



**AMERICAN
PSYCHOLOGICAL
ASSOCIATION**
SERVICES, INC.

February 3, 2023

The Honorable Marcus Riccelli
Chair
House Health Care & Wellness Committee
P.O. Box 40600
Olympia, WA 98504-0600

The Honorable Joe Schmick
Ranking Minority Member
House Health Care & Wellness Committee
P.O. Box 40600
Olympia, WA 98504-0600

Dear Chair Riccelli and Ranking Member Schmick:

I am writing on behalf of the American Psychological Association Services Inc., the companion organization of the American Psychological Association (APA), in support of HB 1041, which is currently before your committee. This bill granting prescriptive authority to psychologists with specialized education and training in clinical psychopharmacology, would help to address the overwhelming patient demand for comprehensive mental health services.

APA is the largest scientific and professional organization representing psychology in the U.S., with a membership of more than 146,000 clinicians, researchers, educators, consultants, and students. Psychologists provide critically needed mental health, substance use disorder, and health behavior services, including psychotherapy to diagnose and treat mental health and substance use disorder conditions, testing for patients needing cognitive assessments, and health behavior assessments and interventions for beneficiaries struggling with physical health problems.

A significant percentage of Americans suffer from a mental or emotional condition at some time in their lives, but their needs are not being met by the current health care delivery system. One such unmet need is in the area of psychopharmacological treatment. This is due in large part to the significant shortage of psychiatrists – both general psychiatrists and especially child and adolescent psychiatrists – available to meet the demand for mental health services. Not only are there not enough graduates from psychiatric residency programs to maintain the current number of psychiatrists, more than half of all psychiatrists are age 55 or older. Moreover, psychiatrists are the medical specialists least likely to accept insurance or Medicaid compared to other medical specialties.

As a result, the large majority of Americans who receive medications for the treatment of mental disorders do not obtain them from psychiatrists. Patients' mental health issues often fall to their primary care providers or family physicians for diagnosis and treatment. But non-psychiatric physicians often lack significant training in the diagnosis and treatment of mental health disorders, typically do not have the time to effectively manage their patients' mental health problems and are not trained to provide psychotherapy or other psychological interventions necessary for optimal clinical outcomes. Furthermore, studies have found that at least 3/5 of psychotropic medications are

prescribed by primary care providers for patients with no documented psychiatric diagnosis, while many Americans go without treatment altogether.

Several states—including New Mexico, Louisiana, Illinois, Iowa, and Idaho—as well as federal agencies have moved to address the need for access to psychotropic prescribers who are trained in the diagnosis and treatment of mental health disorders by allowing appropriately trained psychologists to prescribe. Those psychologists who complete post-doctoral education and training in psychopharmacology can offer comprehensive treatment - both psychological and pharmacological - to their patients. Numerous studies show that a combination of psychotherapy and pharmacotherapy is usually the most effective treatment for many mental health disorders. In fact, many prescribing psychologists have reported reducing or eliminating medications for a significant percentage of their patients. Allowing licensed psychologists who have completed post-doctoral education and training in psychopharmacology to prescribe psychotropic medications would provide an avenue for addressing the shortage of available providers.

Within this context, we would like to emphasize the following points regarding HB 1041:

- HB 1041 would require prescribing psychologists to complete specialized clinical psychopharmacology training.
- HB 1041 protects the public. It requires prescribing psychologists to successfully meet traditional psychology licensing requirements, plus pass a national exam to demonstrate knowledge and competence in psychopharmacology.
- HB 1041 is supported by the Washington Department of Health.
- Data clearly show that prescribing psychologists practice safely.
- Status quo approaches are unlikely to effectively address patient treatment needs.

HB 1041 would require prescribing psychologists to complete specialized training.

Prescribing psychologists are required to complete a two-year, full-time, Master of Science degree in clinical psychopharmacology (MSCP), which is taught by physicians (including psychiatrists in many states), physician assistants, pharmacists, nurse practitioners, and prescribing psychologists.

The MSCP program incorporates the following specialized training: basic science (biology and chemistry); functional neurosciences; physical examination; interpretation of laboratory tests; pathological basis of disease; clinical medicine; clinical neurotherapeutics; pharmacology; clinical pharmacology; psychopharmacology; and psychopharmacology research. Prerequisites for the MSCP program include anatomy, physiology, and biology. The MSCP program must follow rigorous standards set by the American Psychological Association – the Designation Criteria for Education and Training Programs in Psychopharmacology for Prescriptive Authority. Programs must apply for and be granted designation every five years with interim reports required more frequently.

In addition to coursework, HB 1041 would require prescribing psychologists to complete a physical assessment practicum of 80 hours under the supervision of a primary care provider, and 500 hours of supervised clinical fellowship in evaluating and treating at least 100 unique patients over the course of no less than one year.

Despite claims to the contrary, medical school is not the sole means by which prescribers are trained. Several non-physician prescribers—such as advanced practice nurses, clinical pharmacists, optometrists, and physician assistants—receive specialized training outside of medical school and are licensed to prescribe. Washington has successfully adopted advanced practice standards for professional nursing, allowing nurses who obtain additional education and training to seek licensure as advanced registered nurse practitioners with the authority to prescribe medications. In addition to nurse practitioners who work in primary care/family medicine, Washington allows nurse anesthetists, dentists, naturopaths, optometrists, pharmacists, physician assistants, and podiatrists to prescribe drugs. None of these providers went to medical school.

HB 1041 would establish an analogous education and clinical training pathway, like advanced practice nursing.

HB 1041 protects the public.

It would require prescribing psychologists to successfully meet minimum education and supervised clinical experience requirements and pass a national test—the Psychopharmacology Examination for Psychologists (PEP) - developed by the Association of State and Provincial Psychology Boards (ASPPB). ASPPB represents the psychology regulatory bodies in jurisdictions throughout the U.S. and Canada and promotes high standards of excellence for the profession to advance public protection. ASPPB administers the Examination for the Professional Practice in Psychology (EPPP) required for licensure in Washington as a psychologist, and ASPPB administers the PEP exam for psychologists seeking licensure as prescribing psychologists.

HB 1041 is supported by the Washington Department of Health.

As was discussed at your Committee's January 13th hearing, the Washington Department of Health issued a sunrise review on prescriptive authority for psychologists. During the sunrise review process, the Department raised questions about the specific education and clinical training requirements as originally described in the proposal submitted by the Washington State Psychological Association (WSPA). However, since that review process, WSPA has carefully considered the Department's feedback and clarified the proposed bill language in response. At the Committee hearing, representatives from the Washington Department of Health clearly articulated support for HB 1041, and they confirmed that any previous concerns had been addressed in amendments to the proposal.

Prescribing psychologists are safe.

Prescribing psychologists have been prescribing safely for almost 30 years and have written over one million prescriptions. There are no data substantiating claims that prescribing psychologists are harming patients. The American Psychiatric Association claims they are trying to protect patient safety by stopping psychologists from prescribing, yet during these past 30 years, they have been unable to produce any data demonstrating that prescribing psychologists are unsafe. In fact, the data actually indicate that prescribing psychologists may be safer than psychiatrists; the rate of malpractice claims against psychiatrists (2-3% of psychiatrists annually) is four times higher than that for prescribing psychologists.

Prescribing psychologists ensure safety in the same way other prescribers do:

1. They are subject to patient safety reporting (PSR) in all hospitals and medical settings.

2. They conduct drug-to-drug interaction checks, order vitals, order labs and other medical tests, and monitor reactions to drugs.
3. They use and follow the same standards of care, practice models, and guidelines that other prescribers use.
4. They are required to collaborate with the patient's primary care provider and other specialists. For example, when there is evidence of sleep apnea, cardiac abnormalities, low iron, thyroid disorder, diabetes, etc., prescribing psychologists immediately send the data to the primary care provider just like a psychiatrist or nurse practitioner would do.

Prescribing psychologists credentialed to prescribe in the U.S. military, the U.S. Public Health Service, and Indian Health Service, as well as those credentialed in New Mexico, Louisiana, Illinois, Iowa, and Idaho demonstrate that psychologists can be trained to prescribe psychotropic medications safely and effectively thereby increasing access to much-needed mental health care services.

Data suggest that not only are psychology prescribers safe, but they also genuinely benefit their communities. Since prescribing psychology started in Louisiana (2004) and New Mexico (2002), there has been a 5-7% reduction in suicides in those states. Suicide and suicide attempts are the most tragic indicator that real people are suffering from psychiatric illness and cannot get the help they need, when they need it, from the existing pool of health care providers.

Status quo approaches are unlikely to effectively address patient treatment needs.

In their letter to the Committee, the American Psychiatric Association recommends several courses of action, acknowledging the crisis levels of poor access to psychiatric care.

First, they suggest that instead of allowing for prescribing psychologists, primary care providers continue to bear the burden of prescribing and managing psychotropics for their patients. Primary care providers are already prescribing the large majority (60-80%) of psychotropic medication due to an ongoing lack of psychiatric providers. Because of both their competing responsibilities and their relative lack of substantial mental health training, primary care providers alone should not be relied upon to make up for the dearth of psychiatrists.

Second, the psychiatry letter suggests utilizing consultation services so that primary care providers can continue to prescribe psychotropic medication with advice from a psychiatrist. We support this effort; integrated primary and behavioral healthcare services provided under evidence-based models including the Primary Care Behavioral Health (PCBH) model and the Collaborative Care Model have demonstrated their effectiveness and hold great promise. However, integrated care cannot by itself effectively address the fundamental problem of a dire shortage of psychiatric providers.

The well-documented national shortage of psychiatrists is predicted to worsen so that the U.S. will be as many as 31,000 psychiatrists short within the next few years.¹ For context, the American Psychiatric Association currently reports a national membership of 37,000. This shortage is compounded because the rate of growth in psychiatry residency positions is capped, and severely limited. In 2022 psychiatry admitted its highest number of resident physicians in the past eight years – 1640. It would take nearly 19 years for psychiatry to fill the shortage gap if the annual number of

¹ Satiani, A., Niedermier, J., Satiani, B., & Svendsen, D. P. (2018). Projected workforce of psychiatrists in the United States: a population analysis. *Psychiatric Services*, 69(6), 710-713.

psychiatry residents was doubled. In other words, these data are compelling that training more psychiatrists—while necessary—is not a viable solution for meeting the increasing demand for comprehensive mental health services.

We need new approaches to ensuring that people get the healthcare they need and deserve, particularly given the crisis caused by the COVID-19 pandemic. We urge you to support HB 1041 as a step toward increasing the supply of highly trained mental health specialists in Washington. Please feel free to contact Deborah Baker, JD of our staff at dbaker@apa.org should you have any questions on this issue.

Sincerely,

A handwritten signature in black ink, appearing to read 'Arthur C. Evans, Jr.', with a long horizontal flourish extending to the right.

Arthur C. Evans, Jr., PhD
Chief Executive Officer
American Psychological Association Services, Inc.

cc: Washington House Health Care & Wellness Committee