Email to Rep Anna Williams on additional links re: oversight of psychiatric medications

Hi Rep Williams & Rep Bonham,

Thank you so much for the call today. It's truly a breath of fresh air.

I just wanted to follow up on the documents I spoke about and the legislation that passed in 2009 to put in more oversight with foster children and psychotropics.

2009 legislation HB 3114: https://olis.oregonlegislature.gov/liz/2009R1/Downloads/MeasureDocument/HB3114/Enrolled

2011 Federal GAO Investigation: GAO 2 year investigation found Oregon prescription rates at 19.7% for foster children and 4.8% for children not in care ages 0-17 with a total of 14 million being spent by Medicaid.: (press Ctrl F and put Oregon and it will take you to all that data). Per this report it showed that Oregon DHS started a database to track the drugs, but it was not regularly updated. https://www.gao.gov/assets/gao-12-201.pdf

2014 Federal GAO Study with timeline: "For an April 2014 report, GAO contracted with two child psychiatrists to review foster and medical records for 24 cases in five selected states and found varying quality in the documentation supporting the use of psychotropic medications for children in foster care. These experts found that for many of the cases the prescriptions were mostly supported by documentation. However, in some areas, such as evidence-based therapies—interventions shown to produce measurable improvements—the experts found documentation was lacking." https://www.gao.gov/assets/gao-14-651t.pdf

2016 California passed SB1174 which required identifying prescribing Dr and all meds the children are on:

- 2) At minimum, the department, on an annual basis, shall share with the Medical Board of California data, including, but not limited to, pharmacy claims data for all foster children who are or have been on three or more psychotropic medications for 90 days or more. Prior to the release of this data, personal identifiers such as name, date of birth, address, and social security number shall be removed and a unique identifier shall be submitted. For each foster child who falls into these categories, the department shall submit the following information to the board:
- (A) A list of the psychotropic medications prescribed.
- (B) The start and stop dates, if any, for each psychotropic medication prescribed.
- (C) The prescriber's name and contact information.
- (D) The child's or adolescent's year of birth.

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill id=201520160SB1174

2018 HHS Office of Inspector General Report: Shows Oregon has 19.2 % prescription rate, so only a .5 decrease in 7 years (roughly 1 in 5 children) and 4.6 million spent annually on prescription drugs for our foster kids. https://oig.hhs.gov/oei/reports/oei-07-15-00380.pdf

2017 Texas Psychotropic Drug Tracking outcomes report:

https://www.dfps.state.tx.us/Child_Protection/Medical_Services/documents/reports/2017-10_Update_on-Psychotropic_Medications_in_Texas_Foster_Childen.pdf?fbclid=lwAR3KGlElgsphllHbS9OivDRBUfNpr05tp0B-9QD72u2gvskqdO_8vjEU0Ok

Thank you again so much and have a wonderful weekend!

Best regards,

Brittany Ruiz Parental Rights Advocate