Resolution 26-304

Calling for Evidence-Based Prescribing Standards and Independent Review of Psychotropic Medication Use in the American Pediatric Population

Emerald Coast Medical Association

Whereas, The prescription of psychotropic medications to children and adolescents represents one of the most consequential clinical decisions in pediatric medicine, with significant implications for neurodevelopment, physical health, and long-term wellbeing; and

Whereas, Data from the DEA and IQVIA published in 2024 reveal that the dispensing of stimulant medications in the United States increased by 60% between 2012 and 2023 — a rate of growth that substantially exceeds any plausible increase in the underlying prevalence of attention-deficit/hyperactivity disorder and raises legitimate questions about diagnostic and prescribing patterns; and

Whereas, Peer-reviewed research has documented that psychotropic polypharmacy — the concurrent prescription of two or more psychiatric medications — occurred in 44.9% of new pediatric antipsychotic users, with antidepressants and stimulants representing the most frequent concomitant medication classes, and with approximately one-third of preschool-age children receiving antipsychotics also receiving four or more concurrent psychotropic medication classes; and

Whereas, The published literature does not support the assumption that the evidence base for pediatric psychotropic polypharmacy regimens is adequate, with peer-reviewed commentary in Frontiers in Psychiatry characterizing the clinical trial evidence for concomitant pediatric psychotropic use as methodologically weak; and

Whereas, Population-based cohort data have demonstrated that high-dose or polypharmacy antipsychotic regimens in pediatric patients are associated with significantly increased rates of neurological adverse events, including tardive dyskinesia and extrapyramidal symptoms; and

Whereas, The American Academy of Child and Adolescent Psychiatry's own practice parameters recommend that antipsychotic polypharmacy in children be avoided where possible and employed only with careful consideration of the limited evidence base; and

Whereas, The concentration of psychotropic polypharmacy among low-income pediatric populations receiving care through Medicaid — including preschool-age children in foster care — raises additional ethical concerns about the adequacy of oversight and the equity of clinical standards applied to the most vulnerable pediatric patients; and

Whereas, None of the foregoing is an argument against appropriate diagnosis and treatment of legitimate psychiatric conditions in children, but rather a call for the same standard of evidence-based, individualized clinical decision-making that medicine demands in every other specialty; therefore, be it

RESOLVED, That the Florida Medical Association affirms that the prescription of psychotropic medications to children and adolescents must be grounded in rigorous, individualized clinical

assessment, evidence-based diagnostic criteria, and a demonstrated failure of non-pharmacological interventions where appropriate; and be it further

RESOLVED, That the FMA call upon the Florida Legislature and the Florida Agency for Health Care Administration to commission an independent review of psychotropic prescribing patterns in Florida's pediatric Medicaid population, with particular attention to polypharmacy, preschool-age prescribing, and prescribing in foster care settings; and be it further

RESOLVED, That the FMA support the development and dissemination of evidence-based prescribing guidelines for pediatric psychotropic medications, with explicit thresholds for review when polypharmacy or long-duration prescribing is contemplated; and be it further

RESOLVED, That the FMA advocate for adequate reimbursement for behavioral health evaluation, psychotherapy, and non-pharmacological interventions in pediatric practice, recognizing that inadequate access to these alternatives contributes to inappropriate medication utilization; and be it further

RESOLVED, That the FMA communicate this resolution to the Florida Legislature, the Florida Agency for Health Care Administration, the Florida Board of Medicine, and the American Medical Association.

Fiscal Note:

Description	Amount	Budget Narrative
351 Staff Hours	$64,750	Can be accomplished with current staff
Total	$64,750	$0 added to the operating budget

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: III – Legislation and Miscellaneous