

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 1379 Juvenile Psychotropic Studies
SPONSOR(S): Cretul
TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Children's Services (Sub)	7 Y, 0 N	Walsh	Liem
2) Future of Florida's Families		Walsh	Liem
3) Education Appropriations (Sub)			
4) Appropriations			
5)			

SUMMARY ANALYSIS

HB 1379 establishes the Center for Juvenile Psychotropic Studies within the Department of Psychiatry of the College of Medicine of the University of Florida for the purpose of collecting, tracking, and assessing information regarding dependent minors in state custody who have been or are currently being prescribed psychotropic medications.

The bill creates a nine-member advisory board and provides for the members' appointments. It also provides for the appointment of the director of the center.

The center is required to report its findings and recommendations by January 1, 2005.

The bill abolishes the center and repeals the act on July 1, 2005.

The University of Florida estimates that it will cost approximately \$250,000 for the development and implementation of the center. There will also be costs associated with the Advisory Board created by this bill, which have not been estimated.

This document does not reflect the intent or official position of the bill sponsor or House of Representatives.

STORAGE NAME: h1379a.fff.doc
DATE: March 15, 2004

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. DOES THE BILL:

- | | | | |
|--------------------------------------|------------------------------|-----------------------------|---|
| 1. Reduce government? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 2. Lower taxes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 3. Expand individual freedom? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 4. Increase personal responsibility? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 5. Empower families? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |

For any principle that received a “no” above, please explain:

B. EFFECT OF PROPOSED CHANGES:

Background

Emotional and mental disorders are disproportionately frequent among children who have been abused or neglected. Those same children frequently end up in the foster care system because of that abuse or neglect. Studies of mental health needs specific to the foster care system have firmly established that children in foster care are a high-risk population for socio-emotional, behavioral, and psychiatric problems warranting mental health treatments. In addition, an estimated 50 percent of Florida juvenile offenders in residential delinquency programs are diagnosed with mental health illnesses or emotional problems; many have been victims of physical and/or sexual abuse themselves.¹

Children with emotional, behavioral, and mental disorders that could be treated with medications may not be treated, or may be treated improperly, because their physicians do not know which products might be most effective or what dosage to administer. New drug therapies are helping children combat even serious mental illnesses, such as schizophrenia and depression. Troubled children have been able to make dramatic turnarounds and do things they never could before—go to school, be with friends and get along with their family. However, three-fourths of all medications used by children are prescribed “off label,” in that they have not been approved by the FDA for use by children.² Clinicians, families, researchers and advocates are concerned about the unknown, long-term effects of medication on children’s development.

The Proposed Bill

Establishes Center. HB 1379 establishes the Center for Juvenile Psychotropic Studies within the Department of Psychiatry of the College of Medicine of the University of Florida (College of Medicine). Its purpose is to collect, track, and assess information regarding dependent minors in state custody who have been or are currently being prescribed psychotropic medications. The bill provides that the center shall have a director, appointed by the Dean of the College of Medicine.

Center to Work with Agencies and Agencies to Provide Information. The bill directs the center to work with DCF, DJJ, and AHCA, and requires that these agencies make data available to the center consistent with the privacy requirements of state and federal law. The data includes without limitation the following information:

¹ See *Florida Department of Juvenile Justice, 2002 Agency Report*.

² See U.S. Public Health Service, *Report of the Surgeon General’s Conference on Children’s Mental Health: A National Action Agenda*. Washington, DC: Department of Health and Human Services, 2000.

- Demographic information
- Family histories, including, but not limited to, their involvement with the child welfare or juvenile justice systems
- Medical histories
- All information regarding the medications prescribed or administered
- Practice patterns, licensure, and board certification of prescribing physicians.

Center to Report Findings and Make Recommendations. The bill requires the center to reports its findings and make recommendation to the President of the Senate, the Speaker of the House of Representatives, and the appropriate Senate and House committee chairs regarding psychotropic medications prescribed to dependent minors in state custody.

Creates Advisory Board. The bill creates an advisory board to review and advise the center on all actions taken pursuant to the act. The membership is to composed of nine experts in psychiatric health to include

- The DCF Secretary or his designee
- The DJJ Secretary or his designee
- The AHCA Secretary or her designee
- One member appointed by the Governor
- One member appointed by the Speaker of the House of Representatives
- One member appointed by the President of the Senate
- One member appointed by the President of the University of Florida
- Two members appointed by the Florida Psychiatric Society

Abolishes the Center. The bill provides that the center is abolished and the act repealed July 1, 2005.

C. SECTION DIRECTORY:

Section 1: Establishes the Center for Juvenile Psychotropic Studies within the Department of Psychiatry of the College of Medicine of the University of Florida and provides purpose.

Section 2: Creates a nine-member advisory board and provides for the members' appointments.

Section 3: Provides for the appointment of the director of the center.

Section 4: Requires that the center work with DCF, DJJ, and AHCA and that the agencies provide certain information to the center.

Section 5: Requires the center to report its findings and recommendations by January 1, 2005.

Section 6: Abolishes the center and repeals the act on July 1, 2005.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The University of Florida estimates that it will cost approximately \$250,000 for the development and implementation of the Center for Juvenile Psychotropic Studies.

There will be costs associated with the Advisory Board created by this bill --- administrative support, travel, etc. Those costs have not been estimated. See Drafting Issues or Other Comments below.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

Advisory Board. The bill does not specify where the Advisory Board it creates will be housed or receive its administrative support. The requirement that the board “periodically and objectively review and advise the center on all actions taken pursuant to this act” is unclear in that it does not specify whose actions the board is to review or to whom is the Board to provide advice. The bill does not specify whether or how often the Board is to meet, nor does the bill address whether the members will receive compensation, travel reimbursement, or the like.

Agencies to Provide Data. The bill requires that DJJ, DCF and AHCA provide certain information to the center. Some of these requirements are unclear:

- “family histories, including, but not limited to, their involvement with the child welfare or juvenile justice systems” --- In this context, the term “their involvement” does not specify whether this is the minor’s involvement or the minor’s family’s involvement.
- “practice patterns, licensure, and board certification of prescribing physicians” --- It is unlikely that DCF, DJJ, or AHCA would be able to provide data about practice patterns of physicians since these agencies do not collect this data. The bill should be clarified if the intent is that information about practice patterns would be derived from the data itself.

Psychotropic medications. Practitioners differ on whether specific drugs should be included on a list entitled “psychotropic medications.” For example, some practitioners would include the over-the-counter drug Benadryl on such a list. It is recommended that the bill address this issue by inclusion of a list of medications to be examined.

Center to Report Findings and Make Recommendations. The bill specifies that the center is to receive data from agencies and provide its findings and recommendations to the House and Senate, but the bill does not direct what the center is to report about. It is recommended that the bill provide direction to the center on this issue.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES

At its March 15, 2004, meeting, the Subcommittee on Children’s Services adopted a strike all amendment which inserted the text of HB 1379 in s. 743.0465, F.S., Other persons who may consent to medical care or treatment of a minor, and included a definition of psychotropic medications.