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December 3, 2012

Honorable Patrick J. Diegnan, Jr.  
908 Oak Tree Avenue, Unit P  
South Plainfield, NJ 07080-5100

*RE: MSNJ Opposition to A-2419*

Dear Assemblyman:

On behalf of the 7500 physician members of the Medical Society of New Jersey, I am writing to express our opposition to A-2419, which would permit certain psychologists to prescribe medications. MSNJ firmly believes that prescriptive powers should be strictly limited to the practice of medicine, and we ask that you consider the following:

### **All Medications are Dangerous**

Choosing medications is the easy part. Using medications with real people is the hard part. It is important to remember that psychotropic medications affect the entire patient, not just the brain. Convulsions, epilepsy, heart arrhythmia, blood diseases, seizures, severe high or low blood pressure, coma, stroke or even permanent disability or death are only a few of the side effects for which a sound medical education uniquely prepares psychiatric physicians to address or prevent. We would never grant practitioners "scalpel" privileges based solely on their familiarity with the instrument and its potential uses. "Prescriptive" privileges should not be any different.

### **Psychologists Lack Medical Training**

Psychologists train in academic institutions, not medical schools. Psychology coursework does not require biology, anatomy, chemistry, physiology or pharmacology that are the basic scientific alphabet of medicine. A Ph.D. in clinical psychology may be obtained by taking only a single course in the biological basis of behavior. Psychologists never train to directly treat medical illness.

Conversely, psychiatrists are medical doctors. State policy requires them to accumulate 12 or more years of higher education, including undergraduate biological and physical science and mathematics, medical school, medical internship and a psychiatric residency. They undergo over 10,000 hours of closely supervised training in a hospital setting, treating a wide variety of patients of all ages. In training, they care for hundreds of patients with a range of physical and emotional illness, and perform a wide variety of medical procedures including physical examinations, delivering babies, assisting in surgery, and delivering emergency care.

### **Prescribing Drugs is Just One Part of the Comprehensive Practice of Medicine**

More is involved than matching an illness in Column A with a medication in column B. Medications modify the body of the patient in parts of the body far removed from the intended target, the brain. In addition to choosing when to initiate medication, and choosing the best medication at the proper dose psychiatrists are required to rule out hundreds of physical, judge medication interactions, medically treat the side-effects of psychotropic medications, perform physicals including lab tests and brain scans, treat co-occurring physical illness, and more.

### Expanding Scope of Practice Does Not Expand Access to Care

Poor, elderly, minority, and inner city patients will not benefit from expanding the scope of psychology. Study after study has shown that psychologists are not situated geographically to improve the availability of services now lacking. In fact, those same studies have shown that the geographical distribution of psychologists almost matches that of their physician counterparts. Primary care physicians, nurse practitioners and physician assistants, by contrast, are more widely distributed.

### The Educational Requirement in A-2419 Is No Substitute for Medical School

A 400-hour “crash course in prescribing” available via the Internet (*e.g.* eight hours per week for one year) is all some psychologists think they need to independently practice medicine. It does not come close to the medical knowledge and skill required of psychiatric physicians to safely treat mental illness. Medical doctors spend up to 80 hours per week for up to 12 years learning how to keep patients safe.

Today’s psychologist plays an important role in the provision of mental health care to New Jersey’s patients, and the vast majority of them enjoy a collegial relationship with their physician counterparts in the collaborative treatment of persons with mental illness. However, MSNJ stands with our colleagues in the New Jersey Psychiatric Association in their belief that the best care is provided when mental health professionals contribute to this care by performing the work that he or she is best trained to do. An ill-advised expansion of psychology to include the practice of medicine via prescriptive powers threatens to upset this important balance and establish a two tiered system of care in which patients are exposed to disparately trained practitioners providing the same care.

MSNJ asks that you take these points under advisement and oppose this scope of practice expansion. We thank you for your time and consideration, and we look forward to our continued partnership in ensuring that New Jersey patients get the best access to the best care.

Sincerely,

A handwritten signature in black ink, appearing to read "Lawrence Downs", with a stylized, cursive script.

Lawrence Downs  
CEO, Medical Society of New Jersey

Cc: Assembly Regulated Professions Committee  
Keith White  
Stephanie Jablonsky