

2017 SESSION

LEGISLATION NOT PREPARED BY DLS
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HOUSE JOINT RESOLUTION NO. 682

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Directing the Joint Commission on Health Care to study the long-term effects of Drugs used to treat Attention Deficit Hyperactivity Disorder (ADHD) on individuals and populations. Report.

Patrons—Marshall, R.G., Albo, Anderson, Bell, John J., Bell, Richard P., Carr, Cole, Freitas, Kory, LaRock, Leftwich, Lingamfelter and Webert; Senator: Carrico

Referred to Committee on Rules

WHEREAS, 6.4 million children in the United States have been diagnosed with the condition Attention Deficit Hyperactivity Disorder (ADHD) with 4.2 million of them taking psycho-stimulants therefor; and

WHEREAS, as many as one-third of all boys in certain areas of Virginia have received this diagnosis which, combined with related drug treatments in their late teens, disqualifies them from military service unless applicants receive a waiver; and

WHEREAS, while the United States Naval Academy, does not now automatically disqualify applicants with ADHD, there are very strict qualifications and conditions that applicants with ADHD must meet to be accepted to the Naval Academy: "Academic skills defects, such as learning disabilities or attention deficit hyperactivity disorder are not disqualifying if academic success can be demonstrated without the use of classroom accommodations, and no medication has been used in the past 12 months, with good grades."

WHEREAS, a total of 8.4 million U.S. children are prescribed psychiatric drugs; and

WHEREAS, the misdiagnosis of ADHD and other childhood mental illnesses has reached epidemic levels in the United States with the resulting costs for necessary educational assistance and mental health treatments exceeding \$52 billion annually; and

WHEREAS, the requirements of No Child Left Behind have significantly increased the demands placed upon children, schools and families by triggering the decrease or outright removal of break times, recess and PE from school schedules and the increase of homework, testing and academic pressure; and

WHEREAS, these academic changes have led to a significant increase in the rates of ADHD, obesity, depression and other childhood disorders with a concomitant rise in the use of antipsychotics and fall in high school graduation rates; and

WHEREAS, government policies incentivize public and private schools to apply the ADHD and other mental health labels to their students so as to receive increased educational funding which results in an epidemic of children being placed on antipsychotic medications as well as a strain on tax revenues; and

WHEREAS, these policies further incentivize schools to apply the labels to their students because the test scores of those labeled are either ignored or discounted when the schools' performance is evaluated; and

WHEREAS, for similar reasons, many Virginia schools segregate students with "behavior-related" disabilities in a practice identical to that for which the State of Georgia was successfully sued by the U.S. Department of Justice; and

WHEREAS, Science Daily (1/4/06) reported that: "Psychotropic drug prescriptions for teenagers skyrocketed 250 percent between 1994 and 2001, rising particularly sharply after 1999, when the federal government allowed direct-to-consumer advertising and looser promotion of off-label use of prescription drugs, according to a Brandeis study in the journal Psychiatric Services;" and

WHEREAS, an August, 2012 study published in the Archives of General Psychiatry found that: "From 2005 to 2009, disruptive behavior disorders were the most common diagnoses in child and adolescent antipsychotic visits, accounting for 63.0% and 33.7%, respectively, while depression (21.2%) and bipolar disorder (20.2%) were the 2 most common diagnoses in adult antipsychotic visits. Psychiatrists provided a larger proportion of the antipsychotic visits for children (67.7%) and adolescents (71.6%) than to adults (50.3%) (P<.001).

"Only a small proportion of child and adolescent antipsychotic visits included an FDA clinical indication antipsychotic treatment of children and adolescents predominantly involves male patients and is common among patients with disruptive behavior disorders.

"Most of the youth and adult antipsychotic visits did not include a diagnosis for which the antipsychotic had FDA approval for the patient age group. The strength of evidence supporting efficacy

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58 for these "off-label" conditions varies considerably across psychiatric disorders and individual
59 antipsychotics. Almost two-thirds of child antipsychotic visits in 2005-2009 included a disruptive
60 behavior disorder diagnosis, and there are currently no FDA-approved medications for the treatment of
61 disruptive disorders. Uncertainty surrounds the appropriate role of risperidone and other antipsychotic
62 medications in the management of disruptive behavior disorders." and

63 WHEREAS, The U. S. Department of Justice noted (11/4/13) that: "Global health care giant Johnson
64 & Johnson (J&J) and its subsidiaries will pay more than \$2.2 billion to resolve criminal and civil
65 liability arising from allegations relating to the prescription drugs Risperdal, Invega and Natrecor,
66 including promotion for uses not approved as safe and effective by the Food and Drug Administration
67 (FDA) and payment of kickbacks to physicians and to the nation's largest long-term care pharmacy
68 provider. The global resolution is one of the largest health care fraud settlements in U.S. history,
69 including criminal fines and forfeiture totaling \$485 million and civil settlements with the federal
70 government and states totaling \$1.72 billion.;" and

71 WHEREAS, the pharmaceutical industry's efforts to expand its market have also been aided greatly
72 by the expansion of the listing of mental health disorders contained within the Diagnostic and Statistical
73 Manual of Mental Disorders (the DSM), the principal reason for which was to ensure that treatments
74 therefor would be reimbursable by health insurers, Medicaid and Medicare; and

75 WHEREAS, ABC News reported (3/13/12) that: "Controversy continues to swell around the fifth
76 edition of the Diagnostic and Statistical Manual of Mental Disorders, better known as DSM-5. A new
77 study suggests the 900-page bible of mental health, is ripe with financial conflicts of interest. The
78 manual, published by the American Psychiatric Association, details the diagnostic criteria for each and
79 every psychiatric disorder, many of which have pharmacological treatments. with nearly 70 percent of
80 DSM-5 task force members reporting financial relationships with pharmaceutical companies — up from
81 57 percent for DSM-4;" and

82 WHEREAS, Medicaid officials in Arkansas, Vermont, Illinois, Washington, Georgia and Missouri
83 have, for various reasons, indentified ADHD as the one diagnosis which shows the most potential for
84 dramatic cost savings as they strive to reverse the unsustainable pressure on their budgets; and

85 WHEREAS, the medicines prescribed to treat ADHD are Schedule II substances in the same category
86 as cocaine with side effects that can include addiction, brain atrophy, paranoia, visual and auditory
87 hallucinations, violence (mass shootings), suicide and numerous other health issues; and

88 WHEREAS, many of the side effects have placed a strain on law enforcement, mental health
89 facilities, hospitals and jails as the childhood consumers of these drugs reach adolescence and young
90 adulthood and the effects of the drugs on their judgment and cognition become manifest; and

91 WHEREAS, the majority of those children in schools, foster care settings, juvenile detention centers
92 and state hospitals who are diagnosed with some form of mental illness are wrongly diagnosed and
93 placed on antipsychotics; and

94 WHEREAS, the overall use of psychiatric medications has dramatically increased over the last 25
95 years resulting in hundreds of thousands of the "mentally ill" persons being warehoused in hospitals,
96 prisons and jails mainly for crimes of survival, seeking food and clothing; now, therefore, be it resolved,

97 That the Joint Commission on Health Care be directed to undertake a study of these issues.

98 In conducting its study, the Joint Commission on Health Care shall access and evaluate existing data
99 concerning:

100 1. The mental health side effects of ADHD medication use, including the risk of chronic psychosis,
101 depression, anxiety, violence and suicidal thoughts or actions;

102 2. The physical side effects of ADHD medication use, including addiction, negative cardiac
103 outcomes, hypertension, weight loss, stunted growth, Tardive Dyskinesia in relatively young
104 individuals, diabetes, and brain atrophy with resulting incompetence;

105 3. The rates of ADHD diagnosis along with depression, bipolar, schizophrenia, autism and
106 medication use in the Commonwealth and other countries;

107 4. The average age of first use of antipsychotics in countries that have and have not legalized the use
108 of childhood antipsychotics and whether age of first use has changed over time in those countries;

109 5. The most common methods of abuse of methamphetamines in primary and secondary schools and
110 colleges and whether such abuse changes over time and evolves into abuse of other drugs such as
111 heroin;

112 6. The effects of antipsychotic use on brain development, particularly among children, and whether
113 the use of antipsychotics as a child effects school dropout rates, educational success in secondary and
114 postsecondary education and rates of employment, earnings, and welfare dependency upon reaching
115 adulthood;

116 7. Whether there is a connection between antipsychotic drug use and a propensity to engage in
117 violence including mass shootings as a result of the use of ADHD drugs and, if so, whether steps should
118 be taken to track such drug use by offenders;

119 8. Whether weakening of the criteria for diagnosing mental illness for insurance reimbursement

120 purposes has contributed to the rise in use of antipsychotics by children;

121 9. The conditions by which products containing methamphetamines, antipsychotics, antidepressants
122 and benzodiazepines have been approved for medical use by the U.S. Food and Drug Administration;

123 12. The most effective means of compiling and tracking statistics regarding the number of children in
124 each Virginia school (public and private) who are labeled with ADHD or other categories such as
125 "specific learning disabilities, other health impairment, multiple disorder, and emotional disturbances."

126 This should include such psychiatric diagnoses as "mathematics disorder, disorder of written expression,
127 conduct disorder, autism" etc. Finally, this tracking should include an accounting of the funding each
128 school receives as a result of such labeling.

129 13. Those States and countries with the lowest rates of adult antipsychotic use and child or teen
130 antipsychotic use, evaluating those states' and countries' laws and policies regarding same; and

131 14. The methods, tactics and interventions, including a focus on treatment, recovery, and legal
132 penalties, utilized by other states and countries to limit antipsychotic use and the best methods for
133 developing similar systems in the Commonwealth.

134 15. The incidence and prevalence of prescribing of anti-psychotics for off-label use by general
135 physicians and psychiatrists for treatment of ADHD for which there is no FDA indication.

136 All agencies of the Commonwealth shall provide assistance to the Joint Commission on Health Care
137 for this study, upon request.

138 The Joint Commission on Health Care shall complete its meetings by November 30, 2017, and the
139 chairman shall submit to the Division of Legislative Automated Systems an executive summary of its
140 findings and recommendations no later than the first day of the 2018 Regular Session of the General
141 Assembly. The executive summary shall state whether the Joint Commission on Health Care intends to
142 submit to the General Assembly and the Governor a report of its findings and recommendations for
143 publication as a House or Senate document. The executive summary and report shall be submitted as
144 provided in the procedures of the Division of Legislative Automated Systems for the processing of
145 legislative documents and reports and shall be posted on the General Assembly's website.