

Testimony submitted via email.

Dear Members of the House Health Care Committee,

A vocal minority of psychologists are at it again. They are advocating for passage of Oregon House Bill 3355 to train and certify psychologists to prescribe mental health drugs. As an Oregon licensed psychologist, I am writing lest you think this advocacy is based on consensus among psychologists. In fact, it has been a controversial and divisive issue in our profession, with many of us outspoken in opposition.

As an experienced clinical psychologist specializing in service to persons with serious mental health problems, I have personally helped many of my clients who genuinely need medications locate available prescribers. This can be challenging. Psychiatric nurse practitioners have been a helpful resource. However, my firm belief is that the purported “answer” of prescription privileges for psychologists (RxP) is not a solution to this complex problem.

To understand why, we must appreciate this complexity. A vocal minority repeatedly advocates RxP to respond to rising demand for psychoactive medications. Clearly, much of this demand is from patients who benefit from such drugs. However, pharmaceutical companies spend tens of billions of dollars a year in marketing, teaching Americans to take “pills for ills”, while suppressing information about “ills from pills” and downplaying competitive treatments. Most of this marketing is to prescribers. Companies award teaching physicians and researchers substantial honoraria and research grants. In addition, insurance reimbursement rates for medication consultation far exceed those for psychotherapy (which can be equally effective or superior to medication for many diagnoses). These factors contributed to a decline in the percentage of psychiatrist visits involving psychotherapy from 44.4% in 1996 to 28.9% in 2005 in an Archives of General Psychiatry study. Psychiatry is only beginning to get a toehold in resisting such pressure. Simultaneously, the Oregon Senate is attempting to curb the pricing excesses of the pharmaceutical industry (Senate Bills 792 and 793). And in this moment, the Oregon House proposes to hold the door while Big Pharma takes a run at psychologists?

This is particularly poignant because of another unfortunate source of demand for psychoactive drugs: Oregon has one of the worst prescription drug abuse problems in the nation. Almost exactly a year ago the governor signed House Bill 4124 into law, and prescribers are just starting to get traction against opioid abuse. RxP will increase availability of commonly prescribed psychoactive drugs, including benzodiazepines for anxiety and stimulants for ADHD, which have significant abuse potential, including among teens.

Proponents of RxP will try to tell you that somehow prescribing psychologists will overcome all of this, when primary care providers, psychiatrists, and nurse practitioners have not. This has the ring of hubris. They’ll tell you (without a shred of evidence from states where RxP exists) that they’ll “unprescribe” as much as they’ll prescribe. Given the stakes and the financial incentives, I wouldn’t bet on it.

Historically, psychology has led from its strengths: development, evaluation, and training of evidence-based psychotherapies and validated psychological assessments. No serious professional would dispute that these are vital to effective mental health care. However, the flip side of the economics of pharmaceuticals outlined above has been declining reimbursement, research grants, and training funds for psychology. (This has scared some psychologists into supporting RxP.) Psychology has also championed the strong evidence for psychological and social factors in mental health problems, areas psychiatry has begun to admit it's neglected in recent decades in favor of the biological/pharmaceutical. Thus, psychology creates competition for Big Pharma, and they would like nothing better than to bring another profession under their powerful influence. The loss to Oregonians would be in the availability and further development of the full range of effective mental health and substance abuse treatment options.

That is the problem we should be trying to solve. It begins by approaching psychopharmacology in the context of that full range of treatments. The cutting edge of such practice is more selective use of psychoactive medications, which may be a more realistic task for the current complement of prescribers. This is how we are beginning to reduce opioid abuse. The Oregon legislature could support selective use through better regulation of pharmaceutical marketing, as was done to rein in the tobacco industry. The Oregon Senate is supporting the full range of treatments through its mental health parity bill, SB 860. However, we do not yet have mental health parity in the Oregon Health Plan. To reach underserved populations the legislature might propose tuition reimbursement/loan forgiveness programs for new providers. Finally, the legislature might expand and facilitate telemedicine in mental health. In contrast, RxP is a solution inviting more problems.

Jerome Yoman, Ph.D., ABPP

Clinical Psychologist (OR Lic. #1894)

Board Certified in Cognitive & Behavioral Psychology

Fellow, Association for Cognitive & Behavioral Therapies

Leader, Schizophrenia and Other Serious Mental Disorders Special Interest Group, ABCT

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(503) 643-9805