

Testimony submitted via email.

Dear Mr. Greenback,

I am writing to express my deep concern regarding HB 3355. I strongly oppose HB 3355. I believe if this bill is passed, it would cause unsafe prescribing, more patient dissatisfaction, more unnecessary healthcare cost, and ultimately more physician shortage.

Please let me know first explain to you the depth of knowledge and training are required to become a board certified psychiatrist. It has been a long journal with many sacrifices from both me and my family. In addition to required pre-requisites to be eligible to apply for medical school, I completed 4 years of medical school training at OHSU. The first two years comprised of intense curriculum which covered wide range of subjects such as anatomy, microbiology, cell biology, physiology, pathology, immunology, pharmacology, nutrition, genetics, epidemiology, health policy, ethics, and professionalism. These classes equipped me with the board foundation of knowledge base to prepare for the other half of medical school training. During third and fourth year of medical school, I completed clinical rotations while being supervised by residents and attendings in specialty areas including intense critical care, family medicine, ob/gyn, internal medicine, surgery, neurology, psychiatry, dermatology, cardiology, radiology, and etc. In addition to the countless exams at each rotation, I passed USMLE step 1, step 2 (2 separate parts), and step 3 (2 full-days of exam) in order to be qualified to be at a residency program. After completing the four years of medical school, I went through the vigorous residency matching process in order to compete for a spot in the residency program of my chosen specialty - psychiatry. The residency program in adult psychiatry is 4 years long and was vigorous, to say the least. I did additional clinical rotations in emergency medicine, internal medicine, family medicine, neurology, in addition to my core psychiatry rotations. I worked nearly 80 hours/week on a regular basis, covering 24-hour call shifts between OHSU hospital and the VA hospital by myself, taking care of the sickest patients. I went through 3 years of extended training in the inpatient psychiatric unit as well as outpatient clinics in order to have a comprehensive experience in treating patients with various conditions and ages. I then decided to pursue child and adolescent psychiatry and did an additional 2 years of child and adolescent psychiatry fellowship. I went through another set of clinical requirements taking care of children and adolescents in inpatient, residential, and outpatient settings under supervisions of board certified attending.

Not counting the pre-med coursework, it took me a total of 9 years to finally be able to practice psychiatry on my own without supervision. I also have to pass the board certification exam in the field of adult psychiatry, as well as child and adolescent psychiatry. Medical school graduates with a M.D. title can not practice medicine without residency. Resident without having to pass USMLE step 1, step 2, step 3, and board certification exam can not practice psychiatry alone without supervision.

I do not regret the time and sacrifices I have put in in the past 9 years, because I believe each and single one of these experience are invaluable learning experience that has prepared me well for the job I am

set out to do. I am able to provide my patients with the comprehensive and holistic care to the best of my ability. I feel confident because I know I have the solid foundation of medical knowledge and extensive clinical experience taking care of the sickest and the most vulnerable patients during my medical school, residency, and fellowship training. Furthermore, one important lesson I learned is to recognize medical emergencies and my own limitations, so that I know when to seek consultation from other colleagues.

I have high regards for psychologists for what they are trained to do. However, I do not believe having little to no science and medical background, and simply taking a short course of pharmacology is sufficient to appreciate the full scope of psychiatric prescribing and to provide safe patient care. I have witnessed many unsafe practices after taking over the care from some of the mid-level providers. It has not only resulted in additional and unnecessary medical costs to the health care system because of over-prescribing and unsafe prescribing, but also caused serious medical and psychiatric adverse events for patients.

Oregon is one of the few states that allows mid-level providers such as NPs and PAs to prescribe psychiatric medications including controlled substances. More than half of my residency and fellowship class have relocated to other states upon graduation to other states. I have no doubt that the exiting law to allow mid-level providers prescribing without supervision has play an influential role in their decision making. In fact, I have seriously contemplated my own choice of practicing in Oregon for this very reason.

By allowing psychologists with minimal medical training to prescribe independently will NOT resolve the program with physician shortage. In fact, it would cause more physician shortage in the long term. First of all, psychologists, NPs, and PAs practice at the same geographical locations as physicians. Secondly, by allowing mid-level providers prescribing privilege would discourage medical students from getting into the field of psychiatry and practice psychiatry in Oregon. This can create more shortage for high level providers in the long term.

I urge you to use common sense when you vote for the bill. A medical doctor who have graduated from a 4 years of medical school and gone through additional 4-6 years of residency training is NOT allowed to practice without supervision of an attending. Yet, HB 3355 is proposing to allow psychologists with no science or medical background and minimal pharmacology training to prescribe potentially lethal medications without supervision.

I appreciate your time and your consideration.

Regards,

Mini Zhang, MD