AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY
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OCCAP
Oregon Council of Child & Adolescent Psychiatry

Honorable Chair Mitch Greenlick
900 Court St. NE H-493
Salem, OR 97301

Honorable Vice-Chair Cedric Hayden
900 Court St. NE H-492
Salem, OR 97301

Honorable Vice-Chair Rob Nosse
900 Court St. NE H-472
Salem, OR 97301

March 28, 2017

Dear Chair Greenlick, Vice-Chair Hayden, and Vice-Chair Nosse:

On behalf of the more than 9,200 physician members of the American Academy of Child and Adolescent Psychiatry (AACAP), and the nearly 150 physician members of the Oregon Council of Child and Adolescent Psychiatry, **we write in strong opposition to HB3355 which would grant prescription privileges to certain psychologists in Oregon. This dangerous legislation risks patient safety, and exposes patients, particularly children, adolescents, and transitional-aged youth, to substandard care.**

Oregon should not lead the country in setting the standard of allowing children, adolescents, and their families to receive care from someone other than the best-qualified professional. Currently, 48 states, including Oregon—despite multiple attempts—rightly prohibit psychologists from prescribing. Only New Mexico and Louisiana currently grant prescriptive authority to psychologists, and no formal studies of the impact on access to care and patients' safety have been done with respect to such laws.

Patients with mental illness already suffer from higher rates of stigma than any other, and these children and young adults should not be exposed to inferior care. One in five young people in the U.S. experiences a mental illness and 75 percent of all mental illnesses occur before the age of 24. An accurate treatment plan from a psychiatrist is essential for young people due to the possible serious setbacks to a child's emotional and physical development of untreated or misdiagnosed mental health disorder. Adolescents differ from adults in the way they behave, solve problems, and make decisions. Research has demonstrated that the brain continues to develop throughout adolescence and into early adulthood. Typically, a complete medical evaluation is necessary to create the best targeted treatment plan, evaluations that require the judgment of a physician. Even adult psychiatrists, with their own extensive medical training beyond medical school, may refer a child or adolescent to a child and adolescent psychiatrist (CAP) to treat their complex needs.

A CAP is a physician with at least five, although often six years of additional training beyond medical school. CAPs are psychiatrists with two to three years of additional subspecialty clinical training specific to the medical needs of children. Consequently, CAPs know first-hand the medical training necessary to understand a patient's complete medical history, perform or interpret a physician's exam, prescribe the appropriate medication at a safe dosage, and avoid

potentially dangerous drug interactions. CAPs have the unique skills to appropriately treat medically ill patients, including those that present in an emergency department.

A psychologist cannot safely nor realistically replicate the extensive medical and clinical training of a physician, let alone a CAP, with only a clinical residency program proposed by the licensed psychologist seeking to gain prescriptive authority, which is overseen by the State Board of Psychologist Examiners, current members of which are themselves unqualified and unlicensed to prescribe. The standards by which a psychologist looking to prescribe are measured, formularies of what drugs a psychologist may or may not prescribe, as well as any continuing educational requirements are left to a new "Committee on Prescribing Psychologists" in HB3355. The new committee would have a majority membership from the State Board of Psychologist Examiners, which, as mentioned, are unqualified and unlicensed to prescribe themselves.

Even a PsyD or PhD in psychology demonstrates knowledge in certain social behaviors and research, but not the necessary training or clinical experience to safely and effectively prescribe medication. HB3355 allows for a licensed psychologist to apply for a conditional certificate to prescribe after obtaining only a master's degree in psychopharmacology and passing a proficiency exam created by the national organization accrediting the inadequate psychopharmacology degree programs, a direct conflict of interest. A thorough understanding of mental health and medical illnesses is necessary to differentiate between a backdrop of medical issues that often present with mental health disorders. A degree in psychology and a master's degree in psychopharmacology is not equivalent training to biology, anatomy, chemistry, physiology, neurology, pathology and pharmacology, just some of the medical fields child and adolescent psychiatrists master throughout their extensive training.

In no way, should the Oregon State Legislature allow inferior care to young patients unable to make informed health care decisions for themselves. We believe you have an ethical obligation to allow only safe and appropriate provision of health care in Oregon. As physicians, psychiatrists participate in the *Emergency Medical Treatment and Active Labor Act*-mandated medical screenings, on-sight emergency department care typically reserved for physicians, and are granted hospital admitting privileges to follow a patient who may require in-patient care. A physicians' training extends beyond prescribing medication, and this short-sighted bill would allow psychologists to practice medicine without adequate medical training.

With the health care delivery system evolving to a collaborative, patient centered, team-based approach to care, we must not forget that physician-led care teams can foster greater collaboration between various health providers, including primary and mental health care that has the potential to offset the increase in demand for service, while improving health outcomes. We support investing in demonstrated solutions that improve access to specialized mental health care, including collaborative programs such as between psychiatrists and primary care physicians, and telepsychiatry, both models of care that expand the reach of psychiatrists. HB3355 would move Oregon away from the consultative and collaborative approach to care which should remain a priority. Further, initiatives encouraging and incentivizing more physicians to pursue child and adolescent psychiatry, and strengthening the physician mental health workforce, such as tuition reimbursement or loan relief for all pediatric and adult psychiatrists, are also effective in improving mental health care access.

With today's opioid epidemic, we must not allow unqualified prescribers to treat vulnerable patients with some of the most powerful medications, including controlled substances. Perhaps

most important, psychotropic medication impacts all parts of the body, not just the brain, and if inappropriately prescribed could cause potentially dangerous consequences such as convulsions, seizures, heart arrhythmias, blood disease, or even death.

Further, because of a historic lack of FDA-approved medications approved to treat special populations, such as children and adolescents, when prescribing medications, often CAPs prescribe an FDA-approved drug for an unapproved use. Relying on existing scientific research, many first-line treatments for common mental health disorders are treated with an unapproved use of an FDA-approved medication. An additional consideration is that children and adolescents with severe mental illness or autism are sometimes taking more than one medication. Whether these are for a physical and psychiatric illness or solely for a psychiatric illness, knowledge of these drug-to-drug interactions is critical to the patient's safety. HB3355 requires only three months of clinical experience to treat any special population, including children, with no specificity as to the number of patients or severity of diagnosis observed, or even if full-time experience is required. Psychologists will in no way have the necessary training to safely manage the diagnosis and treatment plans for their pediatric or other special populations.

What we can agree on is that licensed psychologists, along with psychiatrists, may provide psychotherapy (talk or play therapy) to patients seen by a psychiatrist. Some form of psychotherapy is typically ordered with medication. Expanding a psychologist's scope to prescribe medications risks limiting the availability of an important treatment option for patients seeking mental health care through necessary psychotherapy.

While it is certainly true there is a shortage of professionals—including child and adolescent psychiatrists—to care for those with mental illness, allowing psychologists to prescribe medications will not improve access to quality mental health care. Psychiatrists and psychologists practice in the same communities; as such, mental health care delivery in Oregon would not improve by granting psychologists prescriptive authority.

HB3355 would put all patients, particularly children and adolescents at great risk if approved. While psychologists are an important part of the psychiatric care team, under HB3355 they would not have the medical training necessary to safely prescribe medications, particularly in the pediatric context. Please oppose HB3355.

Sincerely,

Gregory K. Fritz, MD
President, AACAP

David A. Jeffery, MD, MAR
President, OCCAP

CC: House Committee on Health Care; Honorable Elizabeth Steiner Hayward, Honorable Laurie Monnes Anderson