

American Psychiatric Association
Department of Government Relations
Contact: Matthew Sturm
1000 Wilson Blvd, Suite 1825
Arlington, VA 22209
Telephone 703.907.7800

Statement of

**JAMES H. SCULLY, Jr., M.D.
MEDICAL DIRECTOR AND CEO
ON BEHALF OF
THE AMERICAN PSYCHIATRIC ASSOCIATION**

For the

**House Committee on Ways and Means
Subcommittee on Human Resources**

October 27, 2011



The American Psychiatric Association (APA), the medical specialty society representing over 36,000 psychiatric physicians nationwide, appreciates the opportunity to submit the following statement regarding today's hearing on Supplemental Security Income (SSI) Benefits for Children.

The health and well-being of children, particularly those with severe and persistent mental illness, is one of our members' highest priorities. Mental disorders have been estimated by the Surgeon General of the United States to affect up to 20% of children, and severe cases are the leading cause of disability among children. Severe psychiatric disorders in children also bring with them a likelihood of seriously destabilizing effects on family function. Families may experience significant financial hardship due to out-of-pocket treatment costs and necessary specialized services. It is also not uncommon for parents to lose employment or to work fewer hours in order to care for their child suffering from mental illness.

The SSI program acts as a backstop for very low-income families caring for such children, providing a modest benefit that goes toward treatment and support costs as well as lost income. This is why the APA and 80 medical, mental health, and consumer stakeholder organizations have written to Congressional leadership and the Obama administration urging preservation of the SSI program for children with disabling mental illness. While improvements to the SSI eligibility process may be necessary to address program integrity and alleviate concerns over some widely publicized attempts by statistical outliers to take personal advantage of SSI, proposals that limit eligibility and reduce benefits would be harmful to our patient population and ultimately shift costs to other public programs.

Despite media portrayals to the contrary, it is far from easy to gain eligibility to the children's SSI program for mental illness-related disabilities. Diagnoses of mental illness alone are not enough to qualify for SSI; serious functional limitations and severity must be proven from documented medical evidence. The Social Security Administration (SSA) also reviews evidence of the child's activities and functional limitation from home, school, and community settings. Similar to adults with disabling mental illness, co-occurring mental and physical impairments are common in the SSI kids demographic and are taken into account in the SSI eligibility process.

APA is also concerned about the disturbing undercurrent that ADHD diagnoses and typical treatments are scientifically dubious. ADHD is a neurobehavioral condition characterized by excessive restlessness, inattention, distraction, and impulsivity. The disorder can interfere with a child's ability to perform in school and capacity to develop and maintain peer relationships, and markedly increases the chances of school disciplinary problems. Effective treatments are available to help manage the inattention, hyperactivity, and impulsiveness symptoms of ADHD and can improve a person's ability to function at home, at school, and in other places. National Institute of Mental Health research demonstrates that for most young people with ADHD, medication dramatically reduces hyperactivity, improves attention, and increases the ability to get along with others. Only the more severe cases of childhood ADHD causing provable disability qualify for SSI benefits for low income children. Thus ADHD alone is not "easy pathway" to SSI. In fact, nearly 75% of applications citing significant ADHD are denied SSI benefits.

Media portrayals, particularly the *Boston Globe* series highlighted in the hearing advisory, have alleged that medication is an easy pathway to SSI benefits by providing anecdotes of low income parents seeking prescriptions for psychotropic medication, justified or otherwise, in order to gain eligibility to the program. Certainly anecdotal evidence warrants careful review and, where warranted by data, program changes such as more thorough review of applications. As you know, the Government Accountability Office (GAO) is studying the issue for its report that due in the Spring of 2012. Legislation or serious program changes should be avoided until there are full and accurate findings.

Recent data from the SSA has also not corroborated allegations of ADHD abuse. In fact, children with ADHD on medications are no more likely to be eligible for SSI than those who are not. Medication treatment for disorders like ADHD actually reduces the likelihood of eligibility to the program due to the positive treatment effects of the medication, which are taken into consideration in the SSI eligibility process. If there is a pervasive sense among individuals that psychiatric medications are either a prerequisite or easy pathway for SSI eligibility then an education campaign by SSA counteracting these notions may be appropriate.

APA does recognize shortcomings in the program and that improvements can be made. For instance, the law requires SSA to conduct regular reviews of children receiving benefits to determine whether their condition has improved such that they are no longer disabled. These reviews have been found to be extremely cost-effective, with \$10 in federal savings for every \$1 spent on a Continuing Disability Reviews (CDR). However, SSA lacks the resources to conduct these reviews in a timely manner. We strongly support proposals to increase funding for increased CDRs and other program integrity initiatives at SSA. We urge the Members of Congress with interest or jurisdiction to wait for issue of the full report on these matters from the GAO and avoid legislation by anecdote.

The American Psychiatric Association appreciates the opportunity to provide this statement on behalf of the members of the APA. Should you have any questions or need further information, please do not hesitate to contact my staff, Matthew Sturm at (703) 907-7800 or msturm@psych.org.