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September 19, 2025

Catherine Anderson, Chair
Rebecca Richey, Psy.D., Vice-Chair
Colorado State Board of Psychologist Examiners
1560 Broadway, Suite 1350
Denver, CO 80202

Re: Proposed Revisions to Rule 1.24 of the Code of Colorado Regulations 3 CCR 721-1 – *Concerning the Authority of Licensed Psychologists to Prescribe Psychotropic Medication for the Treatment of Mental Health Disorders*

Dear Chair Anderson and Vice-Chair Richey:

On behalf of the American Psychological Services Inc (APA Services), the companion organization of the American Psychological Association (APA), we are writing to provide comments to the Colorado State Board of Psychologist Examiners in response to the proposed changes to Rule 1.24 regarding prescriptive authority for qualified, licensed psychologists.

APA is the largest scientific and professional organization representing psychology in the United States, with a membership of over 173,000 clinicians, researchers, educators, consultants, and students. APA's mission is to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives.

We are concerned about proposed language in Rule 1.24 which would explicitly require prescribing psychologists to obtain written electronic agreement from patients' treating physicians prior to any provision of pharmacological treatment for their patients. The current rule is confusing because it states that advance approval is required for new medications. But then it also states that the requirement applies to dosage changes as well as discontinuation of a prescription. The proposed change seeks to remove reference to new prescriptions so that it explicitly requires advance physician approval for all medication treatment decisions. This requirement would have unintended consequences that can adversely impact patients.

As of March 2023, Colorado granted prescriptive authority to specially trained psychologists. This was made possible through the enactment of HB23-1071, signed into law by Governor Polis. Licensed psychologists in Colorado who complete advanced training in clinical psychopharmacology – including coursework, supervised clinical experience, and certification – can now prescribe psychotropic medications. This includes medications for conditions like depression, anxiety, ADHD, and more. Prescribing psychologists in Colorado cannot prescribe narcotics (opioids) but can prescribe stimulants and other scheduled medications used in mental health treatment. Colorado is home to a growing MS Clinical Psychopharmacology (MSCP) program at CU Denver. Prescribing psychologists help fill the gap by integrating psychological and pharmacological care.

As more fully described below, we ask that the Board withdraw the proposed changes to Rule 1.24, and revise the language in Rule 1.24 to be more consistent with the enabling statute, specifically [CRS Section 12-245-309\(5\)](#).

We applaud Colorado enacting its prescriptive authority statute in 2023. APA and APA Services have long supported prescriptive authority for licensed psychologists who have obtained additional specialized education and training in psychopharmacology. Since adopting the resolution supporting prescriptive authority for qualified psychologists (RxP) in 1995, APA has developed policies supporting RxP that include [recommendations for psychopharmacology education and training](#) for psychologists seeking prescriptive authority; a [model statute](#); a [designation system for psychopharmacology education and training programs](#); and [practice guidelines for psychologists' involvement in pharmacological issues](#).

APA agrees that collaboration between the prescribing psychologist and other medical providers who are treating mutual patients is critical to ensure care coordination and promote patient safety. Collaboration is expected for prescribing psychologists who are authorized to practice in any of those states and the federal agencies that recognize RxP, and further, such collaboration is an ethical practice standard for *all* health psychologists. However, instituting specific requirements detailing how collaboration is expected to be demonstrated can interfere with patient care, resulting in unintended consequences. We believe this would be the case with the proposed changes to Rule 1.24.

The proposed rule change seeks to apply explicitly require that psychologists obtain written electronic agreement from the patient's primary treating physician with regards to any medication treatment decisions for all prescriptions, whether new or current. It makes sense to specify collaboration requirements for new medications, discontinuation of medications and serious adverse effects. But the proposed rule is problematic for two reasons: (1) requiring the prescribing psychologist to obtain advance written physician approval for any dosage adjustments can impede patient access to care, and (2) this rule is inconsistent with prescribing and administering practices described the CRS 12-245-309(5)(III) and (V).

1. Requiring advance approval for medication adjustments can disrupt care.

We have concerns that requiring physician approval for any adjustments to existing medication prescriptions could result in unnecessary disruptions in care. There are no statutory or regulatory requirements regarding how expeditiously physicians should respond to prescribing psychologists seeking written agreement about new medication prescriptions or administrations or changes in medications. Consequently, requiring physician approval for every dose adjustment would create potentially harmful delays in patient care, and would add impractical and unnecessary administrative burdens for both prescribing psychologists and physicians. The reality is that physician practices are as busy as prescribing psychologists. Having to make multiple phone calls or send multiple emails to obtain the advance written approvals is time-consuming and impedes providers' ability to focus on patient care. This, in turn, creates undue delays for patients – especially those who require frequent medication dosage adjustments for treatment of mental health issues such as anxiety, depression or ADHD – in receiving timely medication management services. Patients also face potential adverse physical effects due to medication withdrawal if the prescribing psychologist does not receive a timely response from the physician.

2. CRS 12-245-309(5) does not require prescribing psychologists to obtain advance written physician approval.

In its current form, Rule 1.24 requires the prescribing psychologist to obtain “written electronic agreement from the patient’s primary treating physician that the [new] prescription...is appropriate,” the enabling statutory provision (CRS 12-245-309(5)(V)) simply requires that the prescribing psychologist notify the physician of the prescription and document relevant information.

(V) Once a collaborative relationship is established with the primary treating physician..., the prescribing psychologist shall maintain and document the collaborative relationship to ensure that relevant information is exchanged accurately and in a timely manner.

CRS 12-245-309(5) goes on to explain those circumstances in which the prescribing psychologist “shall notify” the primary treating physician: adverse side effects from the psychotropic medication that might be related to the patient’s medical condition being treated by the physician; laboratory test results ordered by the prescribing psychologist related to the psychotropic medication; and any possible change in the patient’s psychological condition that might affect their medical treatment.

In all of these cases, the statute requires the prescribing psychologist to notify the treating physician about specific events or changes. The only provision that requires advance physician approval appears in CRS 12-245-309(5)(III), which requires electronic written agreement from the treating physician that a recommended psychotropic medication is appropriate prior to the prescribing psychologist prescribing or administering the medication. There is no mandate that the prescribing psychologist obtain written agreement from the physician in advance of making medication adjustment decisions. Therefore, the rules requiring this advance approval for any and all medication treatment and management decisions lack statutory authority. The rules governing prescribing and administering activities of prescribing psychologists in the rules should align with what is required in the statute.

Conclusion

In light of the above, we respectfully urge the Board to consider the following actions:

- (1) Withdraw the proposed changes to Rule 1.24 so that prescribing psychologists are not mandated to obtain advance physician approval for all medication adjustments as that requirement would result in unnecessary administrative burdens and barriers to timely patient care; and
- (2) Revise Rule 1.24(1) so that the responsibilities of the prescribing psychologist within a collaborative relationship with the patient’s treating physician matches the responsibilities specified in CRS 12-245-309(5); namely, that the prescribing psychologist is obligated to maintain and document relevant patient treatment information and notify the physician when a prescription recommendation is made or medication is discontinued; when there are serious adverse side effects; laboratory test results; or changes in the patient’s psychological condition that could impact their medical care.

Thank you for the opportunity to share our concerns with you. APA Services appreciates Colorado granting prescriptive authority for appropriately trained psychologists to help meet the comprehensive

mental health needs for Coloradans. If you have any questions or require any further resources, please contact Deborah Baker, JD, Head of the Professional Legal & Regulatory Affairs Office at dbaker@apa.org.