

Testimony submitted via email.

Hello,

I am a licensed clinical psychologist and co-founder of and Director of Clinical Services at Portland Psychotherapy Clinic, Research, and Training Center in N/NE Portland. I am writing to express my **OPPOSITION TO HB3355**, which would give certain psychologists prescription privileges in Oregon.

My opposition to granting psychologists prescription privileges is based on many concerns.

1. First and foremost, I am a scientist trained in evidence-based behavioral interventions for mental health concerns. We are seeing a concerning rise in the medicalization and, in my opinion, over-medication of all sorts of mental health struggles. The evidence for these pharmacological interventions as being superior to (or even equivalent to) science-based behavioral interventions is lacking in many, many cases. I am not anti-medication and I work in conjunction with prescribers for many of my clients/patients. However, I fear that **if psychologists also start prescribing medication we will continue to give preferential treatment to pharmacological interventions and move further away from also offering effective behavioral interventions.**

2. **This will NOT increase access to care.** We have a significant problem with access to mental health care. However, we have no evidence from the three states that already have psychologist prescription privileges that it has significantly decreased mental health problems in those areas. We also do not have data that it has increased access to effective care. It is my understanding that when a similar bill was proposed a few years ago (prior to being vetoed by the governor), only 15 psychologists statewide would have qualified for the added prescription privileges. And in this bill, only psychologists who are already working in integrated care centers whose patients already have access to other prescribers would qualify. If this bill passes, at best it would increase availability of pharmacological care to a very small group of people who are already connected with integrated medical care centers. This is not the same as, and may actually functionally decrease access to, evidence-based mental health care, for which some of the strongest evidence are behavioral interventions.

3. Even with the extended training that would be required in this bill, psychologists are experts in PSYCHOLOGICAL interventions rather than medical ones and thus would not be adequately equipped to handle to provide this service.

4. I am very concerned with how the Oregon Psychological Association has gone about their support of this issue. Despite OPA's stated support of the bill, the actual members of OPA appear highly conflicted on the topic. For example, when OPA announced on our statewide listserv that this bill would be coming before the House in the coming week, the overwhelming response from members was one of surprise and confusion. There was more activity about this topic on our listserv within one day after that than I have seen on any other topic. Some of the people seemed to support prescription privileges, others did not. But every nearly every single person who responded expressed surprise that OPA had been spending our resources and time on this issue. My feeling has been that **OPA has not been forthcoming about their pursuit of this measure and there has not been adequate discussion or information gathering process for members.**

In short, I am not alone as a clinical psychologist in Oregon in my strong opposition to HB3355. We at least need to have a more thorough investigation of the potential costs and benefits of such a radical change.

Thank you for considering my concerns.

Sincerely,

Jenna LeJeune, Ph.D.

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