

PRESCRIPTIVE AUTHORITY: RENEWED ACTION IN THE STATES

Five states now allow psychologists the right to prescribe psychotropic medications – three of them since 2014. What does this momentum mean for the future of this expanding proficiency?

By *Tori DeAngelis*

At the annual Hawaii Psychological Association meeting in 1984, the late Sen. Daniel Inouye (D-Hawaii) urged psychologists to seek prescriptive authority so they could better serve populations in need. Over the next 33 years, psychologists helped pass bills in seven states, and five of those bills became laws.

The first two states to pass laws—New Mexico in 2002 and Louisiana in 2004—now have approximately 160 psychologists who can write prescriptions. In 2014 Illinois passed a bill in record time, and Iowa and Idaho went on to score victories in 2016 and 2017, respectively.

“We now have five states that have passed prescriptive authority legislation, and there are other states that are very close and working very energetically towards passing their legislation,” says Beth Rom-Rymer, PhD, a Chicago-based practitioner who spearheaded the Illinois win. “There has certainly been a renewal of energy in this direction.”

Still a matter of debate

Prescription privileges for psychologists have been slow to materialize. Opposition from both psychiatrists and psychologists have made prescriptive authority a hot-button issue, and moving bills through state legislatures can take years.

Still, there remains a strong current of support for the movement—not only among those seeking privileges per se, but among other psychologists, physicians and psychiatrists who support the movement’s rationale. Advocates believe prescriptive training can help fill the huge service gaps in rural and other underserved areas.

Due to the shortage of psychiatrists in rural areas and elsewhere, “most psychotropic drug prescriptions are written by general physicians

who know very little about either psychiatric mental health diagnosis or treatment,” says retired anesthesiologist Robert M. Julien, MD, PhD, who has provided psychopharmacology training to psychologists and supports their right to prescribe. Advocates also believe trained psychologists have advantages over other providers, thanks to their extensive knowledge of psychosocial factors and their detailed training in medications’ chemistry and biology.

“Prescribing psychologists look at the whole person and try to determine the underlying causes of their difficulty—and then how they can address those issues through psychotherapy, other kinds of supports and, if necessary, the appropriate use of medication,” says medical psychologist Joseph E. Comaty, PhD, past chair of the APA RxP Designation Committee, which oversees the designation process for psychopharmacology programs.

Some psychologists remain skeptical about prescriptive authority, expressing concern that it could turn psychologists into “mini psychiatrists.” Psychologists in this group think the field would be better served by building on existing strengths, such as evidence-based psychological treatments, for example.

“I feel that we should put our efforts into doing what we do well, even better,” says Maryland practitioner Mary K. Alvord, PhD, who adds she feels prescribing is a poor fit for psychology’s “brand.” The first recipient of APA’s Presidential Innovative Practice Citation in 2009 for her work in promulgating telepsychology in practice, Alvord notes that she is strongly in favor of progress—just not this kind.

“I love the idea of enhancing treatment,” she says, “but I worry that [the prescriptive agenda] is going to take the profession in a different direction.”

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That said, gaining prescriptive authority is not just an ideological matter, it's a practical one, too, supporters say. The health care industry is changing, and providers with far less training in psychological and behavioral issues than psychologists–nurse practitioners and physician's assistants, for example—are working to secure these privileges so they can stay competitive and adequately address their patients' needs. Interested psychologists should do the same, advocates argue.

“Not everybody needs or wants to do this,” as Rom-Rymer puts it, “but for our field to grow and provide opportunities for our young psychologists, I think this is certainly one avenue to pursue.”

Status in the states

States with prescriptive authority laws have different training criteria and are in different stages of rule development.

However, the laws—which are also the basis for rule creation—share several features. Most:

- Require that psychologists train in an APA-designated program or its equivalent. Programs at four institutions – Fairleigh Dickenson University, Alliant International University, New Mexico State University and the Southwestern Institute for the Advancement of Psychotherapy, and the University of Hawai'i, Hilo – currently meet APA standards.
- Limit the programs to only licensed psychologists.
- Require that psychologists pass the Psychopharmacology Examination for Psychologists (PEP).

All states with prescriptive authority require that, at least at the beginning of practice, psychologists work with a patient's physical health care provider, says Deborah C. Baker, JD, director of legal and regulatory policy for the APA Practice Directorate. “It's a safety-net issue, so that [prescribing psychologists] are not working in a vacuum,” she explains.

The main areas of difference pertain

to the types of patients that psychologists can see and the range of drugs they can prescribe, Comaty adds. Louisiana, for example, has no restrictions on patient type and allows psychologists to prescribe any psychotropic drug, except narcotics that are used on- or off-label for treating any behavioral health disorder. Illinois, meanwhile, is more restrictive in both of these areas, not allowing prescriptions for pregnant women, children, adolescents and adults older than 65, or the use of narcotics or benzodiazepines.

Also, Louisiana's law uses the term “medical psychologist” exclusively to describe psychologists with prescriptive authority. Other states have opted to describe this practice area with the terms “prescribing psychologist” or “psychologist certified to prescribe.”

Innovative training in Illinois

Illinois is taking a different tack from other states in a key area: The law allows graduate students the option of gaining didactic training in clinical psychopharmacology at the predoctoral level, compared with APA designation criteria, which only allow such training

after licensure.

Illinois leaders believe that predoctoral training could greatly increase the number of prescribing psychologists available to provide services to the state's underserved communities, Rom-Rymer says. Aspiring psychologists would have the opportunity to earn a joint degree in psychology and clinical psychopharmacology, she adds.

Illinois candidates are required to:

- Take several basic science undergraduate courses for prescribing psychology licensure—similar to those taken by pre-med or pre-nursing students.
- Pass master's level courses in clinical psychopharmacology that are the equivalent of earning a master's degree, though a master's degree is not required.
- Take 14 months of clinical rotations in nine medical settings.
- Pass the PEP.

Psychology students and psychologists can meet the law's requirements any time during their schooling or once they are practitioners, Rom-Rymer emphasizes.

Several Illinois graduate students



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are already working on joint master's and doctoral degrees in clinical psychopharmacology and psychology, respectively, and more than 150 practicing psychologists are working toward prescriptive authority under the terms of the 2014 law. The University of Illinois, Champaign-Urbana and Southern Illinois University have also designed an undergraduate curriculum that combines traditional undergraduate psychology prep classes and the seven basic science courses required under the law. Rom-Rymer will mentor 75 psychology undergraduates at Champaign-Urbana who will take this curriculum.

Meanwhile, a number of psychologists in Iowa have expressed interest in starting training as soon as state prescribing rules are finalized, says Beth Lonning, PsyD, who helped pass that state's law.

"As our ability to prescribe evolves and more psychologists get training in our state, I think psychologists will become better distributed in rural areas where people need the care," Lonning comments. The law, she adds, also promises to benefit those who currently travel from rural areas to cities for care: "People will only have to come for one appointment, rather than two," she says.

Louisiana practitioner Glenn Ally, PhD, who has been prescribing psychotropic medications for 12 years, believes that prescription privileges are an individual choice—but it's important that psychologists have access to that choice.

"In much the same manner that many of our colleagues make choices about pursuing specialties in neuropsychology, forensics or rehabilitation psychology," he says, "medical psychology is a choice that should be available to us.

"In my view," he adds, "we must use the right tool to fit patients' needs, rather than trying to force their needs into the only tool we may have." 

New Developments in RxP Training and Advocacy

Coinciding with recent prescriptive wins in the states are these developments that seek to update and refresh the movement:

- The launch of an eight-member **task force to revise the APA model curriculum and model legislation on prescriptive authority, developed in 2009**. The task force—headed by the APA Board of Educational Affairs, the Board of Professional Affairs and the Committee for the Advancement of Professional Practice—is expected to revamp those documents based on the changing knowledge base in psychopharmacology, as well as consider the varying requirements across state laws and federal systems for credentialing psychologists to prescribe, says Deborah C. Baker, JD, director of legal and regulatory policy for the APA Practice Directorate.

Nominations for the task force closed in May 2017, and the APA Board of Directors approved the slate in August.

- A **revised and updated PEP (Psychopharmacology Examination for Psychologists)**, one of the requirements for all states with prescription privilege laws. Originally overseen by the APA Practice Organization, the PEP is now under the auspices of the Association of State and Provincial Psychology Boards (ASPPB), which is hiring a firm to help recraft the test so it meets the dual purposes of appropriately demonstrating and testing the knowledge and skills of individuals who have gone through the appropriate training, and making sure the exam is clearly worded and accessible to takers, says Matthew D. Turner, PhD, director of the PEP and the Examination for Professional Practice in Psychology.

"ASPPB is working closely with experts in the field to ensure that the final product represents the knowledge needed to practice and is a fair and valid measure," says Turner.

The new exam will be up and running in January 2018, and will not be available until the revision is complete, he notes.

- **APA advocacy that aims to win entry for prescribing psychologists in the U.S. Department of Veterans Affairs**. APA's director of military and Veterans health policy, Heather O'Beirne Kelly, PhD, and staff have been campaigning on Capitol Hill to make policymakers more aware of the advantages of allowing properly trained psychologists to prescribe in the VA system.

"If that hurdle is crossed, it will provide better services for our veterans in the system and foster the further development of the prescriptive authority movement across the country," predicts medical psychologist Joseph E. Comaty, PhD, past chair of the APA RxP Designation Committee.