Advocating for Prescriptive Authority for Psychologists: A National Perspective

Deborah C. Baker, JD
Director of Legal & Regulatory Policy

Office of Legal & Regulatory Affairs – APA

March 9, 2020 – APA Practice Leadership Conference, Washington DC
1986: APA’s Council of Representatives accepts a joint resolution submitted by Divisions 12 (Clinical) and 22 (Rehabilitation) that identifies the practice of psychology to include “both physical as well as purely psychological interventions”.

1989: APA’s Practice Directorate staff joins the Defense Department’s Blue-Ribbon Panel to create the Psychopharmacology Demonstration Project (PDP) curricula.

1991: The PDP begins training two Navy psychologists.

1995: APA Council votes to adopt a resolution on prescription privileges for appropriately trained psychologists.


1997: APA Council authorizes the College of Professional Psychology to develop an exam for use by states and provinces in granting prescriptive authority to psychologists.

2009: APA Council approves the revisions to the RxP Model Curriculum & Model Legislation documents and the establishment of a designation system for psychopharmacology training programs for psychologists.

2019: APA approved revisions to existing APA’s RxP policy documents.
• APA’s Model Curriculum for Education and Training in Psychopharmacology for Prescriptive Authority
• APA’s Model Legislation for Prescriptive Authority
• APA’s Designation System for Education & Training Programs in Psychopharmacology for Prescriptive Authority
• APA Practice’s Legislative Grants program (administered by Committee of State Leaders)
• Staff consultations
Purpose of designation is to afford public recognition of education and training programs that meet certain minimum standards and published criteria.

Committee is composed of 6 members representing specified expertise areas:
- Psychopharmacology postdoctoral program directors
- Basic psychopharmacology science or clinical psychopharmacology research
- Prescriptive authority in psychology,
- Prescriptive authority in another health profession, and
- Health care system quality assurance

Responsible for oversight and implementation of APA’s designation system for psychopharmacology education and training programs.

Process is voluntary.

Current APA-designated programs:
- Alliant University
- Fairleigh-Dickinson University
- New Mexico State University
Number of RxP bills introduced by year (1999-2019)
PRESCRIPTIVE AUTHORITY ADVOCACY EFFORTS (2020)

- **RxP legislation enacted**
- **No legislation**
- **RxP legislation introduced in 2020**

Map showing states with RxP legislation: New Mexico, Louisiana, Washington, Oregon, Alaska, Hawaii.
Laying the Groundwork for your RxP Advocacy Strategy
Assess support for RxP within your SPTA

• Has a membership survey regarding RxP been conducted within past several years?
• What is the majority opinion within your SPTA regarding RxP?
• Does your SPTA membership support RxP as the primary legislative priority?
• Are there psychologists within your SPTA or your state who are pursuing or have completed RxP training?
• How many? Are they active within the SPTA?
• If not, then how can they be motivated to join/become more active?
• What grassroots activities have been undertaken to increase support for RxP?
Assess support for psychology in your state legislature

• Are there any psychologist legislators?
• Other lawmakers with experience as health care providers?
• Which legislators tend to support psychology/mental health issues?
• Do they hold positions of leadership or influence?
  • E.g., committee chairs, party leadership, etc.
• Which legislators might support RxP? Or oppose RxP?
• Which legislators may be undecided? Unaware or uninformed?
Is your SPTA politically active enough?

- Are there any opportunities to increase your SPTA’s visibility among legislators?
  - Are there issues other than RxP where psychology could take a visible position?
  - Or assist legislators in formulating possible legislative solutions?
  - Attend or organize fundraising events for key legislators?
  - Meet with legislators in home districts?

- Educate your members engaged in the advocacy effort:
  - Who are the legislators for their districts?
  - Who are key committee members?
  - Which legislators may be undecided about RxP?
Does your SPTA have a voice in the legislative process?

• Does your SPTA have a lobbyist? Full-time or part-time?
• Does the lobbyist understand and support RxP?
• Has the lobbyist worked on this issue for other kinds of providers?
• Does your lobbyist have good relationships on both sides of the aisle?
• Do you need to add a lobbyist from the majority party?
• Has the SPTA critically assessed its lobbying needs/lobbyist’s effectiveness?
Issues to Consider – Drafting & Negotiating Legislation

• What is the title used to refer to prescribing psychologists?
• What is the regulatory structure overseeing prescribing psychologists?
• How is the formulary defined?
• Is collaboration required? How is it defined?
• Are there limitations on eligible patient populations?
• Is there a required supervised clinical training period? How is it defined?
• Who qualifies as eligible supervisors?
• Is there independent RxP?
• Or is it a supervised delegation of prescriptive authority by a physician?
• What are the key issues that resonate with your legislators? How can RxP be part of that equation?

• Who are the natural allies for RxP?
  • Other non-physician prescribers?
  • Individual physicians?
  • Any federal prescribing psychologists in your state?

• Who are other potential allies?
  • Law enforcement?
  • Veterans’ groups?
  • Nursing homes?
  • Primary care?
  • Social service organizations?

• Is there an existing institution that would be interested in establishing RxP training program for psychology?
Organized medicine/psychiatry typically claims:

• Dangerous to patients
• Psychologists lack necessary training
• Money making scheme for psychology

Newer tactics:

• Too expensive/too much liability for physicians to supervise
• Require perpetual supervision/formal written collaborative agreement
• Insist on representation on advisory panel to psychology licensing board and slow down the approval process for prescribing psychologists
Reframing the Issues

- It’s a patient ACCESS issue
- There is a mental health CRISIS
- Focus on CONSUMER choice
- Time to CHANGE how health services are delivered