

Testimony to the Alaska Mental Health Board by Faith Myers—May, 14, '07

Madam Chair, Board members,

My name is Faith Myers. We are asking Alaska Mental Health Board for help promoting several patient rights issues. Being that we are individual patient advocates with limited resources, we need help from organizations like AMHB to be effective.

Overall, the state of Alaska is behind in providing fair patient rights. As an example, Departmental regulations 7AAC50.880 and 7AAC71.220 states that the department (DHSS) shall collect and keep all psychiatric facilities grievance procedures on record.

For 4 months we have tried to find where the state is keeping them and cannot find them. We are asking AMHB to use its influence to help find where the grievance procedures are kept.

Also State statute 47.30.660 states that the department (DHSS) shall investigate complaints made by a psychiatric patient or an interested party on behalf of the patient. It is a duty of the department.

We called DISS and here is roughly how it goes. A psychiatric patient with a complaint contacts the State Office of Advocacy. They write up the complaint, but since the office has no state authority to investigate, they have to pass it on to the State Office of Licensing. And the Office of Licensing has only limited authority to go into a psychiatric facility and investigate, so they send complaints to the Seattle branch of Medicaid/Medicare, who has more authority. The Seattle branch of Medicaid/Medicare then calls the Office of Licensing back and authorizes the Office of Licensing to investigate or not, depending on their decision.

I have personally been through that system of filing a complaint and it takes a patient from 1 to 2 months to get an answer as to whether or not the state's Office of Licensing will even investigate a complaint.

It has always been recognized that psychiatric patients need special protection ; this state is falling far short of its obligation, an obligation that is outlined in regulations.


In some other states, their Office of Advocacy is granted the authority to go into any psychiatric facility and investigate any complaint. More authority has to be granted to an organization like the Office of Advocacy in Alaska, so that they can go into any psychiatric facility in Alaska and investigate a patient's complaint.

Providence Hospital handles about 4000 psychiatric patients a year. They don't even allow their patients to receive a written copy of their grievance procedure. That's the same with Juneau and North Star. In places like Fairbanks Memorial, a patient filing a grievance has to call Arizona.

Our main project is to change the state statute on psychiatric patient's grievance procedure and how psychiatric patients are assisted by the State in filing grievances. And in that we need your continued help.

Thank you,

Faith Myers
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A handwritten signature in cursive script that reads "Faith Myers".

Psychiatric drug prescriptions linked to doctor payments

■ DANGER: Medicines not approved for children were still administered.

The New York Times

When Anya Bailey developed an eating disorder after her 12th birthday, her mother took her to a psychiatrist at the University of Minnesota who prescribed a powerful antipsychotic drug called Risperdal.

Created for schizophrenia, Risperdal is not approved to treat eating disorders, but increased appetite is a common side effect and doctors may prescribe drugs as they see fit. Anya gained weight but within two years developed a crippling knot in her back. She now receives regular injections of Botox to unclench her back muscles. She often awakens crying in pain.

Isabella Bailey, Anya's mother, said she had no idea that children may be especially susceptible to Risperdal's side effects. Nor did she know that Risperdal and similar medicines were not approved at the time to treat children, or that medical trials often cited to justify the use of such drugs had as few as eight children taking the drug by the end.

Just as surprising, Bailey said, was learning that the university psychiatrist who supervised Anya's care received more than \$7,000 from 2003 to 2004 from Johnson & Johnson, Risperdal's maker in return for lectures about one of the company's drugs.

Doctors, including Anya Bailey's, maintain that payments from drug companies do not influence what they prescribe for patients.

But the intersection of money and medicine, and its effect on the well-being of patients, has become one of the most contentious issues in health care. Nowhere is that more true than in psychia-

try, where increasing payments to doctors have coincided with the growing use in children of a relatively new class of drugs known as atypical antipsychotics.

These best-selling drugs, including Risperdal, Seroquel, Zyprexa, Abilify and Geodon, are now being prescribed to more than half a million children in the United States to help parents deal with behavior problems despite profound risks and almost no approved uses for minors.

A New York Times analysis of records in Minnesota, the only state that requires public reports of all drug company marketing payments to doctors, provides rare documentation of how financial relationships between doctors and drug makers correspond to the growing use of atypicals in children.

From 2000 to 2005, drug maker payments to Minnesota psychiatrists rose more than sixfold, to \$1.6 million. During those same years, prescriptions of antipsychotics for children in Minnesota's Medicaid program rose more than ninefold.

Those who took the most money from makers of atypicals tended to prescribe the drugs to children the most often, the data suggest. On average, psychiatrists who received at least \$5,000 from atypicals makers from 2000 to 2005 appear to have written three times as many atypical prescriptions for children as psychiatrists who got less or no money.

Drug makers underwrite decision-makers at every level of care. They pay doctors who prescribe and recommend drugs, teach about the underlying diseases, perform studies and write guidelines that other doctors often feel bound to follow.

The Times analysis focused on prescriptions written for one-third of Minnesota's Medicaid population, almost all of whom are disabled. Some doctors were misidentified by pharmacists, but the data provide a rough guide to patterns in the state.

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