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September 18, 2015

The Honorable Edmund G. Brown, Governor, State of California
c/o State Capitol, Suite 1173
Sacramento, CA 95814
Fax: (916) 558-3160

Support for SB 238, SB 319, SB 484, and SB 253: Psychotropic Medication and Foster Children

Dear Governor Brown,

Thousands of California foster children are medicated with psychotropic drugs¹ with little oversight and without assurance that the treatments are safe and appropriate and that other, safer treatments have been tried first. However, California is now poised to become the national leader in addressing the overuse of psychotropic medication in children in foster care through the comprehensive approach represented by Senate Bill (SB) 238, SB 319, SB 484, and SB 253.

Public Citizen, a consumer advocacy organization with more than 400,000 members and supporters nationwide, urges you to sign SB 238, SB 319, and SB 484, and to direct your staff to resolve any outstanding issues on SB 253 so that the full benefits of this comprehensive approach can be realized.

Support for the immediate signing of SB 238, SB 319, and SB 484

Caregivers and health care professionals cannot provide safe medical care to foster children without adequate data, training, and alert systems. SB238 will establish training, data reporting, and alert systems regarding the use of psychotropic drugs in foster children.² It will allow the identification of risky practices by providing mechanisms to alert county officials to potentially dangerous and inappropriate prescribing.

SB 319 would strengthen California's Health Care Program for Children in Foster Care by explicitly giving public health nurses access to the information and authority needed to oversee the treatment of thousands of California foster children who are medicated

¹ National Center for Youth Law. Curbing the Misuse of Psychiatric Medications in Foster Care. April 1, 2015. <http://youthlaw.org/publication/2361/>. Accessed September 17, 2015.

² Senate Bill No. 238. California Legislature – 2015-2016 Regular Session. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB238. Accessed September 17, 2015.

with psychotropic drugs.³

SB 484 would require the identification of group homes for foster children suspected of using psychotropic medications inappropriately and would specify the factors to be used in pinpointing those facilities.⁴ Those group homes would be inspected to determine what policies or practices within the facility contribute to the misuse of psychotropic medications.

Support for the signing of SB 253, in its current form, should it pass in the next legislative session

Finally, SB 253 would raise the bar for approving a request to administer a psychotropic medication to a foster child. It would provide for findings of fact to be made, would specify the situations in which the court must have access to a second opinion, and would establish prerequisites to an order approving medication that are consistent with medical guidelines. Specifically, the bill, as currently written, would require an appointed physician to provide a second opinion in cases where a foster child is to be placed on a second antipsychotic medication, on three different psychotropic medications, or, for children 5 or younger, on any psychotropic medication.⁵

The input of an independent physician is vital in these cases, given the potential risks involved when administering multiple, potent psychotropic medications to a child. This is especially true of atypical antipsychotic medications, some of which are approved by the U.S. Food and Drug Administration (FDA) to treat certain children with the serious psychiatric diseases of schizophrenia, bipolar disorder, autism, or Tourette's syndrome.⁶ However, the majority of children prescribed atypical antipsychotics are treated for conditions for which the drugs have never been approved by the FDA.⁷ All atypical antipsychotics have dangerous side effects, including considerable weight gain and metabolic changes⁸ that can lead to type 2 diabetes,⁹ a disease already increasingly

³ Senate Bill No. 319. California Legislature – 2015-2016 Regular Session. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB319. Accessed September 17, 2015.

⁴ Senate Bill No. 484. California Legislature – 2015-2016 Regular Session. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB484. Accessed September 17, 2015.

⁵ Senate Bill No. 253, Sect. 4(c). California Legislature – 2015-2016 Regular Session. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB253. Accessed September 17, 2015.

⁶ U.S. Food and Drug Administration. FDA-approved drug products (Drugs@FDA). <http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm>. Accessed September 17, 2015.

⁷ Agency for Healthcare Research and Quality. Off-Label Use of Atypical Antipsychotics: An Update. 2011. Page ES-3. http://effectivehealthcare.ahrq.gov/ehc/products/150/778/CER43_Off-LabelAntipsychotics_20110928.pdf. Accessed September 17, 2015.

⁸ Correll CU, Manu P, Olshanskiy V, et al. Cardiometabolic risk of second-generation antipsychotic medications during first-time use in children and adolescents. *JAMA*. 2009;302(16):1765-1773.

⁹ Rubin DM, Kreider AR, Matone M, et al. Risk for incident diabetes mellitus following initiation of second-generation antipsychotics among Medicaid-enrolled youths. *JAMA Pediatr*. 2015;169(4):e150285.

prevalent in children.¹⁰ Therefore, most children treated with atypical antipsychotics are incurring serious risks without substantial evidence of significant benefits.

In addition, even generally safer classes of psychotropic medications carry severe risks when used in children. For example, every antidepressant medication comes with a black-box warning of an increased risk of suicidal thinking and behavior in children, adolescents, and young adults.¹¹ This is especially concerning in the setting of foster care, as adolescents with a history of foster care have been shown to be more than twice as likely to consider, and nearly four times more likely to attempt, suicide than their non-foster care peers.¹²

Conclusion: Urgent action needed to protect California's foster children

Children enter foster care when they have experienced abuse or neglect. The State becomes their de facto parent and assumes responsibility for their safety, health, and well-being. We thank you in advance for taking this responsibility seriously by signing SB 238, SB 319 and SB 484, as well as helping to advance and then enact SB 253 so that California will protect foster children from dangerous and unnecessary psychotropic medications.

Sincerely,

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¹⁰ Dabelea D, Mayer-Davis EJ, Saydah S, et al. Prevalence of type 1 and type 2 diabetes among children and adolescents from 2001 to 2009. *JAMA*. 2014;311(17):1778-1786.

¹¹ U.S. Food and Drug Administration. FDA-approved drug products (Drugs@FDA). <http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm>. Accessed September 17, 2015.

¹² Youth.gov. Youth Topics: Suicide Prevention: Increased Risk Groups. http://youth.gov/youth-topics/youth-suicide-prevention/increased-risk-groups#_ftn. Accessed September 18, 2015. Citing Table 2 from: Pilowsky DJ, Wu LT. Psychiatric symptoms and substance use disorders in a nationally representative sample of American adolescents involved with foster care. *J Adolesc Health*. 2006;38(4):351-358.