



March 4, 2019

The Dangers of Allowing Psychologists to Prescribe

Background

The debate over whether clinical psychologists should be granted the right to prescribe psychoactive medication has received considerable attention in the United States over the last few decades. Proponents of prescription privileges (PPs), including the American Psychological Association (APA) and Connecticut Psychological Association, argue that psychologists do not and cannot function as independent professionals because the medical profession places many restrictions on their practice. Proponents also argue that increasing psychologists’ scope of practice would enhance mental health services by increasing public access to professionals who can prescribe. In February the Public Health Committee raised a bill—SB 966: AN ACT CONCERNING THE PRESCRIPTIVE AUTHORITY OF PSYCHOLOGISTS—that would allow psychologists to prescribe medications.

The Connecticut Psychiatric Society strongly opposes this proposed legislation. The practice of medicine is a serious responsibility requiring years of thorough and relevant medical education and training. Allowing psychologists to prescribe after dramatically short-cutting the medical education and training necessary presents a serious and avoidable danger to some of the state’s most vulnerable patients. Some of our main issues with this bill include but are not limited to...

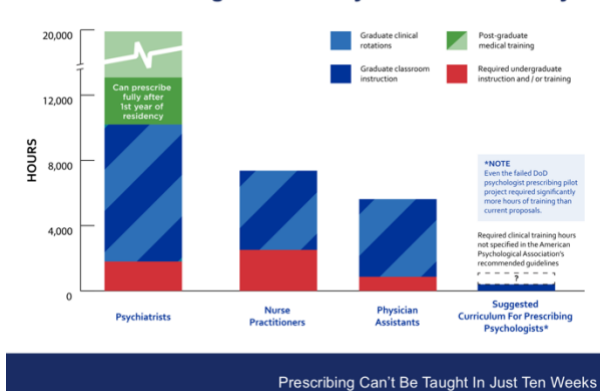
Educational Disparities

There is often confusion about the difference between psychiatrists and psychologists. While psychologists are valuable mental health professionals and respected colleagues, only psychiatrists are medical doctors specializing in the diagnosis and treatment of mental disorders and substance abuse disorders. Just like surgeons or internists, psychiatrists are physicians who attend medical school (4 years) and then specialize through a medical residency.

Psychiatrists complete a rigorous four-year medical residency in psychiatry after they complete medical school. This is over 12,000 hours of training specializing in medical treatment of mental health, including substance use disorders. Psychiatrists focus on the diagnosis, treatment and prevention of mental, emotional and behavioral disorders. Through their vast medical training, psychiatrists are able to conduct psychotherapy and prescribe medications and other medical treatments.

Psychologists treat mental disorders with psychotherapy and other behavioral interventions. Psychologists often have extensive training in research or clinical practice and in psychological testing and evaluation, but they do not have medical training. Physicians, on the other hand, spend years learning

Biomedical Training is Necessary to Prescribe Safely



Prescribing Can't Be Taught In Just Ten Weeks

differential diagnoses, pharmacology, and honing their medical skills. This cannot be replicated in any type of condensed training period, online or otherwise.

Patient Safety

Patient safety must be paramount when considering the change of any law, and psychologists prescribing puts some of Connecticut's most vulnerable patients at risk. Powerful psychotropic medications do not stop at the patient's brain; they affect many systems of the body such as the heart, lungs, stomach, and kidneys. There can be seriously disabling or deadly side-effects of the medications if improperly prescribed and managed. Patients needing more than one drug at a time for other physical conditions, such as both heart disease or diabetes and mental illness, are at risk for potentially serious drug interactions. More than half of all patients who have a mental disorder also have one or more physical ailments. The medical providers who treat these patients must be trained to understand and treat all systems of the body to recognize the warning signs of adverse effects. In short, psychotropic medications should only be prescribed by clinicians with significant medical training and broad understanding of all systems of the body.

Will Not Improve Access to Medical Care

While we realize this legislation is intended to increase access to needed mental health care, granting psychologists prescriptive authority will not improve access. Proponents of psychologist prescribing claim that five states (Iowa, Idaho, Illinois, New Mexico and Louisiana) allow psychologists to prescribe and that this has increased access to mental health care in those states. However, while five states have enacted laws, only two states actually have active prescribing psychologists: Louisiana and New Mexico. Psychologists' claims that this will increase access have not materialized: after having gained prescriptive privileges, few psychologists in either Louisiana or New Mexico states have become certified to prescribe psychotropic drugs, let alone practice in a rural or underserved area. Prescriptive authority for psychologists has not solved the mental health needs of the rural communities in those very few states that implemented such laws. Despite promises made in Louisiana and New Mexico, psychologists did not and do not move their practices to serve the rural communities.

Did you know...

- **Only 2% of Americans live in a state where psychologists can prescribe.**
 - In **Louisiana**: Psychologists must first complete a post-doctoral master's degree in clinical psychopharmacology before they can prescribe medications.
 - In **New Mexico**: Psychologists must complete 450 hours of didactic training and 400 hours of supervised practice in psychopharmacology.
 - Though Illinois and Iowa legislatively approved psychology prescribing privileges, these laws have not been implemented **due to concerns over patient safety**.
- Approximately **half** of all patients prescribed psychotropic medications also have one or more co-existing medical conditions.
- **Programs that train psychologists to prescribe medication are not cost effective.** For example, a Department of Defense demonstration program cost more than \$6 million to train only 10 psychologists to prescribe – **roughly \$610,000 per psychologist**. These 10 psychologists were closely overseen by a psychiatrist, yet the program was deemed a failure by the U.S. Government Accountability Office and ended abruptly in 1997.

Conclusion

For these reasons we urge you to [contact your legislators](#) in opposition to psychologists prescribing. Attached is a [list of members](#) of the Public Health Committee as well as [talking points](#) on SB 966.

CT Psychiatric Society

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