SUBJECT: Physician visits for foster youth prescribed psychotropic medication

COMMITTEE: Human Services — favorable, without amendment

VOTE: 8 ayes — Raymond, N. Gonzalez, Fallon, Klick, Rose, Sanford, Scott Turner, Zerwas

0 nays

1 absent — Naishtat

WITNESSES: For — Katherine Barillas, One Voice Texas; Robin Chandler, Disability Rights Texas; Duncan Cormie, Texas Network of Youth Services; Ashley Harris, Texans Care for Children; Leroy Hodge, Child Advocates of Fort Bend; Judy Powell, Parent Guidance Center; Erin Smith, DePelchin Children's Center; Lee Spiller, Citizens Commission on Human Rights; (*Registered, but did not testify:* Laura Blanke, Texas Pediatric Society; Sarah Crockett, Texas Association for Infant Mental Health; Melissa Davis, National Association of Social Workers - Texas Chapter; Joe Garcia, Companion DX; Nancy Holman, Texas Alliance of Child and Family Services; Brandy Knudson, Child Advocates of Fort Bend; Diana Martinez, TexProtects; John R. Pitts, Legacy Health Services; Michelle Romero, Texas Medical Association; Gyl Switzer, Mental Health America of Greater Houston; Eric Woomer, Federation of Texas Psychiatry)

Against — None

On — Katharine Ligon, Center for Public Policy Priorities; (*Registered, but did not testify:* Elizabeth Kromrei, Department of Family and Protective Services; Jean Shaw, Department of Family and Protective Services; Lydia Villa)

BACKGROUND: A foster child is a child who is in the managing conservatorship of the Department of Family and Protective Services (DFPS).

Family Code, sec. 261.111 defines "psychotropic drug" to mean a substance used in the diagnosis, treatment, or prevention of a disease or as a component of a medication and intended to have an altering effect on perception, emotion, or behavior.

DIGEST:

HB 838 would require the person authorized to make medical decisions for a foster child prescribed a psychotropic drug to ensure that the child visited the prescribing physician at least once every 90 days. The physician would monitor the side effects of the medication and determine whether it was helping the child achieve the physician's treatment goals and whether continued use of the drug was appropriate.

The bill would take effect September 1, 2013.

SUPPORTERS SAY:

HB 838 would ensure that a foster child's reaction to and progress on medication did not go unnoticed or was not misinterpreted by an untrained person. Health care professionals are required by DFPS policy to evaluate the effectiveness of psychotropic medications quarterly, but they are not required to visit with the child before making an evaluation. HB 838 would provide youth and their advocates an opportunity for meaningful involvement in their medical decisions and would reduce the risk of overmedication by requiring physician visits every 90 days.

The bill would not preclude foster children from meeting with their physicians more often than every 90 days if needed and, under DFPS policy, would allow telemedicine and video-call office visits to ensure children in rural areas had access to physicians.

HB 838 would not require children to meet with the same prescribing physician each visit because foster children change placements often and realistically might not be able to travel to see the same physician each time. However, each prescribing physician could access the foster child's previous health information electronically through the Health Passport program to ensure continuity between physician visits.

Under DFPS policy, the physician still would consider the treatment goals of the child and the child's advocates when making an evaluation, as specified in the child's service plan.

OPPONENTS SAY:

While HB 838 would set minimum standards for prescription monitoring, the bill would not go far enough. Requiring physician visits at least every 90 days is a minimum standard, but foster children could benefit from meeting more often with the same prescribing physician each time.

The bill should specify that an "office visit" did not preclude telemedicine

video calls. This would remove the burden for children in rural areas who might have difficulty meeting with a prescribing physician in person while ensuring that the prescribing physician saw the child before making an evaluation.

The bill also should clarify that the physician’s evaluation was required to take into account the treatment goals of the child and the child's advocates, which might differ from the physician’s treatment goals.