

AMERICAN
PSYCHIATRIC
ASSOCIATION



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June 20, 2017

Oregon State Legislature
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Re: Relating to Prescriptive Authority for Psychologists

Dear Representatives:

On behalf of the American Psychiatric Association, a national medical specialty society representing more than 37,100 psychiatric physicians, as well as their patients and families, we urge you to oppose HB 3355, which proposes to allow clinical psychologists, who are experts in important behavioral interventions, but who have no medical training, permission to prescribe powerful psychotropic drugs for patients with psychiatric disorders.

This legislation is a proposal that would put the health and safety of the citizens of Oregon with mental illness, including substance use disorders, in serious jeopardy. While we understand the intention of this legislation is to increase access to needed mental health care, HB 3355 puts some of Oregon's most vulnerable patients at risk.

HB 3355 would permit psychologists to obtain a license to prescribe by acquiring a master's degree in psychopharmacology, as "designated" (not accredited) by the American Psychological Association. It should be noted that no other voluntary, dues-paying membership organization in any medical specialty (e.g., cardiology, obstetrics and gynecology, psychiatry) has created such an exam – nor do national professional advocacy associations for nurses and physician assistants accredit their graduate programs. These dangerously low and inadequate requirements must be taken into consideration, and any proposed training standards must be compared to the 12 or more years of medical education and training psychiatrists and other physicians receive to be able to safely care for any patient that is suffering physical, mental, or substance use disorders.

As you review HB 3355, please consider:

- Proponents of HB 3355 may point out the increased access to mental health care in Oregon and cite both Louisiana and New Mexico as examples. The facts in New Mexico and Louisiana illustrate that psychologists' claims about increased access have not materialized. Specifically, after having gained prescriptive privileges, few psychologists in either New Mexico or Louisiana have become certified to prescribe psychotropic drugs, let alone practice in a rural or underserved area.
- Prescriptive authority for psychologists has not solved the mental health needs of the rural communities in those very few states that implemented such laws. Despite promises made in New Mexico and Louisiana, psychologists did not and do not move their practices to serve the rural communities.

- Powerful psychotropic medications do not stop at the patient's brain; they affect many systems of the body such as the heart, lungs, stomach, and kidneys. There can be seriously disabling or deadly side-effects of the medications if improperly prescribed and managed.
- Patients needing more than one drug at a time for other physical conditions, such as both heart disease or diabetes and mental illness, are at risk for potentially serious drug interactions. More than half of all patients who have a mental disorder also have one or more physical ailments. The medical providers who treat these patients must be trained to understand and treat all systems of the body to recognize the warning signs of adverse effects. In short, there are medications that should only be prescribed by clinicians with significant medical training and broad understanding of all systems of the body.
- Coordinated, team-based care, in which every member is relied on for their training and expertise is the model of practice and reimbursement the nation is moving toward. We would be happy to serve as a resource on programs like Project Echo (which is in the implementation stages thanks to a partnership between Health Share of Oregon and the Oregon Health and Sciences University) and other collaborative care models already underway in Oregon that would be more sustainable alternatives to solving significant access problems.

In summary, the practice of medicine is a serious responsibility requiring years of thorough and relevant medical education and training. Allowing psychologists to prescribe after dramatically short-cutting the medical education and training necessary presents a serious and avoidable danger to Oregon's most vulnerable patients. Again, we urge you to oppose HB 3355, and would welcome the opportunity to work with you through our partners - the Oregon Psychiatric Physician Association and the Oregon Medical Association – to facilitate evidence-based, proven programs that can truly assist citizens of Oregon suffering from mental illness, including substance use disorders.

Thank you for the opportunity to share our concerns. If you have any questions regarding this information, please contact Tim Miller, Regional Director, State Government Affairs at Tmiller@psych.org or at (651) 470-3637.

Sincerely,



Saul Levin, MD, MPA
CEO and Medical Director
American Psychiatric Association