



OREGON PSYCHIATRIC PHYSICIANS ASSOCIATION

Date: June 14, 2017

To: Sen. Rod Monroe, Co-Chair
Rep. Barbara Smith Warner, Co-Chair
Members of the Joint Ways and Means Committee on Education

From: David Pollack M.D.
Oregon Psychiatric Physicians Association

RE: Position statement on HB 3355A, psychologist prescribing authority

Sen. Monroe, Rep. Smith Warner and members of the committee:

My name is Dr. David Pollack I am a professor ~~of for~~ Public Policy for several departments at OHSU, Psychiatry, Family Medicine, the School of Public Health, and Preventative Medicine and the Division of Management. I serve as the Chair of the Oregon Health Policy Board's Health Care Workforce Committee and I've been a community psychiatrist for over 30 years. I served for four years as the medical director for the Oregon Office of Addictions and Mental Health Services, prior to the formation of the OHA, leaving my position in 2006, and am the last adult psychiatrist to have served in that position, which has gone unfilled to this day. I currently serve on two state committees, the Values-based Benefits Subcommittee of the HERC and am chair of the state Healthcare Workforce Committee, having been on it since its inception in 2010. However, tToday, ~~I'm here~~ speak on behalf of the Oregon Psychiatric Physicians Association. OPPA, a district branch of the American Psychiatric Association, was established in 1966 and serves as the organization for psychiatrists in Oregon working together to ensure humane care and effective treatment for persons with mental illness, including substance use disorders, and compassion for their families.

OPPA opposes this bill as written, which would put patients at risk, allowing people with inadequate medical training to dispense powerful psychotropic medications to some of Oregon's most vulnerable patients.

HB 3355A would create a new category of practitioners — the prescribing psychologist. But by definition, it would also create a new category of patient; the second-class patient, who can be prescribed drugs by a person with minimal medical training. These patients include elderly people and children.

When we create a second-class patient, we risk further stigmatizing people with mental illness by making them the only patients who will receive medical treatment by practitioners who have not been trained in the complex ways in which the body functions.

A cardiac patient cannot receive a prescription from a person who hasn't been trained to understand how a drug might affect the cardiovascular system, the peripheral nervous system, the kidneys, the liver and other systems outside of the brain. But under this bill, a psychiatric patient, this new second-class patient, could.

And please note, psychiatric medications often affect all of these systems and more. Not just the brain. Most psychiatric medications have serious side effects and risks, even risks that can lead to permanent disability or death. They can also mask an underlying medical condition, that left undiagnosed, and untreated, can cause disability or even death.

No practitioner should be allowed to prescribe drugs unless they have met all of the minimum educational and clinical training requirements of other non-physician medical professions that currently have the authority to write prescriptions, such as physician assistants and nurse practitioners.

That includes training in taking a medical history, interpreting the patient's understanding of their own past medical history, skills in performing a detailed physical ~~physical~~ examination, knowledge of the significance of and ability to interpret vital signs such as blood pressures and pulses, interpretation of electrocardiograms (EKGs), and so much more.

Nobody thinks America suffers from too few prescription drugs. The epidemic of prescription drug abuse, including opioids, shows that Oregon and the nation don't need more drugs. Patients in the mental health arena need more access to appropriate care. The Legislature is right to address that issue. And OPPA wants to be at the table, working with the Legislature, to find answers that don't create a second-class of less-protected patients.

This bill stigmatizes psychiatric patients by creating a short cut to medicating them.

How can access be improved?

Current practice trends such as telemedicine, and especially coordinated care organizations, are already in place and increasing in number. These will provide regular access to psychiatric expertise to primary care clinics without sacrificing a deep general medical understanding of the patient.

OPAL-K, a psychiatric access line, provides free, same-day child psychiatric phone consultation to primary care providers in Oregon. OPAL-K has reduced the number of prescriptions for powerful antipsychotic medications used in children and yet has increased

good outcomes. Funding should be considered by the Oregon Legislature for an OPAL-A program for adults.

Funding a new program in Oregon to train physician assistants in psychiatric prescribing also extends access without sacrificing basic medical understanding.

The AIMS Center based out of the University of Washington has developed a program to expand primary care to include behavioral health treatment from psychiatrists efficiently and effectively. Multiple studies show evidence of improved patient care, improved outcomes with decreased cost. This integrated-collaborative care model is being implemented here in Oregon and it should be further supported.

The Oregon Psychiatric Physicians Association and partners have led or participated in, implementation of effective initiatives such as OPAL-K, telemedicine, CCOs, the Collaborative Care model, Physician Assistant training programs and supported other practice trends that increase access to mental health practitioners such as MDs, NPs, PAs and to mental health professionals, who can provide evidence-based psychotherapies that can be as effective as medications.

We urge legislators to pursue strategies that have been proven to increase access to mental health care. OPPA is eager to support and assist in the implementation of these strategies. This bill however, lacks basic patient-safety protections (including appropriate regulatory oversight by the Oregon Medical Board) for ~~for~~ Oregon's mental health patients that are on par with the protections every other Oregonian has in the medical setting. **For that reason, we urge you to adopt the proposed amendments that address patient safety and regulatory oversight.**

Thank you for the opportunity to testify. I'd be pleased to answer any questions.