



CITIZENS COMMISSION ON HUMAN RIGHTS TENNESSEE CHAPTER

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OPPOSE SB2570/HB2315

Tennessee's Crisis: Overmedication Without Oversight

Tennessee does not have an access problem—we have an overmedication epidemic. Currently: 1 in 3 foster children, 1 in 4 adults, 1 in 12 school-age children, and 11,000 babies and toddlers are on psychotropic drugs. Meanwhile, teen suicide rates are skyrocketing. SB2570/HB2315 will expand this broken system without addressing these failures.

1. Expanding Prescribing Authority to Non-Medical Professionals

This bill grants prescribing authority to psychologists who lack the rigorous medical training of physicians—no medical school, no clinical residency in pharmacology, no hands-on experience managing adverse drug reactions or recognizing underlying medical conditions. Even medical doctors with 7+ years of training are currently overprescribing these dangerous drugs without adequate monitoring. Now we're adding prescribers with less medical experience to prescribe drugs carrying FDA's most serious black box warnings: increased suicide risk in children, sudden cardiac death, severe metabolic changes, permanent neurological damage, and death in elderly patients. If physicians are already failing to monitor safely, how will adding less-trained prescribers improve outcomes?

2. Zero Monitoring or Accountability

The bill contains no provisions for reporting prescribing patterns, tracking patient outcomes, monitoring polypharmacy, publishing medication data by age groups,

evaluating suicide rate correlations, or assessing informed consent practices. We're expanding a system that already operates with virtually no oversight.

3. Evidence Shows the Current Approach Is Failing

Over the past decade, Tennessee has expanded mental health services and medication access. During this time, prescribing rates soared, teen suicide rates increased dramatically, and youth mental health worsened. This bill offers more of the same failed strategy.

4. Vulnerable Populations Most at Risk

Foster children are three times more likely to be medicated than other children. 11,000 babies and toddlers are on drugs never approved for their age group. This bill expands the system failing them—with no new safeguards.

What Tennessee Actually Needs:

Before expansion, Tennessee must implement: (1) mandatory bi-annual public reports on prescribing patterns, costs, and outcomes; (2) oversight mechanisms including review boards and second opinions for children under 6; (3) full informed consent with black box warning disclosure and discussion of alternatives; (4) investigation of the suicide crisis correlation with medication rates; and (5) audit of why 11,000 babies and 1 in 3 foster children are currently medicated.

The Bottom Line:

Tennessee has enough prescribers to medicate 1 in 4 adults, 1 in 12 children, and 11,000 babies and toddlers. What we lack is monitoring, transparency, accountability, and empirical evidence demonstrating improved patient outcomes. We cannot responsibly expand prescribing authority and services that may be contributing to—rather than solving—our youth mental health crisis.

RECOMMENDATION: OPPOSE SB2570/HB2315 until the current system demonstrates measurable improvements in mental health outcomes through evidence-based data, including reduced suicide rates, improved long-term patient functioning, and decreased adverse events.

For further information and statistic citations, contact info@cchrtennessee.org