

Testimony submitted via email.

3 April 3, 2017

RE: **Oppose** HB3355, authorizing Oregon psychologists to prescribe medications

Dear Honorable members of the House Health Care Committee:

I am a Hawaii licensed **psychologist** who **opposes** HB 3355, which would permit psychologists in Oregon to practice medicine with **extremely substandard medical training**. HB3355 is of interest to psychologists nationwide because it would put consumers at risk and damage the reputation of psychology as a profession and discipline.

HB3355 would permit psychologists to practice medicine with only about one-year of full-time medical training. That is only 10% of the medical training completed by physicians and only 20% of the medical training completed by non-physician prescribers, such as nurse practitioners and physician assistants.

Psychologists have no special secret knowledge about the practice of medicine that would justify requiring so little medical training. Most psychologists have no medical or premedical training. This is in contrast to other non-physician prescribers, such as nurse practitioners, who already completed about six years of premedical and medical training prior to obtaining prescriptive authority.

Only two states (New Mexico and Louisiana) have enabled psychologists to prescribe with the substandard medical training required in HB3355. There is **no evidence regarding consumer safety** in these two states. Proponents assert that a lack of complaints to the overseeing boards in those states constitutes evidence for safety, but it does not. A lack of objective and systematic evaluation of consumer safety forbids such a conclusion. Indeed, lawsuits have been filed against prescribing psychologists in those states. HB3355 would be an experiment upon the most vulnerable populations in Oregon.

Proponents claim that there have been no complaints in the military regarding the few psychologists who prescribe in those settings. This is a misleading assertion. The Feres Doctrine bars claims against the federal government by members of the armed forces and their families for injuries arising from or in the course of activity incident to military service. Therefore, the consumer safety is unknown.

Proponents point to recent laws in Guam, Iowa and Illinois as evidence of consumer safety. They do not because there currently are no prescribing psychologists in that territory and those states. In Guam, the prescribing law passed in 1998 has not resulted in any prescribing psychologists to date. In Iowa, the Medical Board will determine the required medical training and the standards have not yet been developed but most likely will be far more extensive than HB3355. In Illinois, the law requires the amount of medical training that is required for physician assistants to prescribe in that state and the rules and regulations are still being developed.

The **Illinois law** is the only psychologist prescribing law in the nation that was **met with consensus**. There were no official objections from physicians or psychologists. The Illinois law requires approximately **six years of full-time study**, which is about the amount of medical training required for other non-physician prescribers.

The **majority (89.2%) of nearly 1000 psychologists** surveyed assert

- (1) the **amount of medical training** required for psychologists to prescribe should be **equivalent to other non-physician prescribers**;
- (2) the prescribing laws in New Mexico and Louisiana should not be repeated until **consumer safety outcomes** in those states have been systematically evaluated (*the Behavior Therapist, September 2014*).

Proponents of HB3355 argue that prescribing psychologists will alleviate the shortage of psychiatrists in **rural areas**. There is **no evidence** of this in New Mexico and Louisiana. While the consumer safety of those prescribing psychologists is unknown, the location of their services is known. Contrary to their promises, psychologists in those two states have not moved to rural areas in order to serve the underserved.

There are various **alternative solutions** to enhance mental health service to rural areas that do not put the consumer at risk. These include:

- (1) Use of tele-health so that psychiatrists can provide services to rural areas, including collaboration with psychologists
- (2) Incentives to encourage psychiatrists to locate in rural areas, such as educational loan assistance

Standard medical training for psychologists who wish to prescribe, such as the Illinois law

<http://www.ilga.gov/legislation/ILCS/ilcs3.asp?ActID=1294&ChapterID=24>

- (3) Executive track nursing, physician assistant, and medical programs designed for psychologists, social workers, and other mental health professionals who wish to prescribe

Thank you for your kind consideration of this opinion.

Sincerely,

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