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January 25, 2013

The Honorable Sheila Y. Oliver
Speaker, New Jersey General Assembly
15-33 Halsted Street, Suite 202
East Orange, NJ 07018

Re: AMA Opposition to Assembly Bill 2419

Dear Speaker Oliver:

On behalf of the physician and medical student members of the American Medical Association (AMA), I write in **opposition** to New Jersey Assembly Bill (A.B.) 2419, which would: (1) inappropriately grant prescriptive authority to psychologists; and (2) grant inappropriate powers to the State Board of Psychology Examiners.

While the AMA values the role that psychologists play in our nation's health care system, we do not believe that granting them prescriptive authority is in the best interests of New Jersey's patients for the following reasons:

- Physicians (medical doctors and doctors of osteopathic medicine) have more than 10,000 hours and seven-to-eleven years of clinical education and training to enable them to correctly diagnose, treat and manage patients' health care needs. Psychologists are required to have only one year of patient care experience during their training.
- Physicians' comprehensive education and training incorporates pharmacologic training at each step of the medical school, residency, and fellowship process. There is no similar equivalent for psychology education and training.
- The proposal would grant the psychology board unprecedented authority to authorize non-medically trained persons to prescribe powerful medications.
- The AMA GeoMapping Initiative shows that New Jersey's psychiatrists, primary care physicians and psychologists practice in the same urban and rural settings.

Physicians have 10,000 hours of comprehensive medical education and training

Physicians (medical doctors and doctors of osteopathic medicine) have more than 10,000 hours and seven-to-eleven years of clinical education and training to enable them to correctly diagnose, treat and manage patients' health care needs. Psychologists are only required to have one year of patient care experience during their training – training that is focused entirely on non-medical therapies.

In sharp contrast to psychology training, at each stage of a medical student's education and training, medical students learn how pharmacotherapy integrates into all branches of medicine, such as family medicine and psychiatry, including child and adolescent psychiatry. Physicians are tested on this knowledge as part of the medical licensure process, with particular emphasis on pharmacotherapy in the third and final part of the United States Medical Licensing Exam (USMLE).

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After graduation from medical school, psychiatric resident physicians spend more than four years learning the complexities related to appropriate prescribing in multiple clinical situations and settings – gaining in-depth knowledge essential to their chosen specialty. This medical education and training is essential to safely treat patients and independently prescribe psychotropic medications that are used to treat mental illness and other conditions. There is no equivalent in psychologists' education and training, even with the additional pharmacologic educational requirements anticipated in the proposal at issue.

The proposal grants the psychology board unprecedented prescriptive authority

Furthermore, we are greatly concerned that A.B. 2419 would grant the New Jersey State Board of Psychology Examiners the unlimited authority to authorize non-medically trained persons to prescribe some of the world's most powerful medications. We note that none of the members of the psychology board are required to have any direct experience prescribing these powerful medications. How then, can they know what is "recognized" or "customary" in the pharmacologic treatment of mental and emotional disorders? By granting such widespread authority, the psychologists' proposal would do a grave disservice to New Jersey's patients.

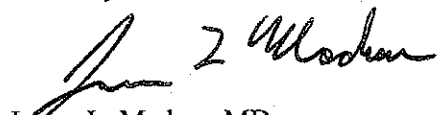
New Jersey physicians and psychologists practice in same locations

Finally, a review of the practice locations of psychiatrists and other primary care physicians to psychologists clearly shows that there is no shortage of prescribing professionals in urban areas of New Jersey. I have attached a map that depicts this for your consideration. We agree that patients need greater access to care in rural areas, but the data shows that psychologists are not any better geographically situated to serve rural populations than psychiatrists and other primary care physicians in New Jersey.

For these reasons, the AMA opposes A.B. 2419, and urges the members of the New Jersey General Assembly to do the same. If you have any questions, please contact Kristin Schleiter, JD, LL.M., Senior Legislative Attorney, at kristin.schleiter@ama-assn.org or (312) 464-4783.

Thank you for your consideration.

Sincerely,



James L. Madara, MD

Attachment

cc: New Jersey Medical Association
American Psychiatric Association