

To: Members of the House Health Subcommittee

From: William Dalton, Ph.D.

Re: **HB 3355** (granting drug-prescriptive authority to certain Licensed Psychologists)

Date: April 5, 2017

As a doctoral psychologist that has spent his professional career serving the needs of those with mental illness, especially in rural areas, I very much appreciate and support efforts to increase the availability of mental health services, including psycho-tropic medications.

In these efforts, I feel it is essential to recognize both the complexity of behavioral-brain disorders and the practical and ethical limitations of those licensed to address these needs. Even with 8 – 10 years of medical training, many M.D. 'General Practitioners' are often ill-prepared to diagnose and prescribe for those with mental illness. And Psychiatrists themselves, with additional years of specialized training and residency, often struggle with the demands and complexities of these diseases. Thus, to expect a Psychologist, often with virtually no medical-related academic/training background to be able to safely and effectively prescribe psychotropic medications, is a 'stretch.' If the hallmark of ethical medical practice is "First, do no harm.", then we must be especially vigilant regarding to whom we give the license/authority to dispense among the most complex and potentially harmful of pharmaceuticals.

In my own experience, TeleMedicine (the use of audio-visual technologies to allow practitioners to access specialists to assist in accurate diagnosis and treatment) and increased support for our Psychiatrist and Psychiatric Nurse-Practitioner Training Programs (e.g., tuition subsidies and loan forgiveness for training, and practicing in under-served areas...) have helped address the issue of availability and access. However, these measures – though requiring and deserving our continuing and increased support – have proved insufficient. If we are to seriously consider other approaches, such as licensing certain Psychologists to prescribe, i.e., as reflected in **HB 3355**, I would strongly recommend the following considerations):

- .. Limit eligibility to doctoral-trained psychologists, with a clinical or pharmacological major.**
- .. Require all candidates to be mentored by a Psychiatrist, e.g., for an at-least six-month residency.**
- .. Require all prescribing Psychologists to have an identified M.D. (preferably a Psychiatrist) available as a consultant, and require a Board-established minimum frequency for such consultation.**
- .. Explore ways (i.e., through Oregon's Health Authority) that Psychiatrists and other professionals can be reimbursed adequately for time spent in (e.g. TeleMedicine...) consultation [currently approx. \$9.00].**

In light of the many questions and concerns that will be raised regarding this proposed legislation, if a version of this Bill is passed, I hope the Legislature will NOT request that it take effect immediately, but rather request that the Board of Psychological Examiners (through the new "Committee on Prescribing Psychologists") report back to the next Legislature with their final recommendations. This will allow full consideration by Legislators, concerned professionals, consumers, and members of the public before full implementation.

Thank you for your consideration.

William ("Bill") Dalton  
