

Testimony submitted via email.

Hello,

I am writing to express my strong opposition to HB3355. I am an academic clinical child psychologist and a member of the Association for Behavioral and Cognitive Therapies (ABCT). ABCT is an organization that includes academics and practitioners who strongly believe in the power of our empirically-supported psychological treatments. A recent survey of ABCT members showed that 89% of members believed that RxP advocates should produce empirical evidence in support of the proposed models before passing further legislation and 67% favored collaboration between providers rather than prescriptive authority. Here are my major concerns:

1. Psychologists' training in biological bases is extremely limited and the training proposed in this bill is not sufficient enough to protect the public. There are limited data to date to show that this approach can be safely implemented, so the risks to consumer safety are currently unknown.
2. As a clinical child psychologist, I am deeply concerned that the bill does not provide further protections for vulnerable populations such as children who more frequently show an adverse response to psychotropic medication than adults.
3. This law would not improve access to mental health care. Research to date suggests that RxP providers still operate primarily in urban areas.
4. My understanding is that less than half of Oregon psychologists favor extending prescriptive authority to psychologists, which is consistent with the majority view of ABCT.
5. Finally, this bill will not solve the access problem to mental health care. We need greater collaboration between physicians and psychologists rather than psychopharmacology training for psychologists. As an example of this collaborative activity, our psychology training program has partnered with the Department of Pediatrics in our university-based regional medical center to provide high quality care for children and adolescents presenting with symptoms of ADHD. Pediatricians provide the medical assessments, while our doctoral students provide testing and diagnostic measures. Medication management is provided by pediatricians, and we often refer families to our Psychology Training Clinic for behavioral therapy treatments. This is the type of collaborative activity that is needed to improve the quality of mental health care, particularly in a rural states.

Thank you for considering my concerns, and I hope you will recognize that even though the American Psychological Association supports RxP, numerous psychologists are opposed to this practice for the reasons I highlighted above.

Sincerely,

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