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Dear Technical Review Committee Members:

It is my honor and pleasure to submit a letter in support of the proposal recently submitted by the Nebraska Psychological Association to grant prescriptive authority to specially trained psychologists. In addition to offering my strong support for this proposal I would like to take this opportunity to provide information to the Committee on the history and progress of prescriptive authority for specially trained psychologists in Louisiana.

At this point, I am sure the Committee is aware that psychologists with prescriptive authority have been prescribing psychotropic medications in the US military for more than 20 years now and in New Mexico and Louisiana for more than 11 years. Illinois passed legislation in 2014 allowing specially trained psychologists to prescribe, however, the Illinois model differs from past experience in credentialing prescribing (medical) psychologists so it is early to reach conclusions. Just this past year, Iowa also passed enabling legislation to allow specially trained psychologist to secure prescriptive authority, and their statute closely models the successful approach taken in New Mexico.

By way of introduction, I am a Medical Psychologist in Louisiana and have had prescriptive authority to the past 11 years. Prior to having prescriptive authority, my specialty was and continues to be neuropsychology. I have had a private practice for approximately 36 years. In addition, I have had a hospital practice for approximately the same amount of time. In that hospital practice, I provide services throughout the hospital and particularly on the physical medicine and rehabilitation unit. In that regard, I have had the opportunity to work with medically compromised patients. Since gaining prescriptive authority I continued in that capacity, albeit now devoting only one day a week to my private practice. After gaining prescriptive authority, I have provided, and continue to provide, services to our Community Mental Health Center and services to a large cancer center affiliated with our 350 bed community non-profit hospital. So, in all settings I continue to provide services to patients with co-morbid medical conditions and medically compromised patients. From the ICU to outpatient mental health clinic, I and other medical psychologists have been comfortable providing mental health services, and, most importantly, our physician colleagues have become extremely comfortable relying

on the care that medical psychologists provide. Finally, I am a past member of the Louisiana State Board of Examiners of Psychologists (psychology licensing board), and I am currently a member of the Medical Psychology Advisory Committee to the Louisiana State Board of Medical Examiners (medical licensing board).

In May of 2004, Louisiana passed its first statute granting authority to specially trained psychologists. This statute allowed the psychology board to grant a "Certificate of Prescriptive Authority" to Medical Psychologists, similar to what is currently being considered in Nebraska. Medical Psychologists were authorized to prescribe all medications normally used in the pharmacologic treatment of mental illness and to prescribe medications that are generally used for routine side effects. Additionally, Medical Psychologists were authorized to order tests necessary for diagnosis and/or monitoring the effects of the medications prescribed. In exercising that prescriptive authority, Medical Psychologists were mandated to "consultation, collaboration" with, and "concurrence" of the patient's primary care physician prior to writing the prescription. This safeguard was thought to be not only a good safety measure, but simply good practice. However, our experience taught us that this was cumbersome for primary care physicians, Medical Psychologists, and patients to have this occur before prescriptions were written. This was especially true on an inpatient basis. Typically what we heard by physicians when attempting to reach them for concurrence was, "That's why I consulted you to prescribe the best medication...no need to call me."

In 2009, the Louisiana legislature passed Act 251 that transferred regulatory authority for Medical Psychologists to the medical board. This statute provided for several factors. First, it eliminated the Certificate of Prescriptive Authority and legislated the establishment of a new, hybrid profession, the Medical Psychologist. The Medical Psychologist is now a licensed professional, a psychologist that has the expertise to not only prescribe psychotropic medications but to manage the mental health care of patients requiring such care. Secondly, Act 251 established two tiers of Medical Psychologists; those who are newly licensed and who must continue to provide prior "consultation, collaboration, and concurrence" as before and Advanced Practice Medical Psychologists who function more independently. Collaboration with the patient's primary care physician is still mandated, but that collaboration can take place during the normal course of provider interaction rather than being mandated before a prescription can be written for the patient needing psychotropic medication. The requirements for both Medical Psychologists and Advanced Practice Medical Psychologists are spelled out in statute and I am sure the Committee has been informed of those requirements.

Opposition to Medical Psychologists had taken the now familiar approaches that I am sure this Committee has heard multiple times. I will briefly address those common points of opposition.

**Need:** The opposition has suggested that there is no need for another prescriber. Perhaps Nebraska has found the means to provide all the quality mental health care that the State requires. If you have then I need go no further. Having psychologists with prescriptive authority will not be THE answer, but they will be quality help in the right direction for

Nebraska. At present, there are 96 Medical Psychologists in Louisiana and we are adding more each year. We are not only adding Medical Psychologists from within Louisiana. We have Medical Psychologists licensed in Louisiana who are currently prescribing in the US military and the US Public Health Service. We have had psychologists with appropriate training move from surrounding states in order to be licensed in Louisiana as Medical Psychologists. Our Medical Psychologists are in a variety of settings, inpatient and outpatient, public sector and private sector, solo practices, group practices, and integrate health practices, in both rural and urban communities.

**Access:** Perhaps this has been the most persuasive argument FOR psychologists with prescriptive authority. All parties concerned have acknowledged that there is an access problem for those needing mental health services. There are far too few psychiatrists and nurse practitioners to provide sufficient, quality services, and the number of psychiatrists in training is becoming smaller, not greater. There is certainly an access problem to those who are indigent and in rural communities. However, those who are in urban areas often experience access problems in the form of excessive wait times for new patient appointments or increasingly fewer providers accepting certain insurances.

The impact by Medical Psychologists on access in Louisiana has been significant. For those who are in private practice exclusively, access to these practitioners may not have increased a great deal. There are only so many hours in a day and the practitioner can only see so many people, regardless if the practitioner prescribes or does not prescribe. So, if you are in private practice and work 8 hours a day, you probably will not see more patients simply because you prescribe...although some have. Some have moved to half hour appointments for those who may be stable on medications, etc. In Louisiana, psychologists are not eligible for outpatient Medicaid reimbursement. Consequently, unless the psychologist works in a facility where the facility bills for services, and pays the psychologist in some manner, Louisiana psychologists are not likely to accept Medicaid outpatients. Where the greatest increase in access has been realized with Medical Psychologists is in the public sector...Community Mental Health Centers, State hospitals and clinics. While psychologists worked at these facilities previously, they were there mostly to do a limited amount of psychological testing. Most of the "psychotherapy" was being performed by social workers and Licensed Professional Counselors that the State can hire much more cheaply. Psychiatrists have been traditionally the medication managers. While there are psychiatrists at these facilities, there have been numerous vacancies for psychiatrists that remain unfilled. Louisiana has attempted to fill these vacancies with retired internal medicine physicians, but that has not always worked out. Some of the vacancies had been available for more than 5-10 years. Medical Psychologists began filling this void and increasing access to many indigent patients in the State system. My partner and I were the first in Louisiana to take such positions at our regional Community Mental Health Center. We split the hours of a full-time psychiatrist position at our Community Mental Health Center. Soon, other CMHCs began contracting with Medical Psychologists, and at least a few have been hired full-time. Likewise, Medical Psychologists have been contracted and hired in the State hospital system. We have a couple of Medical Psychologists at VA centers, but they are not yet allowed to prescribe in the VA system.

**Rural Access:** Another criticism by the opposition has been that psychologists are essentially in no greater numbers in rural areas than psychiatrists. While it may be true in some states that the physical location or residence for many tend to be in more populated areas, that does not mean that Medical Psychologists in Louisiana do not serve rural populations. For example, the CMHC where I work covers a seven parish (county) area. That area includes significant rural areas with satellite clinics, etc. So, we do see a large number of indigent and patients from rural areas at the main center and in the satellite clinics. And, as mentioned above, there have been shortages of psychiatrists willing to serve in these State facilities, particularly in more rural areas. New Orleans, Baton Rouge, and Shreveport tend to have an abundance of psychiatrists because the medical schools are located there, and New Orleans has a psychiatric residency program. But, outside of those areas, psychiatrists are just not filling such positions. Psychiatry has proposed “telepsychiatry” in lieu of prescriptive authority for specially trained psychologists. We have been hearing about the benefits to access by telepsychiatry for more than 10 years in Louisiana. That promise of increased access simply has not been realized. Instead, there are fewer psychiatrists who provide less access as more and more are abandoning general hospital practice so they do not have to “take call” and accept indigent or “no pay” patients in their practices. And, more psychiatrists seem to be abandoning those patients with managed care insurance coverage.

Keep in mind, Medical Psychologists are trained as psychologists first and have the skills and expertise to provide a variety of psychotherapies in addition to psychopharmacology. Most psychiatrists have limited their expertise to psychopharmacology only. It only makes sense to provide the treatment modality that best fits patients’ needs rather than trying to force patients’ needs into the only treatment modality that one profession may have. The Medical Psychologist is perhaps the only doctoral level professional that can provide both modalities.

**Safety:** Recognize that this issue, safety, has been an all too familiar cry by those in the medical community opposed to any expansion in scope of practice. Many years ago, physicians held that only physicians could use “needles” to puncture the body. Reluctantly and citing safety as an issue, only physicians and then Registered Nurses were allowed to puncture a vein to start an IV. Now, someone with a high school education and three months of training as a phlebotomist is allowed to puncture a vein with a needle and draw blood. Such “turf” issues are frequent and “safety” is almost always cited as the primary reason to deny expansion of scope of practice for disciplines other than physicians.

At this point, the argument against psychologists with special training having prescriptive authority that cites “safety” as the reason is simply a fear tactic to protect turf. There is now a 20 year history of psychologists prescribing in the US military and a 10 year history of medical psychologists prescribing SAFELY in two states. In more than 20 years of prescribing, there have been no complaints against psychologists with prescriptive authority for their use of medications. Again, I have served on the State psychology board and on the Medical Psychology Advisory Committee and am quite familiar with this data. When this issue is brought up by the opposition, and it will, the Committee should ask two questions of the opposition. First, “What evidence or data do

you have that psychologists with prescriptive authority are indeed not safe prescribers?” While opponents often come up with anecdotal, often fabricated, stories of safety issues, they cannot provide any data whatsoever, because it does not exist...this, in light of the extensive history of psychologists prescribing safely. A second question should be asked, “Would you provide evidence of any 10-20 year time period in your profession without complaint regarding prescribing medications?” Medical psychologists have been, and continue, prescribing safely for patients in need of medication for mental health issues. In fact, in 2009, when Louisiana passed Act 251, the Executive Director of the medical board testified in favor of the bill, and in doing so, he said, “We recognize that they (Medical Psychologists) are very safe prescribers.”

Finally, I would like to briefly address another advantage of psychologists with prescriptive authority that is not generally discussed. Medical Psychologists are more likely to work in integrated health care settings. There are few, if any psychiatrists in Louisiana involved in the integrated care model. As I noted previously, I have worked at a large cancer center and provided my services there two days a week. I had a physical office in the cancer center and assisted six (6) oncologists and five (5) nurse practitioners in providing for the mental health needs and psychotropic medications for their cancer patients. The oncologists and their nurse practitioners certainly welcomed the help. I regularly met with the oncologists and nurse practitioners both formally and informally. In addition to scheduled appointments with our cancer patients, I often got the “hallway handoff” of patient and family who may have just been diagnosed with cancer. By the same token, I was able to provide group therapy to patients with breast cancer and other groups of cancer. There is a tremendous need for mental health care with cancer patients and their families, the patients welcome the opportunity to avail themselves of my services while in the same facility and in my private practice. There are other Medical Psychologists in integrated care settings who are providing not only additional expertise to our physician colleagues, but also greater access to patients who probably would not have gotten such services were it not for the working relationship between Medical Psychologists and physicians that is typically not seen with psychiatry. Psychologists with prescriptive authority are proving to be valuable members of integrated health care teams that seek to address the mental health care needs of their patients.

Thank you for allowing me the opportunity to provide information about the advantages of having psychologists with prescriptive authority. There are currently approximately 96 medical psychologists in Louisiana who are adding access to the full range of quality mental health services in our State, and they are doing so in a safe and effective manner. I would encourage you to consider the proposal offered by the Nebraska Psychological Association in the most positive manner. If I can be of any further assistance to this Committee, please do not hesitate to contact me. I would be happy to address and questions or concerns that the Committee may have regarding our experiences in Louisiana.

Sincerely,

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