



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

March 15, 2017

Ron Briel, Program Manager
Matthew Gelvin, Administrator
Credentialing Review (407) Program
Nebraska Department of Health and Human Services

Re: Proposed Prescribing Psychologist Credential submitted by the Nebraska Psychological Association

Dear Mr. Briel and Mr. Gelvin,

On behalf of the American Psychological Association (APA), I am writing in support of the proposal recently submitted by the Nebraska Psychological Association, which would allow licensed Nebraska psychologists who have completed additional specialized training in psychopharmacology to prescribe psychotropic medications under Nebraska law. APA is the leading scientific and professional society representing psychologists in the United States and is the world's largest association of psychologists, with more than 115,700 researchers, educators, clinicians, consultants and students as its members. Through its 54 divisions in subfields of psychology, including psychopharmacology, and its affiliations with 60 state, provincial and territorial psychological associations, APA works to advance psychology as a science, as a profession, and as a means of promoting health and human welfare.

The APA supports this proposal for the following reasons, which are discussed in further detail below:

- There is a critical need in Nebraska for improved access to safe, effective and comprehensive mental health care services. Psychologists with additional post-doctoral training in psychopharmacology are skilled in both the diagnosis and treatment of mental conditions and the use of psychotropic medications. They can provide urgently needed psychological interventions and psychopharmacological treatment services to the underserved populations of Nebraska.
- Psychologists can prescribe psychotropic medications safely and effectively. The U.S. Department of Defense Psychopharmacology Defense Project (PDP) clearly confirmed that. And appropriately trained psychologists in Louisiana, New Mexico, Indian Health Service, the U.S. Public Health Service and the U.S. military are safely and effectively prescribing for their patients. Recently, Illinois and Iowa enacted legislation granting prescriptive authority to appropriately trained psychologists.
- The current education and training recommendations for already licensed psychologists in clinical psychopharmacology are based on core competencies and contact hours jointly identified in collaboration with physicians and other health care providers dating back to the

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early 1990s when the Department of Defense convened a blue ribbon panel to develop an education and training curriculum for the PDP.

- Organized psychiatry's opposition to psychology's' efforts to evolve its profession is not new.

This proposal would increase access to care by allowing psychologists with appropriate training in psychopharmacology to provide comprehensive mental health care.

A significant percentage of Americans suffer from a mental or emotional condition at some time in their lives, but their needs are not being met by the current health care delivery system. One such unmet need is in the area of psychopharmacological treatment. The vast majority of Americans who receive medications for the treatment of mental disorders do not obtain them from psychiatrists. In fact, studies have found that nearly 3/5 of psychotropic medications are prescribed by primary care providers for patients with no documented psychiatric diagnosis.¹ Many Americans go without treatment altogether, in part, because many lack access to a psychiatrist. Allowing licensed psychologists who have completed post-doctoral training in psychopharmacology to prescribe psychotropic medications would help remedy this access problem.

There is clearly a significant shortage of psychiatrists – both general psychiatrists and child and adolescent psychiatrists - to meet the mental health care needs in the U.S due to increased demand for mental health services, the aging baby boomer generation, and the increased lifespan of patients with chronic and co-occurring disorders. Not only are there not enough graduates from psychiatric residency programs to maintain the current number of psychiatrists, more than half of all psychiatrists are age 55 or older. Moreover, psychiatrists are the least likely to accept insurance or Medicaid compared to other medical specialties.²

¹ Mechanic D. *More People Than Ever Before Are Receiving Behavioral Health Care in the United States But Gaps and Challenges Remain*, Health Affairs 2014, 33(8) 1418-19. doi: 10.1377/hlthaff.2014.0504.

Mojtabai R, Olfson M. *Proportion of Antidepressants Prescribed without a Psychiatric Diagnosis is Growing*, Health Affairs 2011, 30(8): 1434. doi: 10.1377/hlthaff.2010.1024.

Mark TL, Levit KR, Buck JA. *Psychotropic Drug Prescriptions by Medical Specialty*, Psychiatric Services, September 2009, 60(9): 1167. doi: 10.1176/ps.2009.60.9.1167.

² Bishop TF, Press MJ, Keyhani S, Pincus HA. *Acceptance of Insurance by Psychiatrists and the Implications for Access to Mental Health Care*, JAMA Psychiatry 2014, 71(2):176-181. doi:10.1001/jamapsychiatry.2013.2862.
Faulkner L, Juul D, Andrade N, et al. *Recent trends in American Board of Psychiatry and Neurology psychiatric subspecialties*. Acad. Psychiatry 2011; 35: 35-39.

The Center for Health Workforce Studies, *Trends in Demand for New Physicians, 2005-2010: A Summary of Demand Indicators for 35 Physician Specialties*. September 2011. <http://chws.albany.edu/>.

As a result of this shortage, patients' mental health issues often fall to their primary care or family physicians for diagnosis and treatment. But non-psychiatric physicians, who are not necessarily trained to diagnose and treat mental health disorders, do not have the time to effectively manage their patients' mental health problems nor are they trained to provide psychotherapy or other psychological interventions. Therefore, it is not surprising that often primary care physicians do not have the resources to engage in regular follow-ups or closely monitor treatment adherence for their patients' mental health problems.³

By comparison, psychologists are trained in the diagnosis and treatment of mental health disorders. Those psychologists who complete additional post-doctoral education and training in psychopharmacology can offer comprehensive treatment - both psychological and pharmacological treatment - to their patients. Numerous studies show that a combination of psychotherapy and pharmacotherapy is usually the most effective treatment for many mental health disorders.⁴ In fact, many prescribing psychologists in New Mexico, Louisiana, and in the federal system have reported reducing or eliminating medications for a significant percentage of their patients.

Evidence shows that appropriately trained psychologists can prescribe psychotropic medications safely and effectively.

Granting psychologists prescribing authority is not a new concept. New Mexico and Louisiana have already enacted prescriptive authority laws for appropriately trained psychologists. There are now over 165 credentialed psychologists in New Mexico and Louisiana who have been prescribing since February 2005 without any adverse incident reported. Also, psychologists in the US military, the US Public Health Service and Indian Health Service, who have been credentialed to prescribe in those federal systems, demonstrate that psychologists can be trained to prescribe psychotropic medications safely and effectively thereby increasing access to much-needed mental health care services. And more recently, in June 2014, Illinois enacted prescriptive authority legislation for appropriately trained psychologists. Iowa followed suit in June 2016, passing its prescriptive authority bill for psychologists with specialized training.

³ Association of American Family Physicians, *Mental Health Care Services by Family Physicians (Position Paper)*, 2011, <http://www.aafp.org/online/en/home/policy/policies/m/mentalhealthcareservices>.

⁴ Manber R, Kraemer H C, Arnow, B A, et al, *Faster Remission of Chronic Depression With Combined Psychotherapy and Medication Than With Each Therapy Alone*, Journal of Consulting and Clinical Psychology, 2008, 76(3) 459-467.

Blanco C, Heimberg RG, Schneier FR et al, *A Placebo-Controlled Trial of Phenelzine, Cognitive Behavioral Group Therapy, and Their Combination for Social Anxiety Disorder*, Arch Gen Psychiatry. 2010, 67:286-295.

Blom MBJ, Jonker K, Dusseldorp E, et al; *Combination Treatment for Acute Depression Is Superior Only when Psychotherapy Is Added to Medication*, Psychother Psychosom 2007,76:289-297.

The Department of Defense (DoD) Psychopharmacology Demonstration Project (PDP) demonstrated that psychologists can be trained to safely and effectively prescribe medications. The PDP was a highly scrutinized program and evaluations by external organizations confirmed that the PDP psychologists had performed safely and effectively as prescribing psychologists without any adverse outcomes. Each psychologist's quality of care was rated as good to excellent – by both their supervisors and an outside evaluation panel.

Development of APA Designation system and Model Curriculum Recommendations based on long history of interdisciplinary collaboration.

Since the PDP, several post-doctoral master's degree programs in clinical psychopharmacology have been established, training already licensed psychologists around the country for prescriptive authority. APA has established a designation system to evaluate those programs. The purpose of the designation system is to provide public recognition of education and training programs that meet certain threshold standards and published criteria. APA has already designated four postdoctoral psychopharmacology programs as meeting those standards. Establishment of this quality assurance system demonstrates further advancement in psychology's efforts to assure that prescribing psychologists receive comprehensive and standardized levels of training.

This designation system was premised on the principles and core competencies as recommended in APA's Recommended Education and Training in Psychopharmacology for Prescriptive Authority. The model curriculum document was the result of decades-long collaboration with other disciplines in developing a core curriculum to train already-licensed psychologists in clinical psychopharmacology in order to prescribe (or un prescribe) medications typically used for mental health.

In early 1990, the then Army Surgeon General formed a Blue Ribbon panel consisting of representatives from the three services' Surgeons General, the Office of the Assistant Secretary of Defense for Health Affairs, the American Psychiatric Association, the American Psychological Association), the American College of Neuropsychopharmacology, and other physicians, to determine the best training model and methods for the PDP. In 1993, the California Psychological Association convened a blue ribbon panel to develop core competencies and contact hours for training prescribing psychologists. That panel included 4 physicians, 1 clinical pharmacist, and 1 RN as well as one of the psychologists who was going through psychopharmacology training in the PDP. This panel developed recommendations about core competencies and contact hours. These interdisciplinary efforts were the starting point for the evolution of the APA's policies on psychopharmacology education/training and prescriptive authority. The current recommended curriculum is the culmination of the past 26+ years of developing, updating and refining those recommendations.

Psychiatry's opposition to psychology's efforts to advance the profession is not new.

Organized psychiatry has a history of opposing the expansion of psychology as a profession. So its current opposition to psychology seeking to expand its practice to include prescriptive authority is neither surprising nor new. Psychiatry joined the American Medical Association and other specialty medical organizations to form the Scope of Practice Partnership (SOPP) – a well-funded initiative designed to combat any scope of practice expansions by non-physician health care providers. Blocking legislation granting prescriptive authority for appropriately trained psychologists has been identified as one of the SOPP initiative's top priorities.

At present, there are a number of non-physician health professionals who have obtained prescription privileges. For example, today, optometrists have obtained independent prescription privileges in all 50 states. It took almost 30 years since the first state granted privileges in 1971 for optometry to obtain this result. Podiatrists, advanced practice nurses and physician assistants have also achieved prescriptive authority in the majority of states. Clinical pharmacists also prescribe and administer medications.

In those 30 years, two patterns clearly emerged. First, organized medicine unsuccessfully opposed the granting of privileges in every state. Secondly, and most importantly, organized medicine's warnings about the danger to patients have proven to be unfounded. The patient safety issue asserted by the psychiatric community is the same issue that organized medicine has repeatedly cited in its attempts to limit other non-physician providers.

On behalf of the APA, we appreciate your diligent consideration of this important issue. We believe that prescribing psychologists can and will help to address the critical need for care experienced by many citizens in your state with mental health needs, just as other prescribing non-physician healthcare providers already do. New Mexico, Louisiana, Illinois and Iowa as well as a number of federal agencies have already granted prescriptive authority to psychologists for similar reasons. Please feel free to contact us if we can be of any assistance as you consider this issue.

Sincerely,



Katherine Nordal, Ph.D.
Executive Director for Professional Practice