

**SENATE**  
**STATE OF MINNESOTA**  
**EIGHTY-NINTH SESSION**

**S.F. No. 1710**

(SENATE AUTHORS: KIFFMEYER)

DATE	D-PG	OFFICIAL STATUS
03/12/2015	782	Introduction and first reading Referred to Health, Human Services and Housing

1.1 A bill for an act  
 1.2 relating to health; requiring a report on the treatment of pediatric attention deficit  
 1.3 hyperactivity disorder; appropriating money.

1.4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.5 Section 1. **REPORT ON TREATMENT OF PEDIATRIC ATTENTION DEFICIT**  
 1.6 **HYPERACTIVITY DISORDER.**

1.7 (a) The commissioner of health shall analyze aggregated, nonidentifiable data on  
 1.8 the diagnosis and treatment of pediatric attention deficit hyperactivity disorder (ADHD)  
 1.9 by physicians, psychiatrists, psychologists, licensed social workers, and other providers.

1.10 Data to be analyzed includes:

1.11 (1) medication or medications prescribed, supportive therapies used in conjunction  
 1.12 with prescribed medication, and the duration of supportive therapies;

1.13 (2) hospitalization rates;

1.14 (3) review of best practices to reduce the use of medication, including a review of  
 1.15 data and therapies in special education settings;

1.16 (4) the age group, gender, and geographic distribution of children in Minnesota  
 1.17 diagnosed with ADHD based on zip code data and any differing treatment approaches  
 1.18 based on those patient characteristics;

1.19 (5) the costs of medication to public and private payers compared to the costs of other  
 1.20 effective treatment or approaches to working with patients diagnosed with ADHD; and

1.21 (6) a comparative analysis of the rates of diagnosis and types of treatment of  
 1.22 pediatric ADHD in other developed countries.

1.23 (b) Using the data analyzed under paragraph (a), the commissioner shall issue a  
 1.24 written report to the chairs and ranking minority members of the house of representatives

2.1 and senate committees with jurisdiction over health and human services finance and  
2.2 policy by February 15, 2016, that examines:

2.3 (1) the prevalence of pediatric ADHD diagnoses;

2.4 (2) the use of medication to treat pediatric ADHD in Minnesota, nationally, and in  
2.5 other developed countries; and

2.6 (3) the age, gender, and geographic distribution of children in Minnesota diagnosed  
2.7 with ADHD and differing treatment approaches.

2.8 The report shall include a health equity impact assessment of the use of medications  
2.9 among populations that experience health disparities.

2.10 (c) The commissioner may use data submitted under Minnesota Statutes, section  
2.11 62U.04, subdivisions 4 and 5, to carry out the requirements of this section. The  
2.12 commissioner may collect data from voluntary interviews with parents and caregivers of  
2.13 children diagnosed with ADHD and from a review of state school district policies on  
2.14 children diagnosed with ADHD.

2.15 Sec. 2. **APPROPRIATION.**

2.16 \$...... in fiscal year 2016 is appropriated from the general fund to the commissioner  
2.17 of health for the report on the treatment of pediatric attention deficit hyperactivity disorder.  
2.18 This is a onetime appropriation and expires on June 30, 2016.