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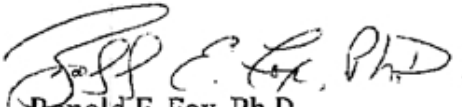
To: Nebraska Psychological Association

From: Ronald E. Fox, PhD
Immediate Past Chair, APA Insurance Trust

Subject: Professional Liability and Prescribing Psychologists

As the immediate past chair of the American Psychological Association Insurance Trust, which oversees the largest professional liability insurance policy for psychologists in the United States, I can attest to the following facts regarding APAIT insureds:

1. There have been NO malpractice claims filed for any acts involving the prescribing of medications by psychologists. This includes the states of Louisiana and New Mexico which have passed laws enabling qualified psychologists to prescribe. It also includes any prescribing psychologists who carry malpractice insurance and practice within federal agencies such as the US Public Health Service, the Indian Health Service and the Department of Defense.
2. There have been NO charges brought by any state psychology licensing board including Louisiana and New Mexico, for the improper use of restricted medications by prescribing psychologists.


Ronald E. Fox, Ph.D.

ROBERT SHERRILL, JR., Ph.D.PRESCRIBING PSYCHOLOGIST
NEUROPSYCHOLOGICAL ASSESSMENT

To: Committee members considering the application for qualified psychologists to prescribe in Nebraska

27 October 2014

Dear Members of the Committee:

Psychologists who have completed an additional master's degree in psychopharmacology have been licensed in New Mexico to prescribe medications for emotional disorders since 2005. I am writing to provide you information concerning this from two different perspectives.

First, I have practiced as a psychologist in a rural community for 37 years. New Mexico is something like Nebraska, in that we have one large city (Albuquerque), then our state capital about an hour away, then many miles of sparsely populated land to reach a scattering of smaller communities. Driving from Albuquerque to Farmington, where I live and practice, is roughly the same as traveling from Lincoln to North Platte. We have chronic problems with persons who need medication for emotional disorders gaining access to care: a typical time for a first appointment with one of our psychiatrists is two months. In addition, the very long distances which many persons must drive to maintain care makes it difficult to follow through consistently.

I had wondered what happened to persons who urgently needed psychiatric hospitalization when the psychiatric beds at our community hospital were full. I discovered part of the answer when I began consulting at our county jail: just over 40% of all the adult inmates were taking psychiatric medications, and a number of them had been brought to jail acutely psychotic after being arrested for minor crimes, even though the officer was well aware that they probably needed to be in a hospital. I believe that any sheriff of a rural county in Nebraska would agree that jails are often being used as unofficial psychiatric units; and that getting appropriate medication for these inmates in a timely manner has been very difficult.

My second perspective is from having served as the chair of the New Mexico Board of Psychologist Examiners from 2006 to 2012. When the New Mexico Legislature was considering the bill to permit psychologists to train for prescribing privileges, opponents made grim predictions of harm to the public. However, from 2006 to 2012 there were no complaints at all made to the Board of Psychologist Examiners concerning harm to patients by prescribing psychologists. We did have one complaint concerning inappropriate dosing of medication: we requested a consultation by the Board of Pharmacy, which advised us that there was no problem. We had one other complaint about a prescribing psychologist trainee who had been instructed by his physician supervisor to maintain the physician's patients on narcotics prescribed by the physician while he was out of town. Although no patients were harmed, this was an obvious violation of federal rule, since the DEA classifies prescribing psychologists as ineligible to prescribe narcotics under any circumstance. This violation was caught by an alert pharmacist who was processing one of the trainee's prescriptions.

It has not been a financial burden on the state for New Mexico to implement its prescribing psychologist statute. The Psychologist Board is entirely self-supporting by fees from its licensees. The Board simply added categories for prescribing psychologist trainees and prescribers to our licensing procedures, developed a new form to document the additional training of a licensee applying for prescription privileges, and instituted an additional licensing fee of \$150 every two years. It was not necessary to add staff at the Board's office, or to increase fees for licensees who are not prescribers. Similarly, the additional malpractice insurance coverage in order to prescribe has not been a great burden on us: on my most recent insurance renewal in May 2014, I paid an additional \$188 to be a prescriber, which is about a 12% increase over the basic premium for New Mexico.

Please feel free to contact me if you have any questions about this information.

Robert Sherrill Jr., PhD

