With the data from DHCS, the medical board will have regular, reliable information to work from instead of depending on the current individual complaint process that very few foster children are able to access. SB 1174 will alleviate the alarming data disparity between private and foster care system complaint rates.

Such data sharing practices should not be on a one-time basis, but rather an ongoing process for improving the quality of prescribing for our children.

SOLUTION

This bill enables the Medical Board of California to confidentially collect and analyze data, and, when warranted, conduct investigations of physicians who frequently prescribe over the recognized safety parameters for children.

Specifically, SB 1174 requires:

- The Department of Health Care Services (DHCS) to share prescribing patterns and prescriber information with the Medical Board of California.
- The Medical Board of California to analyze prescribing patterns and identify outlying prescribers or widespread practices that could be improved.
- Investigators for the Medical Board of California, staffed within the Attorney General's office, to be able to conduct investigations and take other actions where warranted as a result of the analysis.

SB 1174 will enable California to implement what is already standard oversight practice in Washington, Illinois, and Ohio. These state initiatives have shown a 25%

decrease in dangerous prescribing practices and have improved the overall prescription frequency for medically acceptable reasons.

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