

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

December 27, 2016

Dear Members of the Prescribing Psychologist Permit Technical Review Committee:

This letter is provided to support the proposal by the Nebraska Psychological Association to allow appropriately trained psychologists to prescribe psychotropic medication.

As a practicing psychologist in southwest Nebraska for 30 years I have had the pleasure and opportunities to not only serve our rural communities but to also experience the frustrations associated with a lack of mental health professionals trained to prescribe psychotropic medication. Our area of the state is designated by the Federal government as a mental health shortage area and our practice is an identified National Health Service Corp site. This official Federal designation has been active throughout my years of practice and there is little reason to suspect that it will change in the near future. In spite of this designation, and potential benefits to new health care providers via loan forgiveness, recruiting and retaining qualified prescribing professionals has on the whole been unsuccessful. Therefore a change in strategy appears to be in order to help alleviate this serious gap in services. Allowing appropriately trained psychologists to prescribe psychotropic medications would be an alternate approach that to date has not been exercised.

At the current time, and historically, psychotropic medications in our area have been prescribed by Family Practice physicians, Pediatricians, Physician's Assistants, and Advanced Practice Registered Nurses. The number of Psychiatrists has always been less than a handful (two or three) and the one psychiatrist who has remained in the area for more than a few short years is beginning the process of retirement. There has never been a Child and Adolescent Psychiatrist in this part of the state. The demand on all of these professionals far exceeds their available time and often consultation is requested from psychologists to assist with diagnostic clarity and to provide treatment suggestions. Collaboration frequently continues with monitoring of treatment responsiveness. While this form of cooperation is helpful it also creates further burden for the patient by virtue of multiple appointments at different locations, which in some cases involves extensive travel. A single resource with the expertise to provide comprehensive care including diagnoses, psychotherapy, medication management, and progress monitoring could therefore be advantageous to all parties involved.

In North Platte we are fortunate enough to have an inpatient hospital program as well as a partial hospital treatment program. As psychologists we are credentialed as Medical Staff by Great Plains Health and serve as part of the team of providers. Unfortunately, due to limited professional resources such care is only available to older adolescents and adults. The outpatient service provided by the local psychiatrists is also only for adolescents and adults and is typically overburdened and the wait

time for appointments is several weeks. Our children and their family's must travel hundreds of miles to receive the level of care they require. There have been other efforts initiated and a local pediatrician who had a particular interest in the emotional/mental health needs of children attempted to fill this void but he has now retired. Telehealth has been established with one child psychiatrist at Children's Hospital in Omaha but this form of care is often not well received by the families and the time available remains insufficient to meet the need.

Psychologists who would receive education and training in the use of psychotropic medication (training requirements already established by the American Psychological Association) could therefore help to alleviate the shortage in care (as experienced in other states where such privileges have been established). A local comprehensive resource for the rural people of Nebraska could then become a reality and not a luxury afforded to only those who reside in our more metropolitan areas. It is also likely that the current rural primary health care providers would appreciate comprehensive mental health care for some of their more complicated and time consuming patients.

I can tell you that continuing education related to psychotropic medication has been pursued by psychologists in our area to improve collaborative patient care. However, at this time I am unaware of anyone local who is trained to prescribe, or is in training to prescribe, but I believe this is only due to the uncertainty about the future ability to utilize such training.

In closing, your thoughtful consideration is appreciated in the interest of the psychological needs of our rural communities.

With Best Regards

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Licensed Clinical Psychologist