



Woodhaven Counseling Associates, Inc.

Shari M. Conner, Ph.D.

12001 Q Street • Omaha NE 68137
Voice: 402 592-0328 • Fax: 402 592-4170

February 14, 2017

Members of the Prescribing Psychologist Permit Technical Review
Committee
c/o Ron Briel, Program Manager, Credentialing Review Program
Licensure Unit, Division of Public Health
P.O. Box 95026
Lincoln, NE 68509

To Whom It May Concern:

I am writing to offer my support for the recently submitted proposal by the Nebraska Psychological Association, which would allow licensed psychologists who have completed comprehensive and specialized post-doctoral training in psychopharmacology to prescribe psychotropic medications under Nebraska law. As a mental health practitioner in the state of Nebraska for the past 17 years, I can attest to the need for additional prescribers of medication for patients with mental illness in both urban and rural areas of our state.

With regard to the needs of our rural Nebraska communities, I am informed by my psychologist colleagues (and by many direct consumers) that the paucity of timely psychiatric care is extreme. Indeed, the entire western part of the state, which has had no more than 3 or 4 psychiatrists practicing at any given time, is now down to only two psychiatrists who must cover medication management needs for this entire region. In practical terms, this critical shortage means that people with serious mental illnesses in need of psychotropic medication management often wait two to three months for a psychiatric consultation, and then wait almost the same amount of time for a follow-up visit. If they miss an appointment for any reason, they often wait at least two more months to get back in with their psychiatrist.

Moreover, patients returning to outpatient care after stays in long-term residential treatment may wait months before they can get an appointment for review and renewal of prescriptions. Children, adolescents, and adults with newly-diagnosed or acutely-deteriorated, serious mental illness often go undertreated or are lost to follow-up, while treating psychologists and psychotherapists attempt to work with primary-care practitioners and non-psychiatry specialist physicians as best they can to meet the medication needs of their patients. While it is the case that primary-care or family physicians often end up treating the mental health needs of their patients, these physicians are rarely trained to diagnose or treat mental illness and many do not have the time or expertise to effectively manage the more challenging mental health disorders. Further, they seldom have the training to provide psychotherapy or other needed psychological interventions.

Even in the more urban areas of our state, including in my practice location in Omaha, I can attest to long wait times for both initial appointments and follow-up visits with our local child and adult psychiatrists. Also, many Omaha psychiatrists no longer accept Medicaid patients, meaning that the pool of available providers for this population has been even further reduced.

For these reasons, I believe that psychologists with advanced training in psychopharmaceutical care would be of tremendous benefit to Nebraska's mental health consumers. Within a psychologist's current scope of practice, we are unable to fully assist our patients with the full range of their mental health treatment needs. However, if provided with the rigorous advanced training that has been proposed as part of this bill, psychologists stand a chance of greatly reducing or even eliminating many of the harms our patients experience. Nebraska's mental health consumers would no longer have to wait for unreasonable lengths of time for appointments to address their mental health medication needs, and many crises may be averted for our chronic, severe patients who need to have their medications closely monitored.

The idea of using doctoral-level psychologists with advanced training in psychopharmacology to meet this critical patient need is not new. The extension of the role and practice of psychologists has already taken place in several other states, as well as within the Indian Health Services and within the military, with great success. While all psychologists already receive extensive training in diagnosis, psychological testing, and treatment of individuals with mental health disorders, those who pursue this advanced training are additionally instructed in several aspects of psychopharmacology so that they can

prescribe (or even “unprescribe”) medications, as needed, for their patients.

It is important to note that many medical doctors – including psychiatrists -- already rely on the evaluation and diagnostic skills of a psychologist before they prescribe medications. Physicians also collaborate closely with treating psychologists to monitor side-effects and treatment progress. In states where psychologists have additionally been granted prescription privileges, there is now a 20-year history of their safe practice. During this lengthy period of allowing psychologists to prescribe (or “unprescribe”) psychotropic medications, there have been NO complaints against ANY psychologist with prescriptive authority for unsafe use of medications.

Perhaps one reason for this stellar safety record is that the prescribing psychologists within these states are subject to rigorous training standards. These standards were developed over the past 20 years by interdisciplinary advisory groups that included psychiatrists, prescribing psychologists, pharmacists with doctoral degrees and expertise in psychopharmacology, psychiatric nurse practitioners, and dually-licensed professionals (e.g., physician/psychologists and nurse practitioner/psychologists). Moreover, the licensing regulations in the states and federal agencies that allow for prescribing psychologists mandate that these psychologists provide medically-integrated care via close collaboration with the patient’s primary-care provider. In the state of Nebraska, this important issue is addressed in the current proposal, as noted below:

- **Communication with the primary health care practitioner, integration of care; defined:** When prescribing drugs for a patient, the prescribing psychologist shall maintain ongoing communication with the primary health care practitioner who oversees the patient’s general medical care. The prescribing psychologist shall provide the primary health care practitioner a summary of the treatment plan and follow up reports as dictated by the patient’s condition. The purpose of the communication includes ensuring that necessary medical examinations are conducted, and determining whether a drug prescribed by the prescribing psychologist is not contraindicated for the patient’s medical condition. If a patient does not have a primary health care practitioner the prescribing psychologist shall not prescribe to the patient.

Thus, in summary, I would like to reiterate the magnitude of the need for many more well-trained professionals in both rural and urban parts of our state who can address the psychiatric medication needs of our

most vulnerable consumers. For this reason, I support the proposed legislation which would allow specially-trained psychologists to fill the void in this area. The training that would be mandated to these psychologists is both rigorous and well-tested, given that prescribing psychologists who already practice in other states have had NO complaints filed against them during the last 20 years that they have had these professional privileges. Nebraska's mental health consumers deserve timely, quality care, and this bill would go a long way toward meeting their needs in this area.

With regards,

Shari M. Conner, Ph.D.
Licensed Clinical Psychologist