Petition-Testimony **OPPOSE/VETO A2170**

**A REQUEST TO OPPOSE LEGISLATION GRANTING PRESCRIPTION PRIVILEGES FOR PSYCHOLOGISTS (A2170)**

We, the undersigned psychologists and all others concerned about quality healthcare OPPOSE any efforts to allow psychologists to prescribe medications. We consider prescribing by psychologists to be controversial, even among psychologists. The movement for prescriptive privileges originated within the Psychology profession, rather than being championed by other stakeholders, such as patient advocacy or public health groups. As psychologists, we oppose this proposal because we believe that it poses unnecessary risks to the public and would be an inappropriate and inefficient mechanism of addressing mental health needs of the population. We are a diverse group of psychologists, including clinicians, educators, and researchers.

Psychologists have made major contributions to human health and well-being and will continue to do so. The profession of Psychology has made major contributions to understanding human development throughout the life cycle and to a multitude of dimensions of human functioning as individuals, groups, communities, societies and cultures. Despite these contributions, there are limits to the practices that psychologists can undertake responsibly as professionals. We believe that prescribing medications goes beyond psychologists’ competence…even if they obtain the additional training advocated by the American Psychological Association.

Psychotropic drugs are medications that have multiple effects on the human body. These effects are complex and result from the interaction among patients’ unique health status, their other prescribed medications, as well as their diets, lifestyles, and other factors. Although the therapeutic effects of prescribed medications can be very positive, unintended adverse drug reactions are common. To minimize the risk of potential adverse effects, that can even have life-threatening consequences, we believe that medications should be prescribed only by professionals who have undergone suitable medical training that prepared them to manage these medications within the context of patients’ overall health conditions. Patients have a right to expect that their medications will be managed by professionals whose education adequately trains them to understand their health history, and assess their current health status, and the potential broad systemic effects of their medications. Unlike the training of current prescribers in other professions, the doctoral training of psychologists historically does not equip them to prescribe and manage medications safely.
Unfortunately, the American Psychological Association’s (APA) model for training doctoral psychologists to obtain limited training in psychopharmacology, after they complete graduate school, does not match the levels required of other prescribing professionals (e.g., physicians, nurse practitioners, physician’s assistants, optometrists) in terms of their overall training in matters directly related to managing medications. The APA model is substantially less rigorous and comprehensive than the training required for all other prescribing disciplines. Whereas the training of psychologists in certain professional activities, such as psychotherapy and psychological assessment, is generally more comprehensive than that of practitioners in other fields, this is not the case for training in clinical psychopharmacology. The APA training model for prescribing even fails to meet the recommendations of APA’s own experts in its Ad Hoc Task Force of Psychopharmacology (e.g., in terms of undergraduate prerequisites in biology and other sciences) and has other inadequacies (e.g., lack of explicit requirements for supervision; no accreditation of programs).

It is noteworthy that the APA training model is substantively less rigorous than the training that the 10 psychologists undertook in the experimental program of the Department of Defense (DoD). Despite the alarmingly small sample of that pilot program, which precludes generalizing from it, the fact that the current training model is far less comprehensive, and the fact that inadequacies were noted in some of the graduates of the DoD program, proponents of psychologist prescribing make the dubious claim that the DoD program justifies prescribing by psychologists. It does not! In fact, the final report on the DoD project revealed that the psychologists were “weaker medically” than psychiatrists and compared their medical knowledge to students rather than physicians. We oppose psychologist prescribing because citizens who require medication deserve to be treated by fully trained and qualified health professionals rather than by individuals whose expertise and qualifications have been independently and objectively assessed to be at the student level. At this point, the training is less rigorous, with most of the training occurring online.

Proponents of psychologist prescribing also have misleadingly invoked a range of unrelated issues to advocate for their agenda. An article in the American Journal of Law & Medicine entitled, “Fool’s Gold: Psychologists Using Disingenuous Reasoning To Mislead Legislatures Into Granting Psychologists Prescriptive Authority” critiques the rationales that advocates of prescription privileges use to promote their cause. Proponents point to problems in the healthcare system, such as the rural and other populations that are underserved. Whereas such problems are indeed serious and warrant changes in the healthcare system, allowing psychologists to prescribe is neither an appropriate nor an effective response. Permitting relatively marginally trained providers to provide services is not an acceptable way to increase access to healthcare services where high quality health care is needed. Rather than relying on under-trained psychologists to prescribe, it would be much more sensible to develop mechanisms to facilitate psychologists’ providing those services that they are highly qualified to provide (e.g., counseling) to those populations and to innovate other approaches for medically-qualified providers (for example, collaboration, telehealth) to leverage available services. It should be noted that most psychologists practice in urban and suburban areas: There is no reason to expect that prescribing psychologists would have a significant impact on compensating for the shortages of psychiatrists in rural and economically disadvantaged areas, where relatively few actually work. Other remedies are needed to address such problems that would not compromise the quality of care.

Other health professionals, including nurses and physicians, are also concerned about psychologist prescribing. However, this should not be seen as a simple turf battle: It is because of legitimate concerns that the proposals for training psychologists to prescribe are too narrow and abbreviated. The International Society of Psychiatric-Mental Health Nurses position statement asserts, “nurses have an ethical responsibility to oppose the extension of the psychologist's role into the
prescription of medications” due to concern about psychologists’ inadequate preparation, even if they were to get some additional training, in accordance with the APA model. When it comes to prescribing psychoactive medications that have a range of potential therapeutic and adverse effects on the human body, including interactions with other medications, shortcuts to training are ill advised. Some psychoactive drugs come with black box warnings about their potential risks.

Another concern is the limited expertise of psychology regulatory boards to effectively regulate prescriptive practicing. Given the similar limits in medication-related training of most psychologists who serve on these boards to that of other psychologists, and the fact that psychology boards historically have not overseen prescribing, we question whether regulatory boards have the expertise, resources and systems to provide effective oversight of psychologist prescribing.

Before supporting this controversial cause, we urge legislators, the media, and all concerned with the public health to take a closer look at this issue. Rather than permitting psychologists to prescribe medications, we advocate enhancement of currently available collaborative models in the delivery of mental health care, in which licensed psychologists work collaboratively with fully qualified prescribers to provide safe and effective services for those individuals who may benefit from psychoactive medications.

There are better and safer alternatives to psychologists prescribing that we believe will have a greater positive impact on mental health services. A more promising means for enhancing the mental health services available to all citizens than to allow psychologists to prescribe would be to dedicate efforts to better integrating mental health professionals, including psychologists, into the healthcare system, such as in primary care settings, where they could collaborate with other providers (who are prescribe) in the care of people who may need medications and psychological services. The barriers to such care have been detailed in a recent report by the U. S. Department of Health and Human Services, Reimbursement of Mental Health Services in Primary Care Settings. Overcoming the barriers to such care is an objective upon which psychologists agree with each other, and with other health professionals, and is clearly in the public interest. It would improve the quality of mental health care available in urban and rural areas.

We respectfully request that you oppose A2170 that would allow psychologists to prescribe through non-traditional means.

Al Galves, Ph.D.
Alex Williams
Alexandra Solovey
Alix Timko, Ph.D.
Alan E. Fruzzetti, Ph.D.
Allison Allen, Ph.D.
Andrew M. Sherrill, M.A.
Andrew Whitmont, Ph.D.
Annalise Caron, Ph.D.
Anne Marie Albano, Ph.D., A.B.P.P.
Arlyne J. Gutmann, Ph.D.
Barry Dauphin, Ph.D.
Beth Hartman McGilley, PhD
Braden Berkey, Psy.D.
Brandon Gaudiano, Ph.D.
Brett Deacon, Ph.D.
Brian Chu, Ph.D.
Bruce L. Baker, Ph.D.
International Society for Ethical Psychology and Psychiatry
University of Kansas
Minnesota School of Professional Psychology
Towson University
University of Nevada, Reno
North Lake Community Clinic
Northern Illinois University
dba Yakima Psychological Services
CBT Westport
Columbia University College of Physicians and Surgeons
Private Practice
Private Practice
Univ. of Kansas School of Medicine
Prairie Psychological Services
Butler Hospital/Brown University
University of Wollongong
Rutgers University
UCLA
agalves2003@comcast.net
alexwilliams123@gmail.com
sandrazas@gmail.com
ctimko@towson.edu
aef@unr.edu
aalen@northlakesclinic.org
andrew.sherrill@gmail.com
yakpsyche@yahoo.com
annalise.caron@CBTwestport.com
aa2289@columbia.edu
ajgutmann@aol.com
barrydauphin@mac.com
bmcgilley@psychology.kscemail.com
brad.en.berkey@sbcglobal.net
brandon_gaudiano@brown.edu
bdeacon@uow.edu.au
brianchu@rci.rutgers.edu
baker@psych.ucla.edu
Bruce Gale, Ph.D.
Carolina Clancy, Ph.D.
Carolyn A. Weyand, Ph.D.
Carolyn Black Becker, Ph.D.
Catherine A. Fiorello, Ph.D., A.B.P.P.
Cheryl Carmín, Ph.D.
Cynthia Spanier, Ph.D.
Dana Fox, Ph.D.
Daniel J. Burbach, Ph.D., A.B.P.P.
Daniel Kearns, Psy.D.
David Fresco, Ph.D.
David Marcus, Ph.D.
David S. Schwartz, M.A.
David Valentin, Ph.D.
David L. Van Brunt, Ph.D.
Dawn Birk, Ph.D.
Dean McKay, Ph.D.
Deanna Barch, Ph.D.
Diana S. Rosenstein, Ph.D.
Diane L. Bearman, Ph.D.
Dianna L. Kucera, M.A.
Don Benson, Psy.D.
Douglas A. MacDonald, Ph.D.
Drew A. Anderson, PhD, D.
E. David Klonsky, Ph.D.
Edward Katkin, Ph.D.
Elaine Heiby, Ph.D.
G Neffinger, Ph.D., A.B.P.P.
Gail Margoshes, Psy.D.
Gary Schoener, M. Eq.
Geoffrey L. Thorpe, Ph.D., A.B.P.P.
Gerald C. Davison, Ph.D.
Gerald Rosen, Ph.D.
Gregory Stuart, Ph.D.
Harold Hanlon, B. Sc.
Howard Eisman, Ph.D.
Howard N. Garb, Ph.D.
Ian Douglas Rushlau, Psy.D.
Ian R. Sharp, Ph.D.
Ilyssa Lund, Psy.D.
James C. Megas, Ph.D., L.P.
James Carson, Ph.D.
James Coan, Ph.D.
James D. Herbert, Ph.D.
James G. Murphy, Ph.D.
James Overholser, Ph.D., A.B.P.P.
James Schroeder, Ph.D.
Jan Willer, Ph.D.
Jane E. Fisher, Ph.D.
Jeff R. Temple
Jeffrey M. Lohr, Ph.D.
Jeffrey M. Zacks, Ph.D.
John A. Yozwiak, Ph.D.
John Allen, Ph.D.
John Breeding, Ph.D.
John B. Hertenberger, PhD
John C. Hunziker, Ph.D.

BehaviorTech Solutions, Inc
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Private Practice
University of Nevada, Reno
University of Texas Medical Branch, Galveston
University of Arkansas
Washington University
University of Kentucky
University of Arizona
Private Practice
Rockdale Juvenile Justice Center
Private Practice

bruce@bgalephd.com
carolina.clancy@va.gov
cweyand@coppper.net
cbecker@trinity.edu
catherine.fiorello@temple.edu
ccarmin@psych.uic.edu
cydiespanier@aol.com
decfox@aol.com
dbgc@tds.net
danielkearnspsyd@gmail.com
fresco@kent.edu
david.marcus@wsu.edu
DSchwa68@aol.com
dvalentin@niu.edu
dlvanbrunt@gmail.com
dawn.birk@ihs.gov
mckay@fordham.edu
dbarc@artscci.wustl.edu
drosenstein@juno.com
bearm003@umn.edu
DKucera21@yahoo.com
donbepsyd@yahoo.com
macdonda@udemercy.edu
drewa@albany.edu
edklonsky@gmail.com
edward.katkin@sunysb.edu
heiby@hawaii.edu
gnneff@earthlink.net
margoshes@aol.com
grschoener@aol.com
geoffrey.thorpe@umit.maine.edu
gdaviso@usc.edu
grosen@uw.edu
gstuart@utk.edu
hhanlon@bigpond.com
howardeisman@verizon.net
howard.garb@lackland.af.mil
Rushlal1@einstein.edu
is@medavante.net
ilysa.lund@gmail.com
jmegas@cal.berkeley.edu
carsonja@ohsu.edu
jcoan@virginia.edu
james.herbert@drexel.edu
jgmurphy@memphis.edu
overholser@case.edu
jschroeder@stmarys.org
jan@drwiller.com
jefisher@yahoo.com
jetemple@utmb.edu
jlohr@uark.edu
jzacks@artscci.wustl.edu
jayozwiak@uky.edu
jallen@u.arizona.edu
wildcolt@austin.rr.com
johnh@rijc.com
JCHunziker@msn.com
John P. Hatch, Ph.D.
John T. Moore, Ph.D.
Jon Elhai, Ph.D.
Jonathan Abramowitz, Ph.D.
Jordan Bell, Ph.D.

Jorge Cuevas, Ph.D.
Joseph Hatcher, Ph.D., A.B.P.P.
Julie Anne Holmes, Ph.D.
Julie Larrieu, Ph.D.
K. Anthony Edwards, Ph.D.
David L. Van Brunt, Ph.D.
Karen B. Wasserman, PsyD, RN
Katherine Kainz, Ph.D.
Kathleen Palm, Ph.D.
Kathleen Palm, Ph.D.
Kelly G. Wilson, Ph.D.
Kenneth D. Cole, Ph.D.
Kenneth Feiner, Psy.D.
Kenneth L. Grizzle, Ph.D.
Kristin Kuntz, Ph.D.
Kirsty Dalrymple, Ph.D.
Latha Soorya, Ph.D.
Laura K. Campbell, Ph.D.
Leonardo Bobadilla, Ph.D.
LeRoy A. Stone, Ph.D., A.B.P.P.
Les Schlosser, Ph.D.
Lisa Hoffman-Konn, Ph.D.
Lissette Wright, M.A.
Marc Atkins, Ph.D.
Marc Kessler, Ph.D.
Marion Rollings, Ph.D.
Marion Rudin Frank, Ed.D.
Mark D. Popper, Ph.D.
Mark Zipper, Ph.D.
Marlys Johnson, M.A.
Martha Josephine Barham, Ph.D.
Martin Keller, Ed.D., A.B.P.P.
Mary A. Fristad, Ph.D., A.B.P.P.
Mary Gail Frawley-O'Dea, Ph.D.
Mary Lamia, Ph.D.
Mary Pharis, Ph.D., ABPP
Matthew Fanetti, Ph.D.
Matthew Jarrett, Ph.D.
Matthew K. Nock, Ph.D.
Michael Eisenberg, Psy.D.
Michael Handwer, Ph.D.
Michael J. Rohrbaugh, Ph.D.
Michael Mylobodsky, Ph.D.
Michael P. Twohig, Ph.D.
Michael Thompson, Psy.D.
Michael P. Dunlap, Psy.D.
Michelle James, Ph.D., A.B.P.P.
Mike Parent, M.A.
Milton E. Strauss, Ph.D.
Molly S. Clark, Ph.D.
Monte Bobele, Ph.D., A.B.P.P.

University of Texas Health Science Center at San Antonio
Richmond State Hospital
University of Toledo
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Howard University
Utah State University
Private Practice
Mentor Professional Corporation
Private Practice
University of Akron
University of New Mexico/Case Western Reserve University
University of Mississippi Medical Center
Our Lady of The Lake

hatch@uthscsa.edu
moorejo@umn.edu
jonelhai@gmail.com
jabramowitz@unc.edu
jordan.bell@va.gov
Jorge.Cuevas@advocatehealth.com
Joseph.Hatcher@NationwideChildrens.org
jholt@hawaii.edu
jlarrie@tulane.edu
kanthb85@hotmail.com
dlvanbrunt@gmail.com
drkenreb@columbus.rr.com
kkainz@olmed.org
kpalm@clarku.edu
kpalm@clarku.edu
kwison@olemiss.edu
kenneth.cole@va.gov
kenfeiner@aol.com
kgrizzle@mcw.edu
korista@osumc.edu
kristy_dalrymple@brown.edu
latha.soorya@mssm.edu
campkyl@gmail.com
lboadilla@wu.edu
lastone2@earthlink.net
lewischlosser@shu.edu
lisa.hoffman-konn@va.gov
lwightpsy1@earthlink.net
atkins@iuc.edu
mkessler@uvu.edu
Drmarionrollings@gmail.com
mjfrank@comcast.net
mdphd@comcast.net
Mark.Zipper@allina.com
marlysjohnson@aol.com
marti@drbarham.com
martykeller@cox.net
fristad.1@osu.edu
mgford@aol.com
drlamia@aol.com
marypharis@mail.utexas.edu
mfanetti@missouristate.edu
majarrett@ua.edu
nock@wjh.harvard.edu
Dr.A@yourAgame.com
handwerkmy@yahoo.com
michaelr@u.arizona.edu
mymyslobodsky@gmail.com
michael.twohig@usu.edu
info@drmichaelthompson.com
talkdoc@comcast.net
mjames@oakton.edu
michael.parent@ufl.edu
Milton.Strauss@gmail.com
mclark@umc.edu
bobem@lake.ollusa.edu