

Testimony submitted via email.

Dear Honorable Legislator,

I am a **psychologist** with a doctorate in clinical psychology writing to request that you oppose any legislation that would allow psychologists to prescribe medications, as in **HB 3355**. Enabling psychologist prescribing would be both risky and wasteful of state dollars given all of the evidence already amassed about problems inherent in psychologist prescribing based on the inadequate training model advanced by the American Psychological Association.

Attached are an annotated bibliography that addresses multiple concerns, a position statement of a nursing organization that opposes psychologist prescribing, and four articles entitled:

"Fool's Gold: Psychologists Using Disingenuous Reasoning to Mislead Legislatures into Granting Psychologists Prescriptive Authority"

"Prescriptive Authority for Psychologists: A Looming Health Hazard?"

"Prescriptive Authority for Psychologists: Despite Deficits in Education and Knowledge?"

"Psychologists and Medications in the Era of Interprofessional Care: Collaboration is Less Problematic and Costly Than Prescribing."

Psychologists lack the training to prescribe safely, having less training in the scientific foundations related to medical practice than any other group that currently prescribes. Most psychologists (93%) have **not** taken the prerequisite courses that all nurses, dentists, physicians and other prescribers take at the undergraduate level as well as at the graduate school or professional school level. Psychologists obtain essentially no courses such as biology, chemistry, organic chemistry, physiology, and other courses that are related to understanding the effects of medications on the human body. Psychologists also lack training in physical diagnosis, which is necessary to detecting side effects and drug interactions, and would receive limited training in the proposed bill. They also have almost no overlapping course work with pharmacists or other health professionals who require expertise regarding the effects of chemical compounds on people.

These serious deficits in training relative to all other prescribers render granting prescriptive authority a reckless public health policy. These medications have some dangerous side effects and interactions with other medications, which psychologists, even with the proposed training, would be poorly trained to manage, which would make the risks greatest with people, such as the elderly, taking complex drug regimens for their comorbid conditions. There are safer

alternatives to psychologist prescribing, such as fostering collaborative and integrative care that enable psychologists to use those skills in which they are well trained to provide psychological services in conjunction with the health services (such as prescribing psychoactive medications) rendered by other health professionals. Similarly, telemedicine allows other professionals to provide services in areas that are underserved, without relying on minimally trained psychologists to serve them.

Prescribing by psychologists is a matter of controversy within the field of Psychology as well as among other health professionals and stakeholders. The rates of opposition within the field is significant. I would never refer a patient to a psychologist for medications. There is no evidence that reducing medical training to about 10% of that required for physicians and about 20% of that required for advanced practice nurses (advanced nurse practitioners) will protect consumers. Moreover, because psychologists tend to practice in urban and suburban areas, allowing psychologists to prescribe **would do little to address health professional shortages in rural areas.**

Various groups of psychologists oppose psychologist prescribing because of their concern that psychologists would not be sufficiently trained ***even if they undertook the minimal training that has been endorsed by the American Psychological Association*** or as would likely be proposed in future bills that might be brought before the legislature. For example, 89.2% of members of the multidisciplinary Association for Behavioral and Cognitive Therapies (ABCT) argue the medical training for psychologists to prescribe should be equivalent to other non-physician prescribers, which is not what the APA advocates. Shortcuts to training would make psychologists the least well-trained of any prescribers and would create needless risk to patients, including some of the most vulnerable citizens. Consumer groups, such as the National Alliance on Mental Illness (NAMI) do not support such legislation. A group of psychiatric nurses even considers it ***unethical*** to support psychologist prescribing (see attached).

More than 180 bills proposing psychologist prescribing have rightfully been rejected by legislators and governors around the country. I would be pleased to send you copies of additional articles described in the attached bibliography if you would like further information. Also, I would be pleased to discuss this matter with you or your staff if you wish.

Thank you for your kind consideration.

Sincerely,

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