



**Testimony Before the  
Joint Committee on Ways and Means Subcommittee on Education regarding opposition to  
HB 3355  
Presented by Dr. James K. Lace  
on behalf of the Oregon Medical Association  
June 14, 2017**

Chair Monroe, Chair Smith-Warner, members of the committee- thank you for allowing me to testify today. My name is Jim Lace and I am the chair of the Legislative Committee at the Oregon Medical Association. I am a pediatrician practicing in Salem for over 40 years.

The Oregon Medical Association is opposed to HB 3355, which, by granting prescriptive authority to psychologists, creates a new category of practitioner in Oregon without regard for patient and public safety. The bill will not increase access to psychologists – whose high-quality therapy services are needed – and instead, would only increase the number of medications prescribed to already vulnerable patients. Prescribing is not simply the act of writing a prescription to fix a condition – the practitioner’s medical and pharmaceutical training, along with a physical assessment, allow for appropriate prescribing with minimized risks. As written, this bill only serves to minimize the severity of mental health and would further stigmatize patients with mental illness by allowing non-clinical practitioners to simply “fix” their behavior with a prescription.

**Inadequate training to prescribe for children**

As a pediatrician, I am gravely concerned about the lack of additional/specialized training for pediatric and other vulnerable populations. Pediatric psychopharmacology is very different from adult psychopharmacology. To better care for children and young adults of Oregon, specialized training for this population is imperative; despite the addition to this version of “at least three months of clinical experience in a specialized setting”, the OMA remains opposed to the inclusion of prescribing to children until a longer, more comprehensive training program is developed.

**Sidestepping Patient Safety**

HB 3355 attempts to modify its predecessor bills (in previous sessions) by adding/removing various elements to satisfy various stakeholder concerns rather than develop a comprehensive, collaboratively developed prescribing curriculum that could be endorsed by other professions currently authorized to prescribe. This lack of collaboration and lack of outreach especially to physicians and the Oregon Medical Board demonstrates the proponents lack of awareness and commitment to patient safety. There is no medication that doesn’t affect the whole body—mental health is not limited to just the brain – and therefore, the understanding of a patient’s overall

health and keeping them safe must be of the utmost importance. We cannot support a bill that doesn't put patient's first.

I would like to thank you once again for the opportunity to address the committee regarding this very important topic and I'm happy to answer any questions.

**The Oregon Medical Association serves and supports over 8,200 physicians, physician assistants and student members in their efforts to improve the health of all Oregonians. Additional information can be found at [www.theOMA.org](http://www.theOMA.org).**