Louisiana’s Model for Prescription Privileges for Psychologists

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Adapted from the presentation of Glenn Ally, Ph.D., M.P at APA 2008
Rationale

• Today, integrated care is of the utmost importance.
• By having prescriptive authority, psychologists can more effectively function in today’s world.
• Most physicians, including psychiatrists, are limited to 10-15 minute appointments, whereas medical psychologists can see patients for 30-50 minutes and provide both psychotherapy and medication management.
Louisiana’s Original Definition of Medical Psychologist (May 2004)

• “A licensed psychologist who has undergone specialized training in clinical psychopharmacology and has passed a national proficiency examination in psychopharmacology approved by the board and who holds from the board a current certificate of responsibility.”
Present Definition of Medical Psychology (March 2011)

• “That profession of the health sciences which deals with the examination, diagnosis, psychological, pharmacologic and other somatic treatment and/or management of mental, nervous, emotional, behavioral, substance abuse or cognitive disorders, and specifically includes the authority to administer, and prescribe drugs and distribute bona fide medication samples as defined in this Section. In addition, the practice of medical psychology includes those practices as defined in R.S. 37:2352(5).”
1) Louisiana Academy of Medical Psychologists (LAMP) was born in 1999 with the first class.

2) Act 251 transferred the prescriptive authority of medical psychologists to the medical board.

3) This was initiated by LAMP.

4) With the passage of Act 251, “medical psychologist” became an additional licensed professional recognized in statute.

5) Prior to Act 251, a medical psychologist was a licensed psychologist with an additional certificate.
How It Works for New MPs

• New Medical Psychologists (MP) must consult, collaborate, and have concurrence with an attending MD
• Patient must authorize this ongoing relationship
• Must do so prior to making any medication changes
• Must document all contacts with MD in patient’s chart
Medical Psychologists Advanced Practice (MPAP)

• Patients must have an attending MD.
• There must be a referral from an MD for evaluation and treatment.
• MPAPs submit an initial examination and copies follow-up encounters with the patient’s physician (fax is acceptable).
• MPAPs do not have to consult prior to making medication changes.
To Achieve Advanced Practice Status

• MP must document 3 years of established consultation with MDs
  • Must have treated 100 patients
    • 25 with antipsychotics
    • 25 with antidepressants
• Must have 2 written recommendations from MDs
• Must document over 100 hours of CME training
Current Requirements

• CMEs – 20 hours/yearly
• CEs – 15 hours/yearly
• LAMP must provide 25% of these hours, including 2 hours of ethics
• Basic Life Support (BLS) re-certification is required every 2 years
Costs

• Original Costs
  • LAMP: $500,000
  • CAPP: $350,000
  • LAMP has a PAC.
    • The PAC makes all political contributions.

• Ongoing costs
  • Lobbyists
  • Executive Director
  • LAMP has a PAC.
    • The PAC makes all political contributions.
Major Opposition Strategies

- Distortion
- False Comparison
- Fear
- Safety of Patients
- Special Knowledge
- Anecdotal “evidence”
Major Support Strategies

- Relationships
- Contributions
- Availability
- Presence
- Physician Support
- Integrated Care
Limitations

• Medical psychologists do not prescribe opioids in Louisiana, by choice.

• If an MD retires or changes practice status, the patient must find a new physician who is willing to consult with an MP or MPAP.
References


2018 APA PRACTICE LEADERSHIP CONFERENCE SPONSORS

#APApIc
Passed in 2017 with 2 dissenting votes

- Three years in the making
- Rules currently being formulated by the Board of Psychology for submission to the 2019 legislature
- Appropriation currently up for vote to establish a two-year full-time training program through Idaho State University. Proposed start date is Fall 2018
• Licensed Doctors of Psychology first earn a Master's Degree in Psychopharmacology. We follow APA guidelines. Idaho law requires the training program to be equivalent to or greater than that of a psychiatric nurse practitioner program as determined by the training institution that has both programs.

• Trainees have supervised experiences during and after the program. They have to pass an exam approved by APA. For two years after the masters, they have a conditional certificate and are under supervision. Subsequently, they are free to practice.

• Prescriptions are limited to medicines used in the mental health field.
• Every patient has to have a medical provider to evaluate any non-mental health conditions.

• The psychologist is required to collaborate with the medical provider(s) to coordinate care.

• Prescribing psychologists are regulated by the Board of Psychology which has an advisory committee comprised of representatives from psychiatry/child psychiatry/pediatrics (2), Psychology (2) and pharmacy (1).

• Yearly continuing education is required.
What worked?

- The single most important decision was the choice of lobbyist. This person is the face of your organization to the legislature.

- The team has to be cohesive. You will be covering each other’s back’s and encountering pressures you probably never imagined. Humor helps.

- Arguments have to be accurate and fact based. Rationales can address the ideological views of the listener. Visual handouts/videos help.

- Dissent, to the greatest degree possible, needs to be treated respectfully. We are psychologists. Looking at issues through another person’s eyes can be illuminating. Some dissent has no logical basis. Lose your temper in private.
Unintended Consequences

❖ We now realize that passing the legislation was just the beginning. We will be intimately involved in the future with issues ranging from licensing, to insurance payments, to admitting privileges, and beyond.

❖ This initiative thrust our small organization into direct contact with legislators. They didn’t know about our training or capabilities. They like us. We now are being asked to comment on many pieces of legislation. We are being asked to sit on panels. We have realized that we have to remain involved in advocacy and that we do have the power to bring change.
Enjoy the journey!
RXP IN IOWA

History, Overview and Future
BRIEF HISTORY

• In 2004 a task force was created to explore the concept of prescriptive authority for psychologists
• This exploration included a survey of the member of the Iowa Psychological Association
• Results of the survey indicated enough interest to have the task force evolve into a standing committee on Psychopharmacology Education
History continued

• The new committee submitted a 3 year strategic plan which included putting forth legislation as a final step

• The first step of the 3 year plan was implemented annually by including psychopharm education at each conference offered by the association

• The second step of the plan was implemented when IPA supported FDU’s MSCP program as the program of choice for Iowa
History Continued

• We remained in this pattern of step 1 and 2 for many years.
• Another survey of members was conducted around 2010-2011. The results indicated support for pursuing RxP legislation, however, older members stated they would support but not pursue the training or assist in securing legislation due to being late in their careers while younger members stated they would support legislation but due to current debt, would not begin training and since they were starting their practices and often families, would not assist with efforts to move forward.
History Concluded

• After sharing the results of that survey it was recommended to the Executive Council that IPA move toward filing legislation or have the committee be dormant for a bit until there was more active support.

• Legislation was filed for the first time in 2013.
Overview of Legislation

• Legislation was filed in 2013 and was assigned to sub-committees in both chambers. We had a Republican in the House and a Democrat in the Senate sponsoring the study bill.

• In the Senate the bill moved out of sub-committee, in the House the sub-committee canceled the hearing and was unable to reschedule before the funnel date.

• Bill was ‘dead’ for that session but remained alive for the second year of the 2 year session.
Overview of Legislation

• In 2014, a sub-committee hearing was held in the House and the bill passed out unanimously.

• The bill was unable to move out of the full committee in either the House or the Senate.

• The bill died and would need to be re-introduced in 2015.
Overview of Legislation

• In 2015, bill was again assigned to sub-committees in both chambers.
• Senate sub-committee hearing scheduled first. No signatures given even though 2 of the 3 members were the same as in 2013.
• Since sub-committee in Senate did not move the bill forward, the House did not schedule a sub-committee hearing.
• The bill did move that year but remained alive for the second year of the 2 year session.
Overview of Legislation

• In 2016, the legislation was heard and passed out of sub-committees in both chambers as well as out of both full committees in each chamber.

• Bill came up for a vote on the floor of the Senate first and did not pass by a margin of 2 votes. Our bill sponsor changed his vote to ‘nay’ so he could file a motion to reconsider on this issue.
Overview of Legislation

• The House would not hold a floor vote until the Senate had finished its’ work on the bill.
• The motion to reconsider and the new vote on the bill came to the floor shortly before the end of the session in April and passed.
• When the bill went to the House for a vote, an additional amendment was added which stated that the administrative rules for this legislation would be determined jointly by the Board of Psychology and the Board of Medicine.
Overview of Legislation

- With this amendment the House passed the bill and sent it back over to the Senate which also passed the bill.
- Governor Branstad signed the bill into law May 25, 2016.
Features of the Iowa Law

• Based on the New Mexico legislation
• Requires a post-doctoral master’s degree in clinical psychopharmacology. The law does not have ‘APA designation’ written in it as this was not acceptable to those who opposed the law.
• Requires practicum and 2 years of supervision. The second year of supervision was in response to those concerned about prescribing to special populations such as children, the elderly and pregnant women. The second year of the supervision is to focus on prescribing to those populations if the psychologist desires to have those populations as part of their practice.
• Requires an ongoing collaborative practice agreement with a prescribing physician.
• The supervising and collaborative physicians are not limited to psychiatrists.
Website for the Law

• http://coolice.legis.iowa.gov/Cool-ICE/default.asp?Category=billinfo&Service=oldbillbook&ga=86&hbill=Sf2188

• www.legis.iowa.gov/docs/publications/LGI/86/SF2188.pdf
Future

• Administrative rules are still being written with the sub committee from the Board of Medicine so are not available to share.
• Consensus has been reached in the areas of practicum, supervision years and collaborative practice agreements.
• Consensus has not been reached regarding the didactic training or use of APA designation
Future

• Work to bring a training program to Iowa
• New Mexico State University has indicated interest in expanding their program outside of New Mexico
• Meeting with universities in Iowa to collaborate with NMSU to have training available in Iowa
Questions

• Do not hesitate to contact:
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How we started.......The Elaine & Mario years

• 1999-Southwestern Institute for Advancement of Psychotherapy-first iteration of 12 students
• 2001-First RxP (modeled after then current APA recommendations + pathophysiology) bill passes House but time runs out in Senate
• 2002-Second time around-Medical Society agrees to a conference committee of PCPs and psychologists. Conference committee adds 2 year Conditional period, collaborative relationship with PCP, and Peer Review at end of Conditional Period. Passed House and Senate. Signed by governor Gary Johnson on March 5.
• 2005-First two psychologists to receive Conditional Licenses.
Being the First

Pros

• Enterprise- Proudly went where no one had gone before.......  
• Experience-we have about 10 psychologists with 10+ years  
• Safety-Built a strong safety record (no known board complaints or malpractice suits for patient safety issues)  
• Example-NM is an excellent model for other states

Cons

Trial and error-figuring out relatively vague regulations  
Having to prove ourselves over and over again  
Insurance-!!!!!!!!!!!!!!!!!!!!!!!  
Medicare-does not allow MP’s to bill for MM
• In mid 2014, with the help of our trusted attorney David Johnson, JD, Dr. Christina Vento headed an effort with Medicaid to allow MP’s to bill under E/M codes.

• Medicaid approved all but two of the codes of the most complex codes available to psychiatrists. Most private insurance companies have allowed the E/M codes also.

• Prior to that change, everyone had to bill under psychotherapy + add-on med management code. While that sounds like it would be ideal to keep us from becoming junior psychiatrists, it also posed a multitude of problems with insurance companies and paperwork.
In late 2015, Dr. Vento and Dr. Wilkins did a presentation on documentation differences between the new two ways to document. There were no known documentation guidelines for the add-on MM code but during a couple of audits, expectations appeared to be the same as with utilizing E/M codes. The only major difference between the two was:

- **Psychotherapy + MM** = Full treatment plan re-evaluated every 3 months
- **E/M + psychotherapy** = session to session treatment plans

Many recognized that depending on where and how you practiced that the E/M codes + psychotherapy were often more manageable.

Three examples:
- NM requires anyone who receive stimulants to be evaluated every 30 days.
- Provided psychotherapy with significant improvement but patient will need to remain in medication management services indefinitely.
- Providing services in an agency or area that has many more therapists than prescribers and the patient already has a therapist.
So do the addition of E/M codes change Practice Patterns?

• Yes and no according to 3 surveys conducted between 2011 and 2018.
### 2011 vs 2016 vs 2018 Survey on Practice in NM

<table>
<thead>
<tr>
<th>Year</th>
<th>N</th>
<th>Overview</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/2011</td>
<td>17</td>
<td>9 of 13 were providing both MM &amp; psychotherapy. 9 of 14 were treating less than 10% of patients with medication alone. 1 was providing primarily MM services due to overwhelming need in area.</td>
</tr>
<tr>
<td>8/2016</td>
<td>25</td>
<td>(N=48) E/M codes only- 3 or 8.3%  E/M codes + psychotherapy-0  30 min + Add-on MM- 9 or 36%  45 min + Add-on MM- 13 or 52%</td>
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<tr>
<td>2/2018</td>
<td>27</td>
<td>(N=52) At least 50% of practice  E/M codes only- 5 or 18.52%*  E/M codes + psychotherapy-4 or 15%  30 min + Add-on MM-5 or 18.52%  45 min + Add-on MM-11 or 40.74%  Combination- 2 or 7.1%  Medicaid @ 95%  * 2 Conditionals accepted positions that do not allow for psychotherapy but plan to move back to a more traditional 45 min model.</td>
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Levine, Wiggins & Masse (2011)
State of Practice Today in NM

• NM now has 65 licensed Prescribing Psychologists. We have approximately 52 practicing in the state. There are few in the military, a few in IHS out of state, a few working on getting to NM and a couple seemingly lost in space.

• Biggest obstacles to increasing prescribers are:
  • 400/100 hour practicum with an MD on site and they are volunteer hours unless you happen to work at an agency that supports it.
  • MD only supervisors for practicum and conditional positions.
Proposed Legislative Changes in 2017

What SPA/Prescribers wanted was:
• Supervisors to include PP/MP’s, DO’s, NP’s and Clinical Nurse Specialists.
• Fax and email to be considered collaboration within 24 hours of contact with patient with established patients.
• Change in formulary to include all medications listed in AHSP or Drugs, Facts & Comparisons 2016
• Reciprocity for other states that have similar license requirements decided by the Board of Psychology Examiners

What the Medical Society wanted was:
• Prescribing/Medical psychologists to be directly supervised by their board not psychology
• For PP/MP’s to participate in State Prescription Monitoring Program for Controlled Substances
January 2017-NM Legislature

• Meeting with Medical Society in late 2016-Absolutely NO
• Proceeded with bill in Senate committee with bipartisan sponsors. Normal testimony from Medical Society and Psychiatry but several large behavioral health agencies spoke on our behalf.
• Compromise-PP will use PMP/No Medical Board supervision & No PP’s to supervise but everything else went through.
• Passed Senate 100%
• Passed House 100%
• Governor did not respond (pocket veto)
• Our 3 Bipartisan sponsors in the legislature had been the lead opposition to a number of bills including overturning a number she had vetoed. Susanna Martinez, our Republican Governor was in her final term and apparently not pleased with our sponsors.

• Our bill was “pocket vetoed” which means that she just did not respond. She did the same to most bills brought forward by our sponsors.
January 2019-Plan for the Future

• SPA/Prescribers continues to work with our lobbyist
• NM will have a new governor for the 2019 legislative session.
• We will have the same bipartisan sponsors.
• The gubernatorial favorite is a huge advocate for mental health.
• SPA/Prescribers will be returning with a new & improved bill to the next session.
• One of our most vocal critics provided a training for SPA conference in 2018
• Already on the campaign trails.
Questions or Comments?

Bibliography

Thank you