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“The Financial and Societal Costs of Medicating America’s Foster Children”

December 1, 2011

Senator Carper, thank you for holding this important hearing today.

Foster children, often being removed from neglectful or abusive homes, are one of the country’s most vulnerable populations. With the often traumatic circumstances that define their early lives, it is no wonder studies show their tendency for more mental health conditions than other children. Facing these and other significant challenges surrounding foster care programs, state authorities, caseworkers, and parents, are given few options on appropriate treatments. As our witnesses will discuss today, these options often include prescribing heavy-duty psychotropic drugs such as antidepressants and, in some cases, even antipsychotics – drugs which have little research available supporting their use in children.

While the use of psychotropic medications has been shown to effectively treat mental disorders, the side-effects and risks they pose, specifically to children, are not well understood. This is why we asked GAO to look into this issue more closely and their investigation has produced some alarming results. Not only are foster children being prescribed psychotropic drugs at a higher rate than non-foster kids in general, but also in ways that hold significantly higher risks, such as multiple medications at once or in amounts exceeding FDA recommendations. In Massachusetts, nearly 40% of the foster children population analyzed in the report was prescribed at least one psychotropic drug -- a rate almost four times that of non-foster children. In over 900 cases in Massachusetts, foster children were being prescribed three or more drugs at once. While the scope of the report does not address the appropriateness of these

prescriptions on a case-by-case basis, it does reignite the debate over whether the rates of prescribing match the scientific evidence behind these medical conditions.

Regrettably, the concerns raised in the report are not just limited to foster children. Though high-risk prescribing practices for foster children were found at higher rates than non-foster children in most cases, the significantly larger population of non-foster children covered by Medicaid makes these statistics just as alarming. For instance, thousands of prescriptions -- a total of 5,265 according to the report -- were filled for infants under one year old. This is just the data from five states! In Massachusetts 49 infants were found to have been prescribed psychotropics, in some cases even antipsychotics. Though 49 is a small number compared to the total, one child infant found on these drugs should invite serious scrutiny considering that experts have found NO mental health indications for the use of psychotropic drugs in infants. As our witnesses will testify today, providing these powerful drugs to infants could result in serious adverse effects and the potential risks are simply too great.

Medicaid, which is run by states and administered by the Department of Health and Human Services, provides prescription drug coverage to foster children. As of today, HHS has limited authority to adequately oversee state monitoring programs for youths in state custody. As a result, states' comprehensive oversight policies are a mishmash of programs in various stages of maturity. Although HHS provides informational resources such as "best practices" to help inform state monitoring programs for children in state custody, each state is responsible for designing and implementing its own program. As GAO has examined with the five states it reviewed, many times these programs fall short of providing the comprehensive oversight that is desperately needed.

It is obvious that consistent and comprehensive guidelines in this area are necessary to more effectively treat and reduce harmful risks to children in the Medicaid program, and particularly foster children. In addition, better oversight in this area can have a broader impact in reducing fraud, waste, and abuse in Medicaid in general. I encourage HHS to rapidly endorse guidance on best practices and use its current authority to push state Medicaid and child welfare agencies to improve these programs as quickly as possible. The government has been charged to protect these children and it is not acceptable to fail them any further.

I thank the witnesses for their attendance today and look forward to a helpful discussion on how we can prevent just that. Thank you Mr. Chairman.