



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Practice Directorate

February 6, 2009

To: The Honorable Delbert Scott, Chair
The Honorable Jane Cunningham, Vice-Chair
Committee Members
Missouri Senate Financial and Governmental Organizations and Elections Committee
State Capitol Building
Jefferson City, MO 65101

Re: Support for SB 204, Relating to Prescriptive Authority for Psychologists

Dear Senators Scott, Cunningham, and Distinguished Committee Members,

I am writing on behalf of the American Psychological Association (APA) in support of SB 204 which would allow appropriately trained psychologists to prescribe and dispense psychotropic medications within the scope of practice of psychology as defined by Missouri law. APA is the leading scientific and professional society representing psychologists in the United States and is the world's largest association of doctorally-trained psychologists, with more than 148,000 members and affiliates. Through its 54 divisions in subfields of psychology, including psychopharmacology, and its affiliations with 60 state, provincial and territorial psychological associations, APA works to advance psychology as a science, as a profession, and as a means of promoting health and human welfare.

The APA supports SB 204 for the following reasons:

- There is a critical need in Missouri for improved access to safe and effective psychoactive medication treatment delivered by providers who are skilled in both the diagnosis of mental conditions and in the use of psychotropic medications. Appropriately trained prescribing psychologists can provide badly needed psychological and psychopharmacological treatment services to the underserved populations of Missouri.
- The evidence shows that appropriately trained psychologists can prescribe psychotropic medications safely and effectively. The U.S. Department of Defense Psychopharmacology Defense Project (PDP) clearly demonstrated that appropriately trained psychologists can safely and effectively prescribe psychotropic medications. And appropriately trained psychologists in Louisiana, New Mexico and the U.S. military have written over 200,000 prescriptions without incident and are effectively contributing to the unmet need for mental health services in those states.

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- Psychiatry has a long history of opposing advances by psychologists that have proven beneficial to the public health.
- **There is a critical need for appropriate and effective psychoactive medication, but access to this type of care is being impeded.**

There is a clear need for increased access to care in Missouri. For example, the data indicate that there are insufficient mental health services available to meet the needs of Missouri's citizens. We understand that there is a shortage of physicians, including psychiatrists, in Missouri. In 2000, there were approximately 10,500 active patient care physicians for the state of Missouri, which places Missouri's ranking as 26th among states in physicians per capita.¹ Of that number, only 497(4.7%) were psychiatrists. With only 9.1 psychiatrists per 100,000 population, Missouri is well below the national rate of 12.6 per 100,000. While the overall number of physicians may be perceived as adequate, there is a critical access issue for many Missourians. It should be noted that in one-third of all counties in Missouri, there are less than 15 physicians per 100,000 population. With Missouri's total population projected to grow 9% between 2000 and 2020 and the age group of 65 years and older projected to grow 44% between 2000 and 2020, this is expected to increase the already high demand for health care services.

Recent cuts in Missouri's Medicaid program only further compound the issue of access to mental health services. Of the approximately 100,000 Missourians with disabilities who have lost Medicaid coverage, one-third has serious mental illness. State budgetary cuts have also adversely impacted rural areas where mental health services are very fragmented. As a predominantly rural state where the mental health system is centralized, most of Missouri's 114 counties are unable to fund and deliver mental health services on their own. In fact, only St. Louis and thirteen counties are able to do so in the face of state budget cuts. This places a vulnerable portion of the state's population at a disadvantage.

One reason for the inadequate access to mental health care is the shortage of psychiatrists. According to a 1999 survey conducted by the Public Health Research Group, at least 444 U.S. counties had licensed psychologists, but no psychiatrists. Of the 114 counties in Missouri, there are 31 counties where there is at least one licensed psychologist but no psychiatrists. The number of psychiatrists is expected to decline further. The Council on Graduate Medical Education projects a need for 55,000 general psychiatrists by the year 2010, yet only 33,000 are projected to be licensed. And the U.S. Bureau of Health Professions projects that between 1995 and 2020, demand for psychiatrists will increase by 100% for child and adolescent psychiatrists and by 19% for generalists. This bill would allow psychologists to help address this shortage.

In addition to addressing this critical shortage, SB 204 would improve the quality of care for those who benefit from psychoactive medication. The key to successful medication treatment is the accurate diagnosis and treatment of the mental condition at issue. Due to the extreme

¹ *HRSA State Health Workforce Profiles: Missouri*, U.S. Dep't of Health & Human Services, Health Resources and Services Admin., Bureau of Health Professions (2004).

shortage of psychiatrists, the majority of psychotropic medications are currently prescribed by non-psychiatric physicians, who are not necessarily trained to diagnose and treat mental health disorders.² SB 204 would authorize psychologists to perform this valuable service, allowing patients to have the benefit of psychologists' special knowledge and training in the mental health field when managing medication treatment.

Under SB 204, psychologists would also improve quality by integrating two key mental health treatment approaches— therapy and medication management. Numerous studies, including a 2008 study published in the *Journal of the American Medical Association* and a 2007 study published in the *American Journal of Psychiatry*, show that a combination of psychotherapy and pharmacotherapy is usually the most effective treatment for many mental health disorders. Yet most psychiatrists focus solely on medication management and no longer provide therapy, while primary care physicians are not even trained to provide psychotherapy.

In contrast, psychologists who are trained to prescribe medication offer both psychotherapy and pharmacotherapy. The psychological model of prescribing is a systems-oriented, holistic and integrative approach wherein treatment involves an active, problem-solving role by the patient and collaboration between the psychologist and patient. For psychologists, medication is only one of a number of psychological interventions at their disposal and they are more likely to use medication in combination with other interventions/treatment methods, such as psychotherapy. As a result, a number of prescribing psychologists in New Mexico and Louisiana, which have enacted prescriptive authority laws for psychologists, and psychologists certified to prescribe in the U.S. military have reduced or eliminated medications for a significant percentage of their patients.

- **Evidence shows that appropriately trained psychologists can prescribe psychotropic medications safely and effectively.**

Granting psychologists prescribing authority is not a new concept. New Mexico and Louisiana have already enacted prescriptive authority laws for appropriately trained psychologists. There are now nearly seventy appropriately trained psychologists in New Mexico and Louisiana who are certified to prescribe and who have written over 200,000 prescriptions since February 2005 without any adverse incident. There are also those military psychologists, who were trained to prescribe in the Department of Defense Psychopharmacology Demonstration Project and have been prescribing safely and effectively for over 10 years as well as current active-duty military psychologists who are trained and credentialed to prescribe. The evidence from these experiences shows that appropriately trained psychologists can prescribe psychotropic medications safely and effectively.

APA's support for the prescriptive authority issue is not taken lightly, nor has it come quickly. It has evolved from years of examination of the need for such service, and intense

² Pincus, H. A., Tanielian, T. L., Marcus, S. C., Olfson, M., Zarin, D. A., Thompson, J., & Zito, J. M. (1998). Prescribing trends in psychotropic medications: Primary care, psychiatry, and other medical specialties. *JAMA*, 279, 526-531.

scrutiny of the potential for successfully training psychologists to prescribe and of the best model for such training. One example of APA's commitment to this issue is our support for the Department of Defense (DoD) Psychopharmacology Demonstration Project (PDP), which proved that psychologists can be trained to prescribe safely and effectively.

In 1991, ten psychologists participated in the Department of Defense's Psychopharmacology Demonstration Project, which was designed to train and use psychologists to prescribe psychotropic medications. APA committed to seeing the PDP completed in order to answer the question of whether already licensed clinical psychologists can be trained to safely and effectively prescribe medications. The ten prescribing psychologists treated a wide variety of patients, including active duty military, their dependents, and military retirees, with ages ranging from 18 to 65.

The PDP was a highly scrutinized program. The American College of Neuropsychopharmacology (ACNP) conducted its own independent, external review of the PDP and in 1998, presented its final report to the DoD. Likewise, the General Accounting Office (GAO) issued its report on the PDP program to the U.S. Senate Armed Services Committee. Both reports repeatedly stressed how well the PDP psychologists had performed. Both the ANCP and the GAO had interviewed each of the PDP psychologists' clinical supervisors. Both reports found that every single supervisor – each one of them a psychiatrist – praised the psychologists' quality of care. According to the 1999 GAO Report, "an outside panel of psychiatrists and psychologists who evaluated each of the graduates rated the graduates' quality of care as good to excellent." The 1998 ACNP review stated that the PDP psychologists "had performed safely and effectively as prescribing psychologists, and that no adverse outcomes had been associated with their performance." Several physicians told the GAO that they came to rely on the PDP psychologists for information about psychotropic medications.

Those ten PDP-trained military psychologists along with the nearly seventy civilian psychologists certified to prescribe in New Mexico and Louisiana have been prescribing psychotropic medications to patients without any adverse effects. Therefore, it is clear that already licensed doctoral psychologists can be trained to prescribe safely and effectively. There are many more psychologists who have acquired the additional education and training and regularly deal with medication issues in treating their patients.

A 1999 APA survey of practitioners revealed that 99 percent of responding psychologists collaborate with physicians who prescribed psychotropics and other drugs. Most respondents – about 96 percent—had at least one patient on psychotropic medication and expect that number will continue to increase. The additional training in psychopharmacology proposed under this legislation would allow psychologists to continue to engage in these activities even more effectively. Allowing appropriately trained psychologists in Missouri to prescribe would greatly improve the availability of quality mental health care services and increase the number of qualified prescribing health care providers available to treat those citizens who previously lacked access to mental health care.

- **Psychiatry has a long history of opposing advances by psychologists that have proven beneficial to the public health.**

Psychology's movement towards prescription privileges did not occur in a vacuum, but rather, in the context of a similar movement by other health professionals. At present, there are a number of non-physician health professionals who have obtained prescription privileges. For example, today, optometrists have obtained independent prescription privileges in all 50 states. It took almost 30 years since the first state granted privileges in 1971 for optometry to obtain this result. Podiatrists, advanced nurse practitioners and physician assistants have also achieved prescriptive authority in the majority of states. In those 30 years, two patterns clearly emerged. First, organized medicine unsuccessfully opposed the granting of privileges in every state. Secondly, and most importantly, organized medicine's warnings about the danger to patients have proved to be unfounded.

The January 31, 2005 issue of U.S. News & World Report, which includes a number of articles about the current state of health care, profiles the opposition by medicine to non-physicians seeking prescriptive authority in an article entitled, "Medicine's Turf Wars." The article chronicles the ongoing prescription battle between medicine and non-physicians, dating back to the late 1960s and 1970s when doctors of osteopathy sought prescription privileges. Medicine raised claims of patient safety again in the early 1980s when optometrists began seeking prescriptive authority as well as in the early 1990s when physician assistants and nurse practitioners began to push for prescription privileges. Organized medicine opposed these advances, always arguing that only through attendance at medical school can one safely prescribe. Nevertheless, the January 31st article notes that experience "has shown that many non-physician providers perform safely, or at least as safely as physicians do, in their expanded role."

Not surprisingly, organized psychiatry has a history of opposing any expanded scope of practice for psychology as a profession. The resistance of psychiatry to the development of professional psychology has been strong and consistent throughout the history of professional psychology in the United States. A half-century ago, psychiatric societies tried to pass laws to limit the practice of psychotherapy to physicians only.

Psychiatric societies have used their much greater financial and political strength to block or at least to delay almost every expansion in the scope of practice of psychologists. From the 1950s through the 1970s, psychiatrists argued that it was not safe to permit psychologists to practice outpatient psychotherapy without medical referral or supervision. Despite this opposition, all fifty states plus the District of Columbia now license psychologists for the independent practice of psychotherapy. In fact, the Fourth Circuit Court of Appeals, in denying the psychiatric position, took judicial notice of the fact that psychologists and psychiatrists are economic competitors and issued a strong warning to the psychiatric community "that it is not the function of a group of professionals to decide that competition is not beneficial to their line of work" (VACP v. Blue Shield of Virginia, 1990). The use of psychological testimony in court was delayed for years by the efforts of psychiatric groups to discount its significance. Psychiatrists tried for decades to prevent psychologists from diagnosing mental disorders, claiming that diagnosis was exclusively a medical function.

When psychologists initiated licensing laws to regulate the practice of psychology and protect the public, psychiatric societies actively worked to defeat these laws. They eventually lost the battle -- every state now has a psychology licensure law. Psychiatry has also opposed psychologists' ability to treat patients in hospital settings. This position has been clearly rejected by the California Supreme Court, which held that a hospital may permit clinical psychologists on its staff "to provide psychological services within the legal scope of their licensure, without physician supervision and without discriminatory restrictions." (CAPP v. Rank, 1990). Psychiatry's current opposition to psychology's seeking to expand its practice to include prescriptive authority is neither surprising nor new. And the patient safety issue asserted by the psychiatric community is the same issue that organized medicine has repeatedly cited in its attempts to limit other non-physician providers.

In conclusion, I would like to reiterate the critical points for your legislature to keep in mind while considering this legislation:

- There is a critical need for improved access to safe and effective psychoactive medication treatment delivered by providers skilled in both the diagnosis and treatment of mental conditions and in the use of psychotropic medications.
- Psychologists are highly trained mental health specialists, many of whom have acquired this additional post-doctoral training in psychopharmacology in order to collaborate with physicians about their patients' medications. They would not be the first non-physician providers to prescribe medications, and in fact, psychologists in New Mexico, Louisiana, and the military, who have been certified to prescribe, have already demonstrated their ability to prescribe safely and effectively.
- Psychiatry's opposition is highly suspect considering its routine opposition to the legitimate progress for the profession of psychology -- areas in which psychologists are now successfully engaged.

Furthermore, APA firmly believes that prescribing psychologists can help fill some of the gaps in mental health care delivery, just as other prescribing non-physician healthcare providers serve the citizens of Missouri. The states of New Mexico and Louisiana have already enacted psychologist prescribing laws for similar reasons. We urge your passage of SB 204.

Sincerely,



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