



Founded in 1987, **Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)** is a national nonprofit voluntary health organization. CHADD has 12,000 members, as well as networks every week with over 40,000 individuals, who are mostly families of children and adults with AD/HD. About 1,200 CHADD members are professionals providing clinical, research, and other services to persons with AD/HD. The mission of CHADD is to improve the lives of people affected by AD/HD by providing education, advocacy and support for individuals with AD/HD. CHADD has over 200 chapters and almost 300 “Parent to Parent” certified teachers throughout the United States.

Recent reports by the Centers for Disease Control and Prevention and the Mayo Clinic state that AD/HD affects 7.8 percent of children and as many as two-thirds of children with AD/HD have at least one co-occurring disability. Studies show that more than 70 percent of children with AD/HD continue to experience symptoms of AD/HD into adolescence, and almost 65 percent will exhibit AD/HD characteristics as adults. If untreated or inadequately treated, AD/HD can have serious consequences, increasing an individual’s risk for school failure, unemployment, interpersonal difficulties, other mental health disorders, substance and alcohol abuse, injury, antisocial and illegal behavior, contact with law enforcement, and shortened life expectancy.

CHADD looks forward to having the opportunity to work with President-elect Barack Obama, incoming Health and Human Services Secretary Tom Daschle and other members of the transition team on health care reform. As you move forward on health care policy reform, CHADD offers the following key recommendations. **CHADD urges you to support:**

- broadening the national research agenda via increased funding to the CDC, NIH, and NIMH to address prevention and early identification, research on the causes, diagnosis, and treatment of AD/HD across the lifespan, safety and effectiveness of AD/HD treatments, including medication (especially for children and adolescents), and short- and long-term effects, effectiveness of therapies, effectiveness of educational, psychosocial and various alternative interventions. Our first priority for additional federal appropriations is the CDC National Center on Birth Defects and Developmental Disabilities (NCBDDD).
- the alignment of physical and mental health care in a coordinated and efficient system that uses state-of-the-art health information technology using privacy-protected and consumer-centered electronic medical records and personal health records as proposed by the Campaign for Mental Health Reform (see “HIT Inclusion in Economic Recovery Package” at <http://www.mhreform.org/Portals/0/Consumer%20Feedback%20on%20Economic%20Recovery.pdf>).
- policies that provide access to the full range of treatment options recommended for multimodal treatment of AD/HD and co-existing disorders, including screening, early assessment and treatment, health care services, mental health services, medication, behavioral interventions, substance abuse treatment, parent/family education and training.
- policies ensuring access to affordable diagnosis and treatment, and providing pharmacy benefits for medications used to treat AD/HD in all public and private health insurance programs.
- legislative efforts to further develop and maintain family-centered, community-based, health and mental health services and supports, including substance abuse treatment and services including models of care that encourage primary and preventative care, such as medical homes and wellness programs as proposed by the Campaign for Mental Health Reform (see “Designing Medical Homes to Meet Mental Health Needs” at <http://www.mhreform.org/Portals/0/Medical%20Homes%20principles.pdf>).
- policies that develop and ensure an adequate workforce of qualified health care personnel, well trained in the identification, evaluation, and treatment of AD/HD, its impact on child performance and behavior, and effective research-based interventions, such as medication, where appropriate, and behavioral management. Such training must formally incorporate the lived experience of individuals with AD/HD and their families.