



**CHADD's Advocacy &
Public Policy Committee
Lunch and Learn Webinar Series**



Analysis and Impact of Federal Healthcare and Education Policies

**Matthew J. Gormley, PhD; Mary V. Solanto, PhD;
Pheona Walker; and Max Wiznitzer, MD**



[CHADD.org/Policy-Positions](https://chadd.org/policy-positions)

Our Calls to Action

- **Defend access to FDA-approved treatments for ADHD** by rejecting proposals that limit or undermine evidence-based approaches to care.
- **Protect educational supports for students with ADHD** by maintaining the Department of Education and fully enforcing laws like Section 504 and IDEA.
- **Safeguard funding for ADHD and mental health research**, ensuring continued investment in the development and evaluation of effective interventions for both children and adults.
- **Preserve insurance coverage for ADHD care**, across public and private plans, so that individuals and families can access the treatments and services they need to thrive.



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**One Pager: Meeting
Takeaways and Call to
Action**



**CHADD Call to Action
and Template Advocacy
Materials**



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The Effects of Federal Healthcare and Education Policies: ADHD Myths and Realities



Max Wiznitzer, M.D.



CHADD Advocacy & Public Policy Committee
Presentation






Disclosure

- **Dr. Wiznitzer is a member of the CHADD board of directors and co-chair of the professional advisory board**





Discussion Points

- ❑ What is ADHD?
 - ❑ Is ADHD a neurobiological disorder?
 - ❑ Is ADHD overdiagnosed?
 - ❑ ADHD Medication
 - ❑ Are parents/patients seeking medication?
 - ❑ Are medications being overprescribed?
 - ❑ Are stimulants a threat for patients?
- 



WHAT IS ADHD?





Attention- Deficit/Hyperactivity Disorder

- ❑ Most common behavioral disorder of childhood
 - ❑ Prevalence
 - Children: 7-10% (6.5 million)
 - Adults: 4-6% (15.5 million)
 - ❑ Male/female ratio
 - Children 2-3:1
 - Adults 1:1
 - ❑ 40-80% persistence into adolescence/adulthood
- 



ADHD

Diagnostic Criteria

- ❑ **Inattention** - inappropriate for developmental level
 - ❑ **Motor overactivity**
 - ❑ **Impulsivity**
 - ❑ Onset before age 12 years
 - ❑ Duration greater than 6 months
 - ❑ Presence of symptoms in 2 or more settings
 - ❑ Impairment in social, academic or occupational functioning
 - ❑ Symptoms may fluctuate in severity over time
- 




ADHD

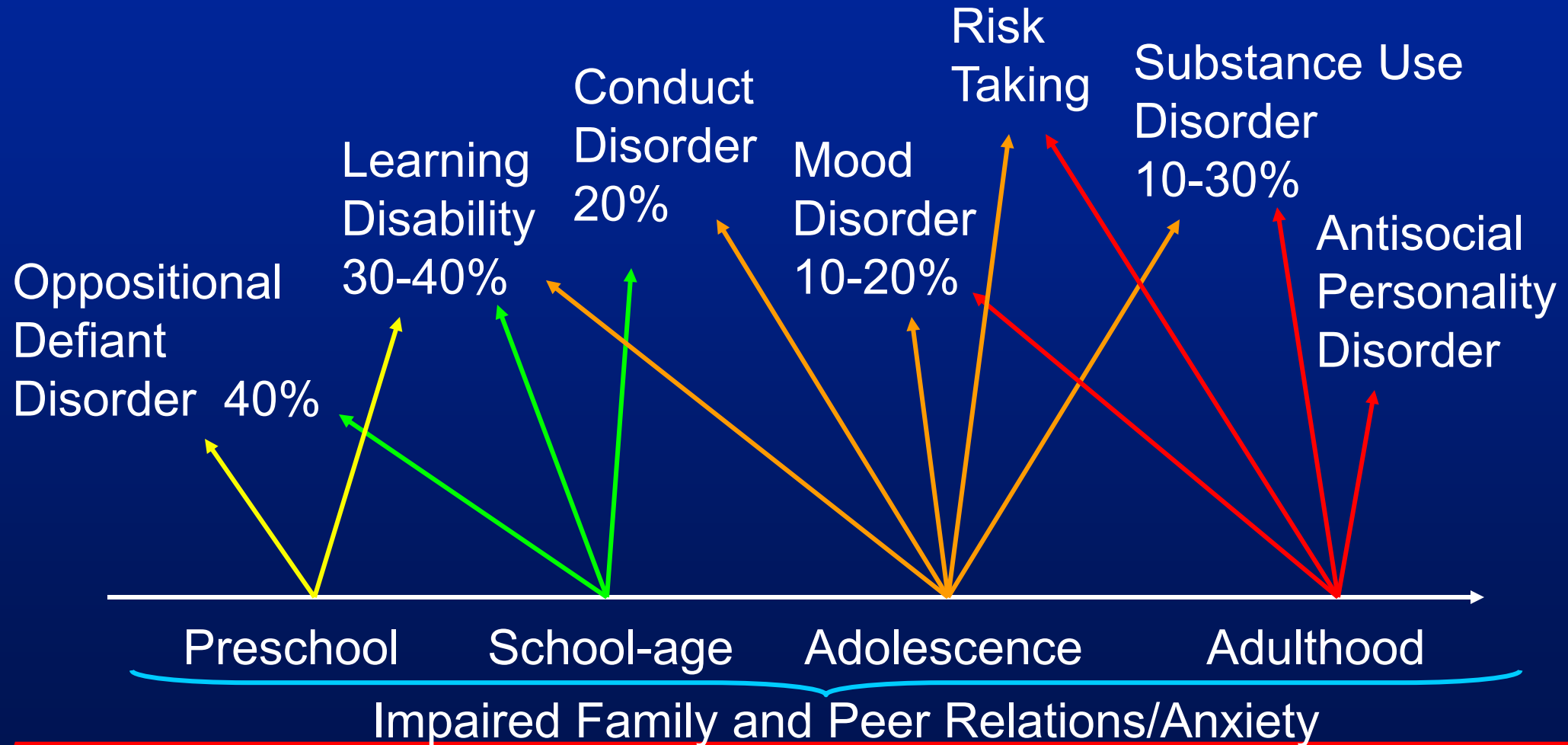
Differential Diagnosis

❑ Psychiatric disorders

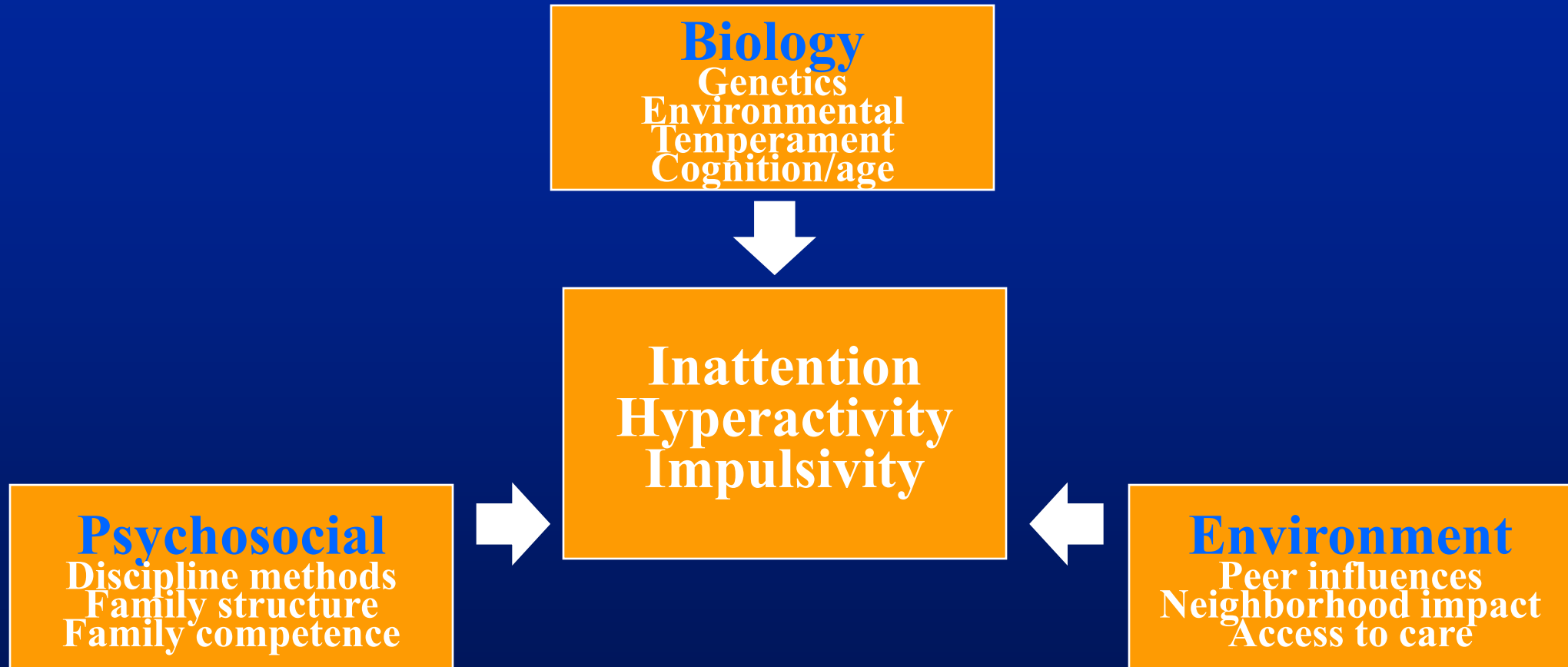
- ❑ Mood disorder
- ❑ Anxiety disorder
- ❑ Post-traumatic stress disorder
- ❑ Oppositional-defiant disorder
- ❑ Conduct disorder

- ❑ Sleep disorder
 - ❑ Cognitive deficiency
 - ❑ Learning disability
 - ❑ Peripheral sensory deficit
 - ❑ Medication effect
 - ❑ Seizure disorder
 - ❑ Neglect/abuse
 - ❑ Difficult child
 - ❑ Younger age in kindergarten
- 

ADHD-Complications



Factors Impacting ADHD





History of ADHD

1902 Morbid Defects of Moral Control

1947 Minimal Brain Damage Syndrome

1962 Minimal Brain Dysfunction

1968 Hyperkinetic Syndrome of Childhood (DSM-II)


1980 ADD +/- Hyperactivity (DSM-III)

1987 ADHD (DSM-III-R) with overactivity/restlessness core


1994 ADHD (DSM-IV)

2013 ADHD (DSM-5)






IS ADHD A NEUROBIOLOGICAL DISORDER OR ENVIRONMENTALLY INDUCED?





ADHD-Etiology

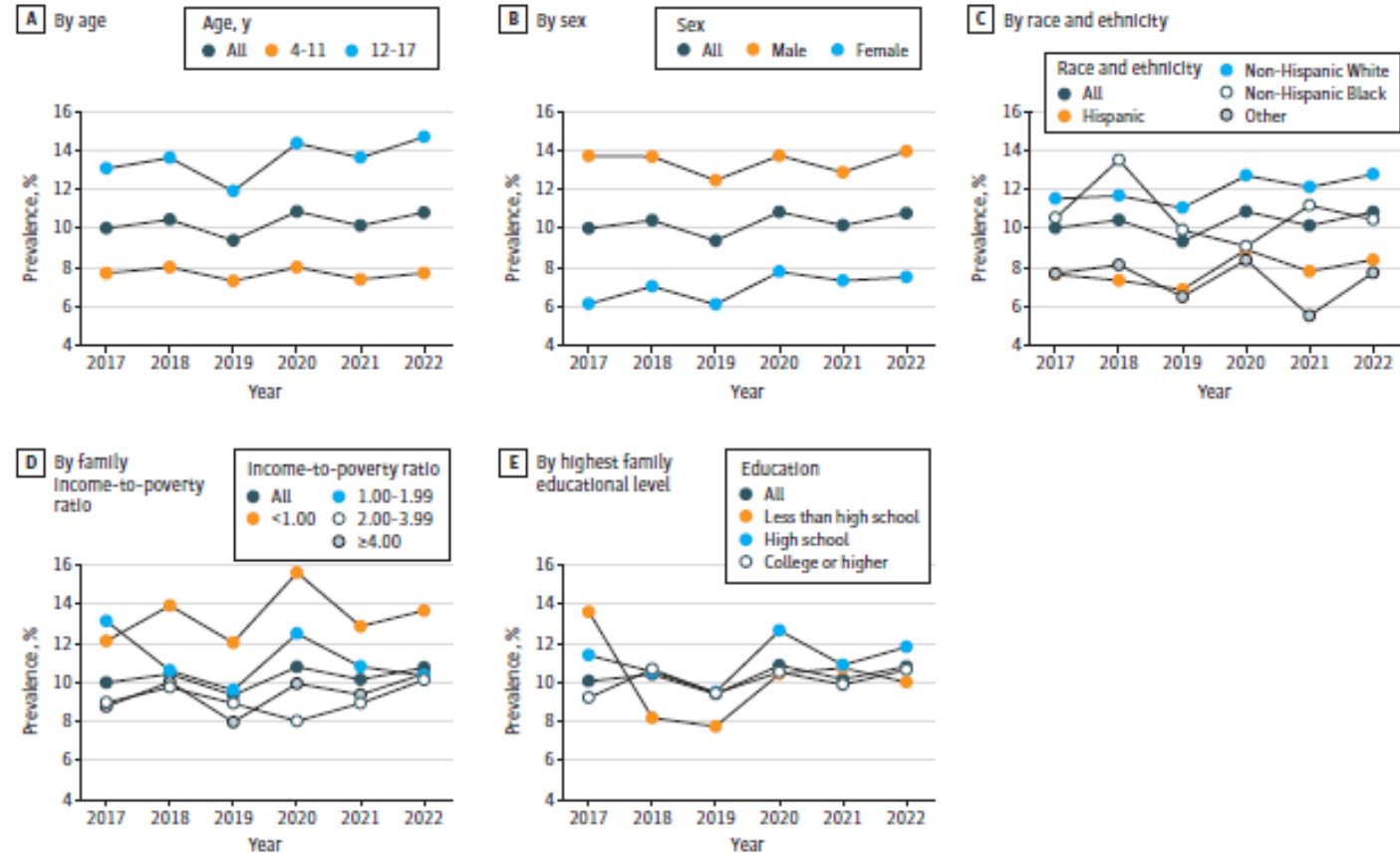
- ❑ Idiopathic/genetic
 - ❑ Hypoxic-ischemic encephalopathy
 - ❑ Traumatic brain injury
 - ❑ CNS infection
 - ❑ Inborn errors of metabolism
 - ❑ External toxins
 - ❑ Stroke
 - ❑ Chromosomal disorders
 - ❑ Medication effect
- 



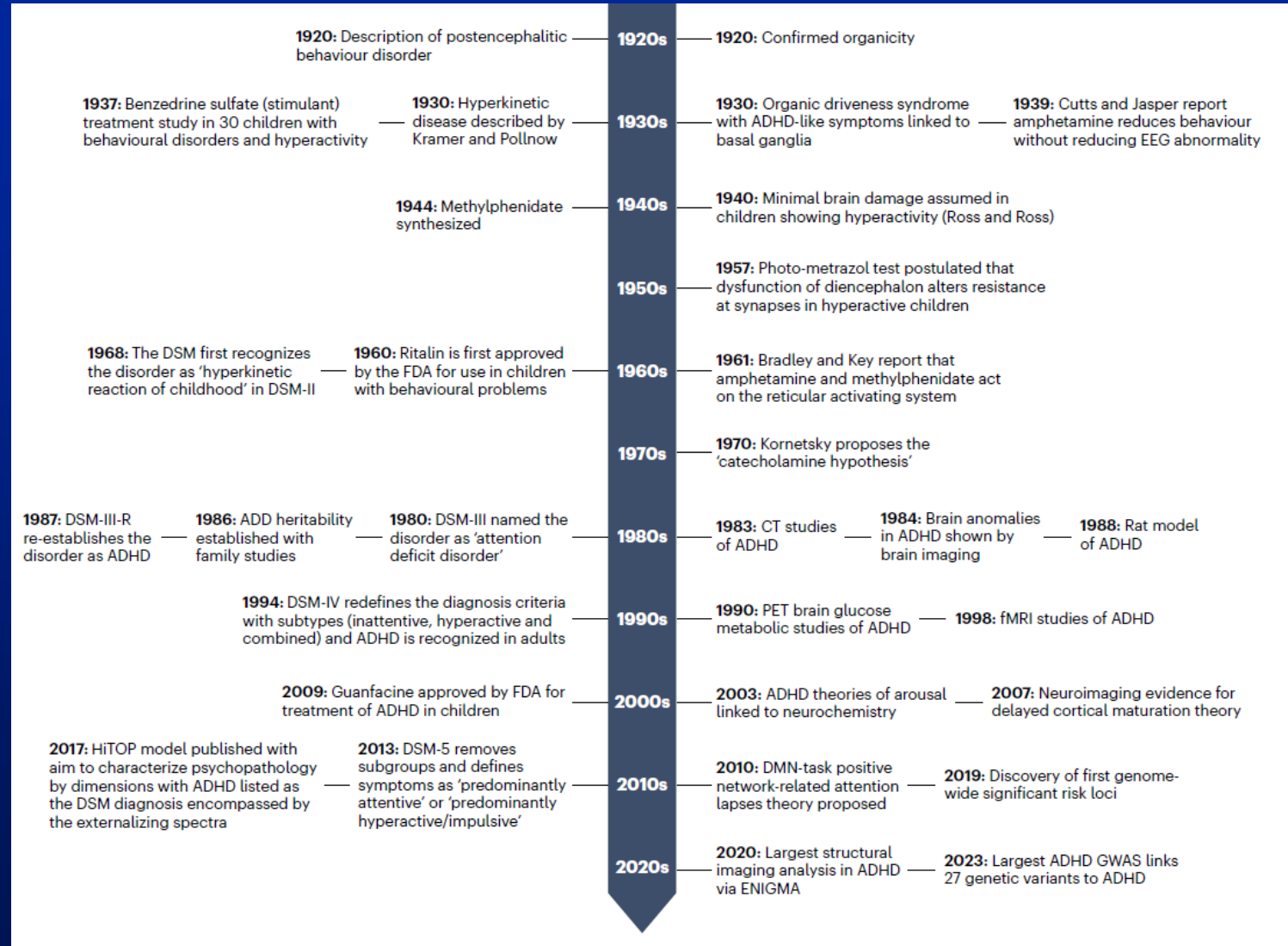
IS ADHD OVERDIAGNOSED?



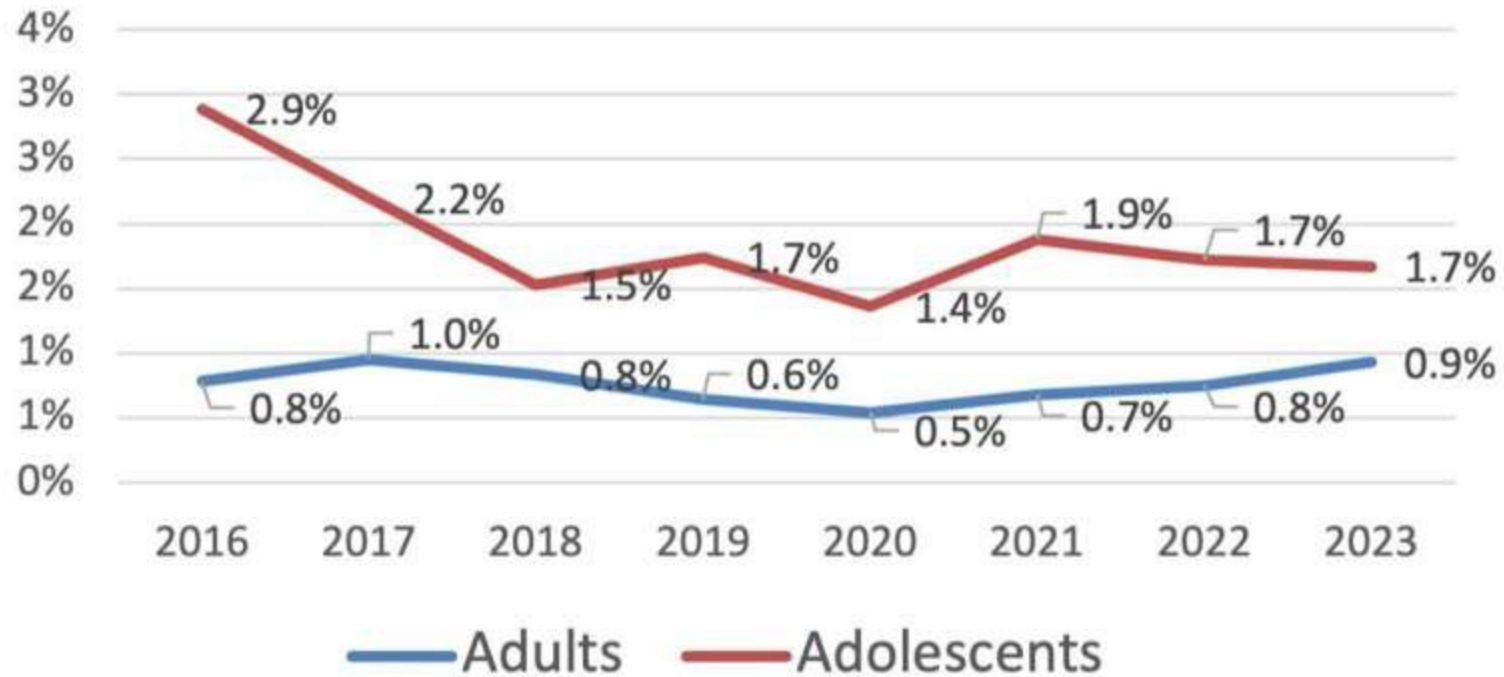
Figure. Trends in Prevalence of Attention-Deficit Hyperactivity Disorder (ADHD), 2017-2022



Neurobiology of ADHD




Incidence of ADHD by Year and Age Group



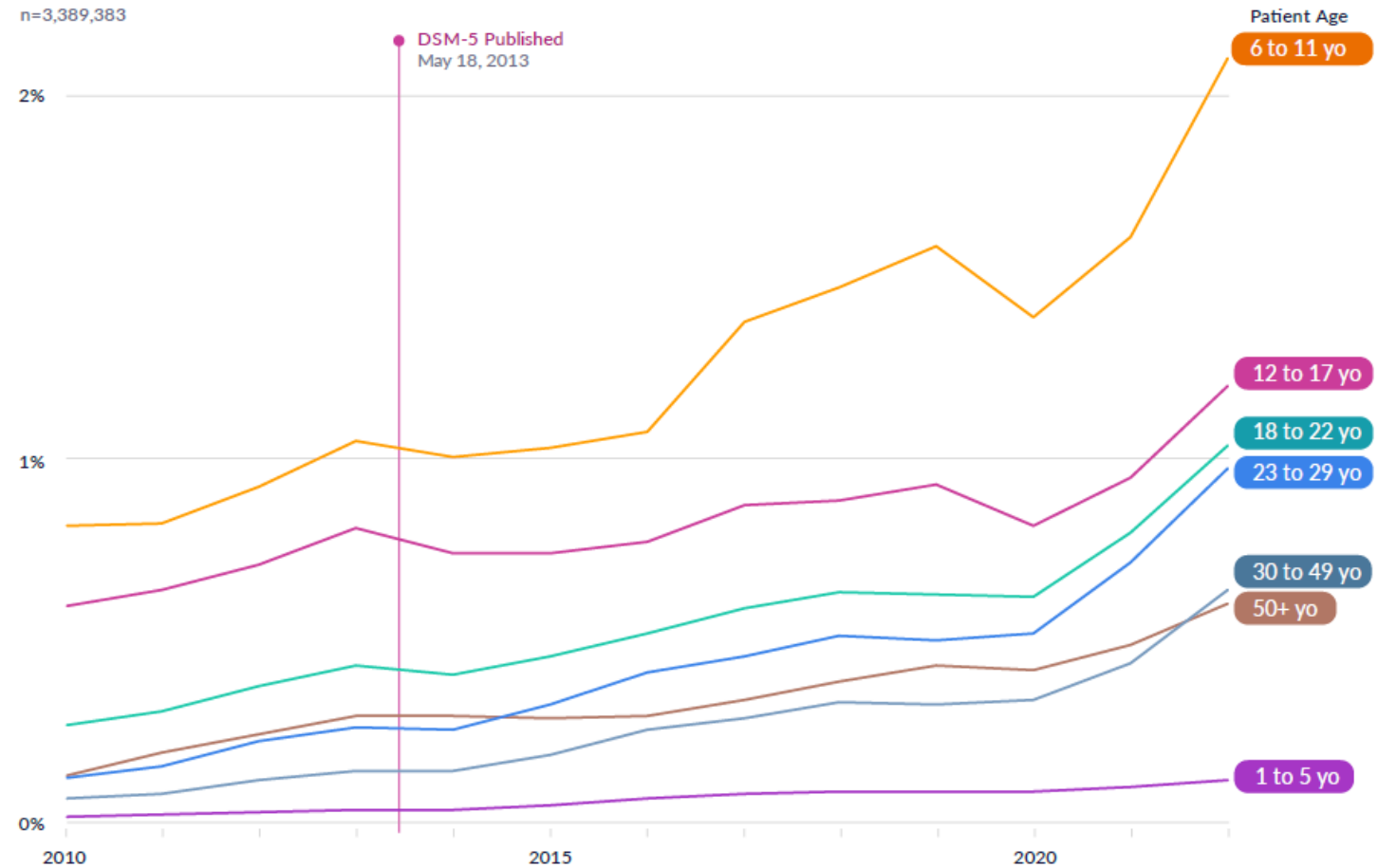


Myth of ADHD Overdiagnosis?

- ❑ Misdiagnosis
 - ❑ Cognitive enhancement expectation
 - ❑ Inclusion of milder cases/fluctuating severity
 - ❑ Increased public awareness
 - ❑ Special education category
 - ❑ Medication marketing
 - ❑ Duration of ADHD diagnosis
 - ❑ Adult ADHD recognition
- 

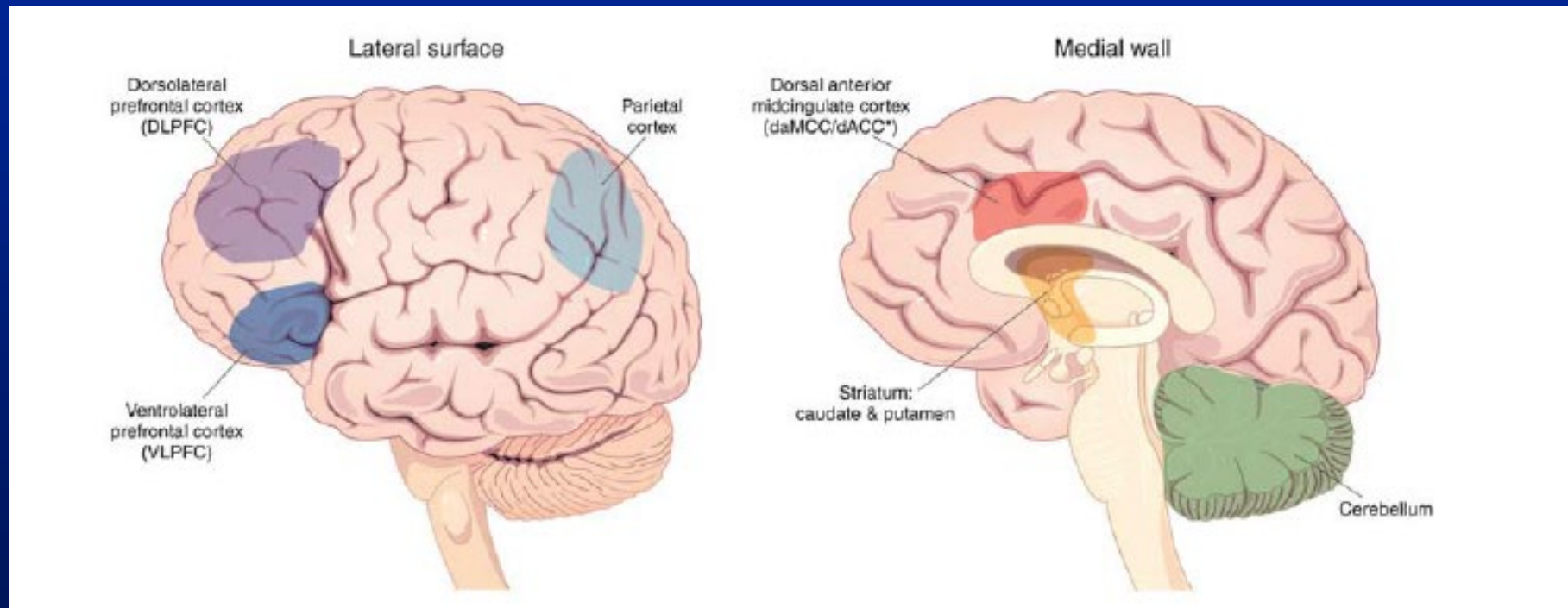
Age at Initial ADHD Diagnosis Over Time

n=3,389,383

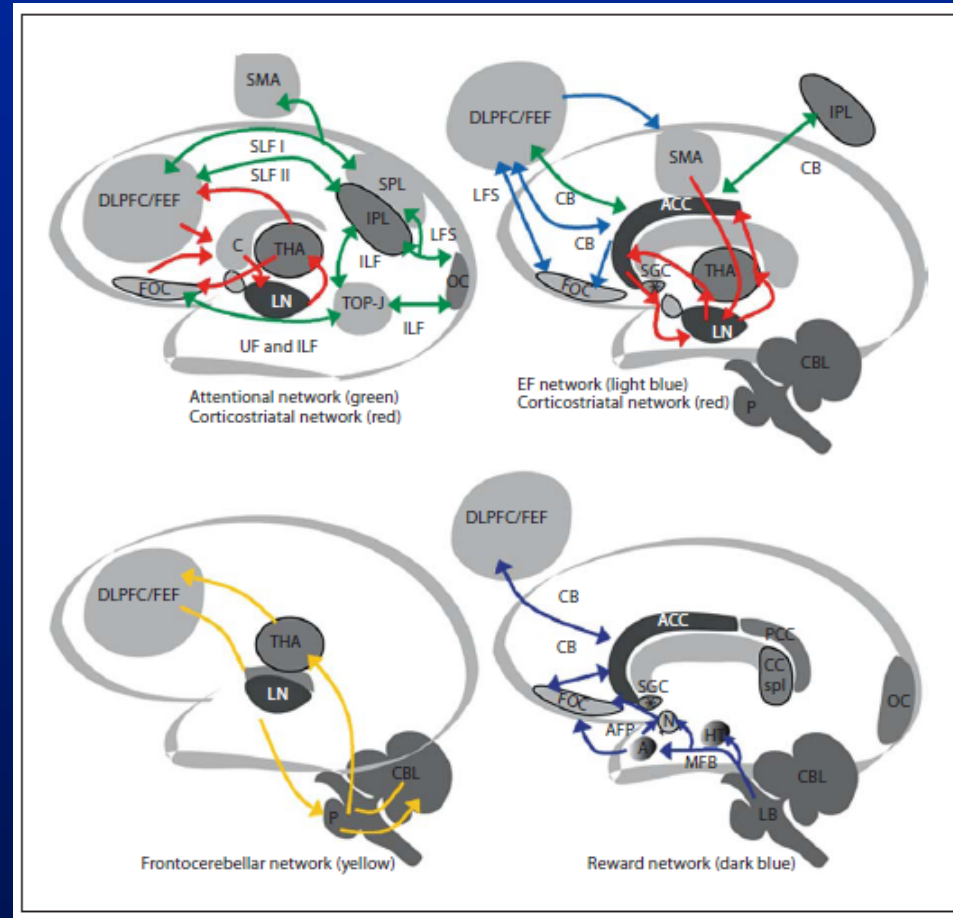


"Age at Initial ADHD Diagnoses Over Time," 2023. EpicResearch.org

Brain Structures Associated with ADHD



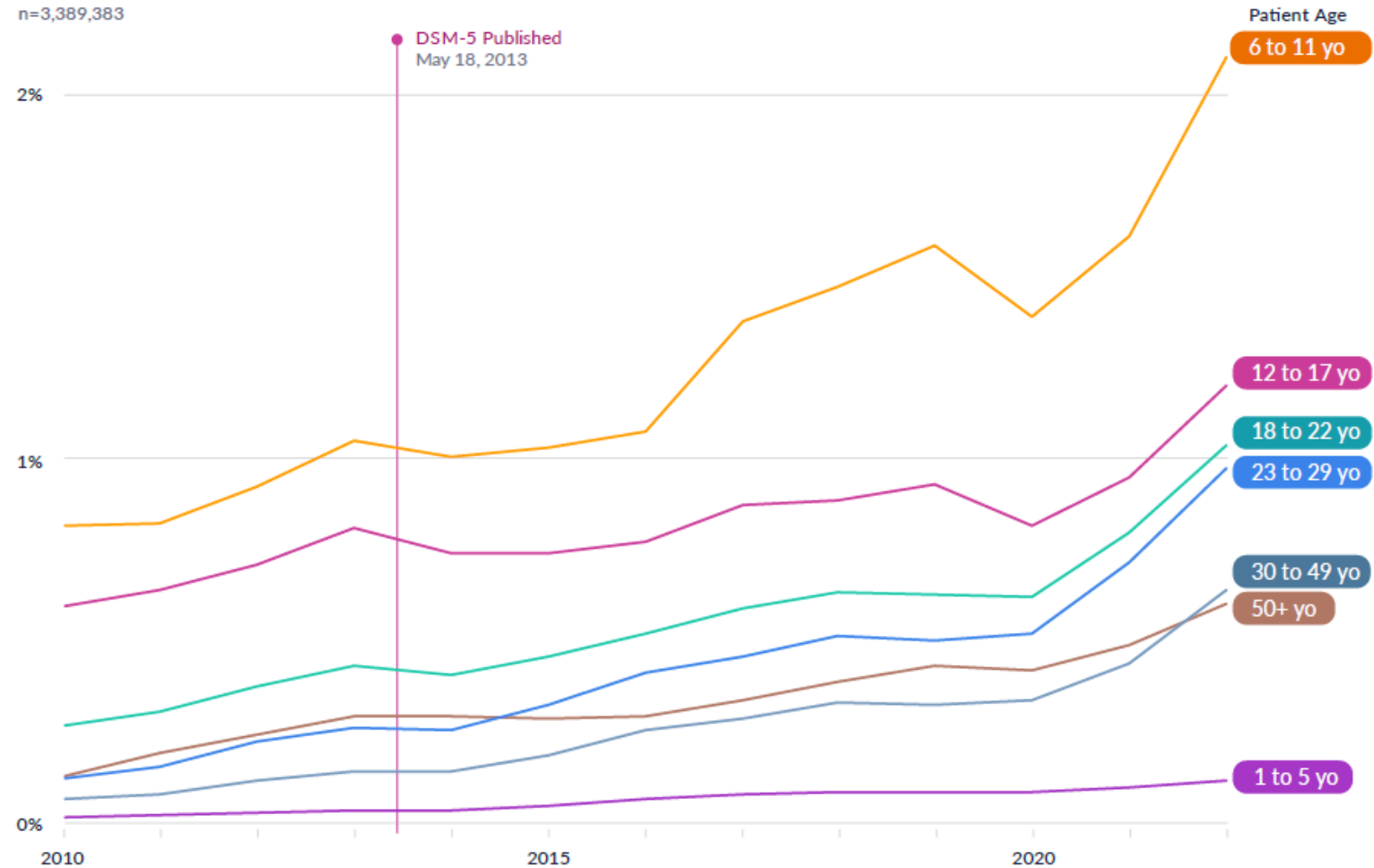
Functional Neuroanatomy of ADHD circuitry



Makris et al 2009

Age at Initial ADHD Diagnosis Over Time

n=3,389,383

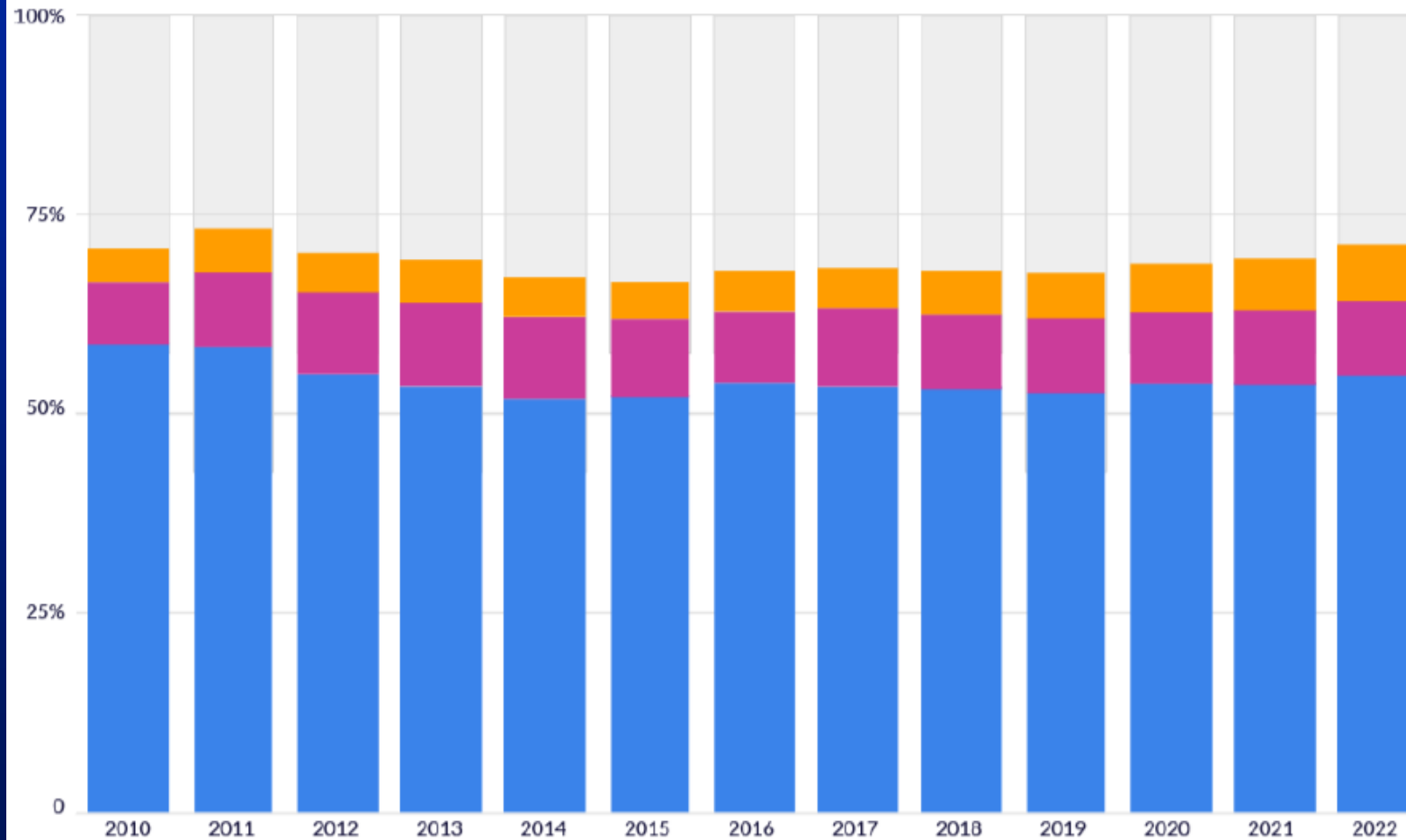


"Age at Initial ADHD Diagnoses Over Time," 2023. EpicResearch.org

Proportion of Patients with ADHD with Stimulant and Non-Stimulant Prescriptions

n=3,389,383

● Stimulants Only ● Both Stimulant and Non-Stimulant Prescriptions ● Non-Stimulants Only ● No Prescriptions



"Proportion of Patients with ADHD with Stimulant and Non-Stimulant Prescriptions," 2023. EpicResearch.org




ADHD MEDICATION






ADHD Medication

- ❑ Rise in prescriptions linked to rise in incidence and increased numbers
 - ❑ Impact of COVID pandemic
 - ❑ Increased recognition in women
 - ❑ Treated percentage stable over time
 - ❑ Treatment rates affected by location and population
- 




ADHD Treatment Concerns

- ❑ Tic initiation/exacerbation
 - ❑ Impact on growth
 - ❑ Substance use
 - ❑ Psychosis and mood disturbance
 - ❑ Sudden death/cardiovascular event reports
- 



ADHD – Prognosis

□ Adult outcome

- Greater difficulties with reading
 - Less years of schooling
 - Lower graduation rate
 - Lower than expected job placement
 - Impaired social skills
 - Increased comorbidity risk
 - Economic impact \$143-266 billion
- 




ADHD IMPACT






ADHD – Adult Outcome

- **Effect on adult labor market**
 - Employment reduction 10-14%
 - Earnings reduction 33%
 - Increased social assistance 15 points
 - **Medication effect**
 - Reduced suicide risk attempts
 - Better, but not normal, educational outcome
 - Reduced SUD, driving, obesity, social issues
- 




ADHD – Adult Outcome

- ❑ Increased risk suicide (SMR = 4.83)
 - ❑ Increased mortality rate
 - ❑ Klein et al (2012) 7.2% at age 41 years
 - ❑ London & Landes (2016) – 1.8x
 - ❑ Dalsgaard (2015) – 4.25x
 - ❑ Virtanen et al (2018 – 2.54x
- 



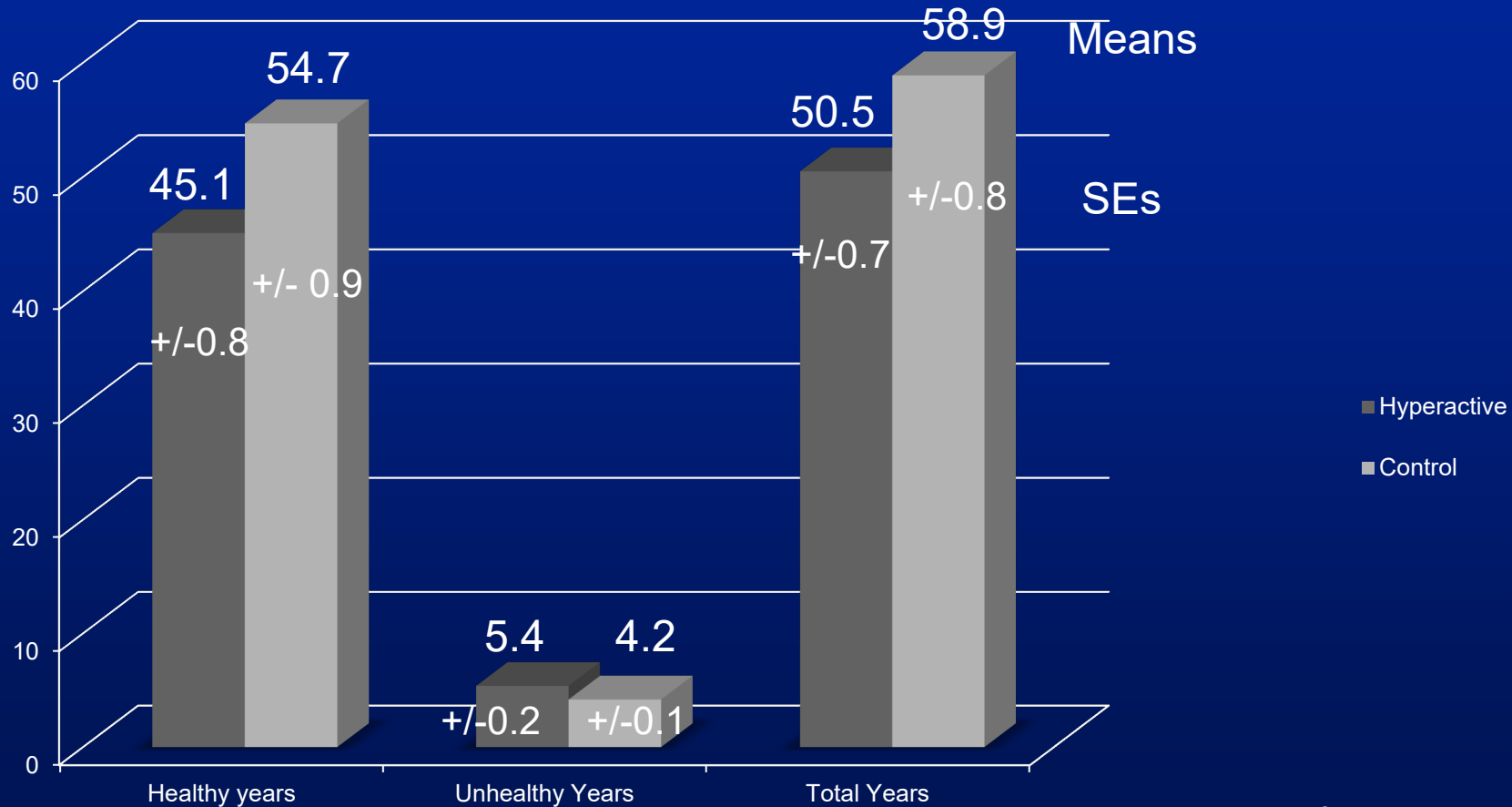
ADHD – Adult Outcome

□ Health

- Accidental injury/TBI
 - Violence (victim and perpetrator)
 - Unplanned pregnancy/STI
 - Increased dementia/BG disorders
 - Poorer management of chronic disorders
 - Poor dental hygiene
 - Increased (3x) obesity and T2 Diabetes (3x)
 - Greater risk cardiovascular disease
- 

Estimated Life Expectancy (yrs. Left)


Hyperactive (ADHD-C) Children vs. Controls



Barkley RA & Fischer M. (2019)




ADHD Life Expectancy Studies

- ❑ **Barkley RA, Fischer M. Hyperactive Child Syndrome and Estimated Life Expectancy at Young Adult Follow-Up: The Role of ADHD Persistence and Other Potential Predictors. J Atten Disord;23:907–23**
 - ❑ **Catalá-López F, Hutton B, Page MJ, Driver JA, Ridao M, Alonso-Arroyo A, et al. Mortality in Persons With Autism Spectrum Disorder or Attention-Deficit/Hyperactivity Disorder. JAMA Pediatr. 2022;176:e216401.**
 - ❑ **Schiavone N, Virta M, Leppämäki S, Launes J, Vanninen R, Tuulio-Henriksson A, et al. Mortality in individuals with childhood ADHD or subthreshold symptoms – a prospective perinatal risk cohort study over 40 years. BMC Psychiatry. 2022;22:325.**
 - ❑ **Mustonen A, Alakokkare A-E, Scott JG, Halt A-H, Vuori M, Hurtig T, et al. Association of ADHD symptoms in adolescence and mortality in Northern Finland Birth Cohort 1986. Nord J Psychiatry. 2023;77:165–71**
 - ❑ **O'Nions E, El Baou C, John A, Lewer D, Mandy W, McKechnie DGJ, Petersen I, Stott J. Life expectancy and years of life lost for adults with diagnosed ADHD in the UK: matched cohort study. Br J Psychiatry. 2025:1-8.**
- 



Key Points

- ❑ ADHD has a neurobiological basis
 - ❑ Increased diagnosis multifactorial
 - ❑ Diagnosis is first step to support
 - ❑ Evidence based multimodal treatment
 - ❑ Large percent not treated
 - ❑ Medication 'risks' are exaggerated
 - ❑ Negative impact on lifespan
- 



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ADHD Policy Briefing: Analysis and Impact of Federal Healthcare & Education Proposals for People with ADHD

April 8, 2025

Mary V. Solanto, Ph.D.

Professor of Pediatrics and Psychiatry
Hofstra-Northwell School of Medicine



Executive (dys)function: How core ADHD symptoms manifest in daily life

- Core symptoms of Inattention and Impulsivity-Hyperactivity often appear as daily struggles with executive function.
- Executive function is “getting things done.” It is mediated by the prefrontal cortex of the brain.

Executive Functions Include...	
Activation, arousal and effort	Getting started (overcoming procrastination; completing effortful tasks)
Working Memory and recall: “keeping track” keeping info “on-line”	Holding facts in mind while manipulating information
Time-Management, including Planning and Organization	Knowing and keeping to a schedule – e.g. to get ready for school, study for the test etc
Emotional and impulse control	Tolerating frustration; thinking before acting or speaking inappropriately

What happens when ADHD is not recognized and treated in children?

Academically

- Lower Grades
- Perform more poorly on standardized measures of achievement
- More likely to be left back

ADHD does NOT affect intelligence/IQ – it affects children's ability to USE their intelligence

Social-Emotionally

- More likely to be socially rejected or ignored by other children
- Loss of self-esteem
- Anxiety about school performance and abilities

What happens in adulthood?

Some form of ADHD-related symptoms and impairment persists to adulthood for more than 65% of children with the condition.

Academically

- Generally, less likely to go on to college or do more poorly in college.
- In college:
 - Lower GPAs.
 - Fewer course credits achieved.
 - More likely to drop out or fail out.

Occupationally

- More likely to be un- or underemployed.
- More likely to lose or switch jobs.
- On average, earn \$18,000 less per annum than those without ADHD even when matched for educational level.

What happens in adulthood? Cont.

Co-occurring MH conditions:	Physical illnesses:	Other negative outcomes
<ul style="list-style-type: none">• Anxiety disorders (1/2 of adults with ADHD)• Depression (1/3 of adults with ADHD)• Substance/Alcohol abuse	<p>Due to less conscientiousness with respect to exercise, sleep, nutrition, use of alcohol, drugs, nicotine.</p> <p>Higher risk for:</p> <ul style="list-style-type: none">• Coronary heart disease• Obesity• Type II diabetes• Eating disorders• Accidents/injuries• Suicide	<ul style="list-style-type: none">• Higher rates of divorce• Increased legal problems / arrests• Financial instability• Unstable housing or frequent moves

These physical illnesses result in a life expectancy that is shortened by 8 years, compared to those without ADHD

Conclusions About ADHD

- ADHD is a biologically based chronic condition, beginning in childhood.
- If untreated, results in impairment...
 - Academically, socially, emotionally, and physically
 - Impairment can extend into adulthood
- Multi-modal treatment is effective in preventing/alleviating these impairments

ADHD is a chronic Condition

- For most, ADHD does not disappear with age
 - Symptoms wax and wane, but impairment persists
 - Academic underachievement
 - Criminal Justice
 - Physical and mental health
 - Unemployment
- Without intervention, impairments and costs increase over time

Significant Societal costs

- **\$143-\$266 billion each year (~\$208 - \$387.5 billion in 2025 dollars)**

Productivity and income
loss:
\$88 - \$141 billion

Healthcare:
\$37 - \$94 billion

Education:
\$15 - \$25 billion

Justice System:
\$3 - \$6 billion

Costs by age

Child/Adolescents
\$37.5 - \$71.5 billion

Adults
\$106 - \$194 billion

Life-course view of Adhd

- Investments in effective interventions and supports can curtail costs associated with ADHD
 - Reduce criminal justice resources
 - Reduced healthcare costs
 - Increased vocational productivity and income
- Like all chronic conditions, ADHD requires on-going intervention and support
 - Developmentally appropriate and evidence-based interventions that can build individual capacity
- Starts with ensuring students with ADHD have access to free and appropriate public education and related services

what does Ed do for students with ADHD?

ED Protects Students with ADHD

- Individuals with Disabilities Education Act
 - About half of all students with ADHD have an IEP
 - Students with ADHD have represented the majority of students classified as Other Health Impaired and Emotionally Disturbed for nearly two decades
- Section 504 of the Americans with Disabilities Act
 - At least 13% of students with ADHD have a 504 Plan
 - Texas v. Becerra
- Office of Civil Rights
 - Enforces protections key to the provision of special education and related services for students with ADHD
- These protections are critical for the delivery of evidence-based and developmentally appropriate interventions and supports

ED Supports Rigorous research

National Center for Education Research (11 topics)

1. Career and Technical Education
2. Civics Education and Social Studies
3. Cognition and Student Learning
4. Early Learning Programs and Policies
5. English Learner Policies, Programs, and Practices
6. Improving Education Systems
7. Literacy
8. Postsecondary and Adult Education
9. STEM Education
10. Social, Emotional, and Behavioral Context for Teaching and Learning
11. Teaching, Teachers, and the Education Workforce

National Center for Special Education Research (12 topics)

1. Autism Spectrum Disorders
2. Cognition and Student Learning in Special Education
3. Early Intervention and Early Learning
4. Families of Children with Disabilities
5. Educators and School-Based Service Providers
6. Reading, Writing, and Language
7. STEM
8. Social, Emotional and Behavioral Competence
9. Systems, Policy, and Finance
10. Special Topics
11. Technology for Special Education
12. Transition to Postsecondary Education, Career, and/or Independent Living

Evidence-based interventions and supports

- The Department of Education plays a **critical** role in the development and dissemination of interventions that improve outcomes for individuals with ADHD.
- Well-established treatments (beyond medication):
 - Behavioral Parent Training (Pre-school and elementary)
 - Behavioral Classroom Management (Pre-school and elementary)
 - Combined Behavior Management (Pre-school and elementary)
 - Behavioral Peer Intervention (Elementary)
 - Organization Training (Elementary and adolescents)
 - Cognitive Behavioral Therapy (Adult)

ED fills gaps in state funding

- Disability Employment and Vocational Rehabilitation Grants
- Emergency Response Formula Grants
- School Infrastructure Grants
- School Improvement Grants
- Teacher Preparation Grants

ED Collects, analyzes, and reports data on the U.S. Education System

- National Center for Education Statistics (<https://nces.ed.gov/>)
 - Conducts large-scale longitudinal data collection to inform research, practice, and policy
 - Key sources of information regarding US students
 - National Assessment of Educational Progress (NAEP)
 - Early Childhood Longitudinal Study (ECLS)
 - High School Longitudinal Study of 2009 (HSL:09)
 - Middle Grades Longitudinal Study of 2017-2018 (MGLS:2017)
 - Rural Education in America (Rural)

Ed Supports evidence-based policy and practice

- Educational Resources Information Center (ERIC; <https://eric.ed.gov/>)
 - Comprehensive and searchable database of education research and information
- What Works Clearinghouse (<https://ies.ed.gov/ncee/wwc/>)
 - Central database on educational programs, products, practices and policies
 - Review extant research, determine the quality of evidence, and summarize findings to identify practices that work in education

In summary, the Department of Education

- Provides uniform protections and accountability across the country to provide a free and appropriate public education for students with ADHD
- Supports innovative and impactful scientific research to improve outcomes for individuals with ADHD across their academic careers
- Reviews and analyzes the extant data on educational programs, products, practices and policies to allow stakeholders to make informed choices regarding how to spend educational dollars in improving outcomes for students with ADHD
- Is critical for improving outcomes for individuals with ADHD



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