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Subject: HB 3355A
Date: Tuesday, June 13, 2017 12:09:20 PM

Dear Legislators,

I oppose HB 3355A - in allowing prescribing, it would put psychologists in a position of essentially practicing medicine without adequate training.

In addition to the arguments put forward by professional societies and the OMA, I want to make certain that legislators understand the potential impact psychologist prescribing might have. Drugs used to treat psychiatric conditions can be dangerous if misused or diverted, and careful prescribing helps to mitigate these dangers. The wording of the bill suggests that psychologists might prescribe treatments for pain conditions (excepting full agonists), substance use disorders, geriatric populations, and neurologic disorders.

As a neurologist with some experience in all these areas, I can attest to the high frequency of complex and difficult prescribing decisions in individuals with neurologic disorders, addiction, or who are elderly - especially in combination with psychiatric comorbidity. If meaningful oversight or strict collaboration is required, I fail to see the benefit to Oregonians of allowing this practice; the number of medical providers will not be increased, and that will remain the limiting factor. While I share concerns about the availability of medical mental health care, I believe this bill would create more problems than it would solve.

SSRI and SNRI antidepressants, one of the most commonly prescribed drug categories in this country, are dangerous in overdose and are commonly used recreationally to augment the effect of other intoxicants. I have cared for several patients with these syndromes, including one death, and one who required intubation/ventilation and several days in a neuro-intensive care unit.

Tricyclic antidepressants are notorious for overdose risk.

Amphetamines and other stimulants are already probably over-prescribed, and are known to be very frequently diverted to non-medical use.

Opiate mis-prescribing has already resulted in an epidemic - not only in Oregon, but in the entire country. Partial agonists such as buprenorphine can be and are abused; they also have street value and are commonly diverted. Addiction medicine requires training and abilities that are not adequately replaced by three months participation in a clinic.

Many drugs used for neurologic conditions (for example, gamma-hydroxy butyrate or ketamine) are potentially dangerous, have a history of illicit or recreational use, and may be diverted. Neurology and geriatrics requires training and abilities that are not adequately replaced by three months participation in a clinic.

I hope legislators will understand all of the potential effects of this bill, and consider other ways to increase the availability of medical mental health care in Oregon.

Respectfully,

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