

April 3<sup>rd</sup> 2017

Written Statement of Support for HB 3355

Chair Greenlick, committee members, my name is Roseann Fish Getchell, and I write to you today in strong support of HB 3355.

I am a native Oregonian born in Salem, currently pursuing my doctorate in clinical psychology. I have a previous Masters degree in Special Education, and I am a student liaison to the board of directors for the Oregon Psychological Association (OPA) as well as serve on the national board for the American Psychological Association of Graduate Students (APAGS). Like all of you, I am called to serve.

Thousands of individuals here in Oregon have an urgent need for mental health services ranging from treatment of anxiety, to coping with PTSD, to critical safety assessments of severely individuals experiencing severe psychosis. As a young professional, I am called to work with all of these categories of patients, especially in an integrated medical primary care setting where there is a great need. I am training in this profession to work in my home state in order to provide quality services to as many Oregonians as possible. **Medication is an integral part of this care.**

Yamhill County currently struggles to retain trained and qualified psychiatrists. In the primary care clinic where I train, it took almost a year to find and hire a qualified replacement for the previous psychiatrist, which left *thousands* of patients turning to their Primary Care Physicians (PCPs) for treatment. For patients who have complex medical/mental health conditions, *they had to wait for at least six weeks to get an intake appointment with a psychiatrist.* Many of these patients were in crisis. **This is too long to wait.**

There is clearly a critical shortage of qualified psychiatrists and mental health practitioners to cope with the immense need in the state. Many patients are left with one of three options: they can wait for an available intake appointment with a mental health prescriber (psychiatrist, psychiatric mental health nurse practitioner) for weeks or months; they can turn to their PCPs, who often do not have the adequate resources or training to provide the necessary treatment to complex cases; or they can go untreated, potentially allowing their mental health needs to substantially worsen.

HB 3355 creates a new pathway for clinical psychologists like myself, to be officially licensed to prescribe medication to those in need. **Every year, over 75 future clinical psychologists graduate from Oregon institutions.** This is an immense pipeline of resources to tackle the mental health crisis in Oregon—but they will be much more effective at addressing the need if there is a pathway for them to also be licensed to prescribe medication.

I ask you to please support HB 3355. Thank you for your time and consideration,

Roseann Fish Getchell  
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