Credentialing Review Application

Prescription Certificate

Description of Certificate
A voluntary, supplemental credential for licensed psychologists who complete postdoctoral education, supervised practica, national competency examination, and a two-year physician-supervised conditional certification period.

Appendix A: Prescribing Psychologists, The Facts
Appendix B: Proposed Certification Requirements

Benefits to Nebraska Consumers
Medication management and psychotherapy in one appointment
Reduced wait times for an appointment with a prescriber
Reduced medical expenses and travel time for consumers
Expanded choice for behavioral health care
Guaranteed coordination of medical care
Increased access to care

Appendix C: Prescribing Psychologists Meet the Need

Submitted by the

Nebraska Psychological Association

April 4, 2017
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Executive Summary of the Application

The six criteria for scope of practice review pertaining to the prescription certificate for licensed psychologists with specialized postdoctoral training and supervised experience.

1. The health, safety, and welfare of the public are inadequately addressed by the inability of qualified licensed psychologists to practice as prescribing psychologists, as defined by this proposal.
2. Enactment of the proposed change in scope of practice for psychologists qualifying for a prescription certificate would benefit the health, safety, or welfare of the public.
3. The proposed change in scope of practice for psychologists qualifying for a prescription certificate does not create a significant new danger to the health, safety, or welfare of the public.
4. The proposed education and training for the health profession adequately prepares practitioners to perform the new skill or service.
5. There are appropriate post-professional programs and competency assessment measures available to assure that the practitioner is competent to perform the new skill or service in a safe manner.
6. There are adequate measures to assess whether practitioners are competently performing the new skill or service and to take appropriate action if they are not performing competently.

Criterion 1: Prevalence of Unmet Behavioral Health Needs in Nebraska

Mental illness affects many people in the United States, with serious impact on their relationships, ability to work, and overall health. At the same time, those suffering mental illness often receive inadequate treatment or no treatment at all.

One in five Nebraskans reported experiencing a mental disorder within the past year, according the Nebraska Behavioral Health Needs Assessment (September, 2016). Half of the adults in the U.S. will develop a mental disorder in their lifetime according to the National Institute of Mental Health (NIMH). In any one year, up to thirteen percent of eight to fifteen year olds experience a mental disorder. Moreover, the NIMH numbers underestimate the prevalence of the need for services since substance use disorders and developmental disorders were not covered in data collection on adults. A 2013 SAMSHA report on Nebraska indicated a 7.7% rate of alcohol use disorders and 2.1% rate of illicit drug use disorders for individuals age 12 or older.

Approximately one in twenty adults currently suffers from a disabling major mental illness that impairs day-to-day activities and capacity to work. Individuals with serious mental disorders are increasingly in jails or prison rather than being treated in a mental health facility. It has been reported there are more mentally ill in jails and prisons than in hospitals.

The extensive overlap of mental disorders with other health conditions has serious implications for health care in general. Sixty-eight percent of adults with mental disorders have medical conditions, and these individuals normally don’t receive coordinated care.
Only one in three Americans with a mental disorder receives minimally adequate treatment, and nearly sixty percent don’t receive any treatment from a mental health specialist. For most patients a decade will pass from the onset of the mental disorder until receiving treatment.

**Criterion 1: Lack of Access to Psychiatric Prescribers**

In Nebraska 71 counties do not have a psychiatric prescriber (psychiatrists, psychiatric nurse practitioners, psychiatric physician assistants). Testimony before a Nebraska legislative committee in September of 2016 indicated only 12 counties have psychiatrists, and many psychiatrists are nearing retirement age. The number of psychiatrists in Nebraska declined by 3% between 2010 and 2014 (161 vs. 158). Compared to other states, Nebraska ranks low (39th) on the number of psychiatrists per capita, i.e., 6.1 per 100,000 residents. The national average is 9.5 psychiatrists per 100,000 population. The lack of child and adolescent psychiatrists has been described as serious.

Nationally, the number of practicing psychiatrists in the U.S. declined 0.2 % from 2003 to 2013. This trend is disturbing since psychiatrists have played a critical role in caring for individuals with mental disorders because of their medical training, advanced level of mental health training, and ability to prescribe. This serious access problem is worse than these figures suggest because a significant percentage of psychiatrists nationwide are not accepting Medicaid or Medicare. In addition, a significant percentage of psychiatrists nationally and in Nebraska are retirement age, and a significant percentage of APRNs that practice psychiatry are retirement age or nearing retirement.

**Criterion 1 and 2: Public Benefit**

**Expanding Psychiatric Prescribers with Prescribing Psychologists**

Licensed psychologists are not authorized in the United States to prescribe mental health medications. However, in federal agencies and some states, licensed psychologists that have completed advanced training and supervision in prescribing mental health medications can now prescribe to their patients who require access to a psychiatric prescriber.

Psychologists are doctoral-level, independently licensed, providers of mental health care. The training of a licensed psychologist is from 10-12 years in duration and includes completion of undergraduate, master’s, and doctoral degrees, along with extensive practicum and internship experience. In addition, a psychologist must pass a national competency examination (on the biological, psychological, and social bases of behavior), and complete a period of provisional licensure under the supervision of an independently licensed psychologist.

There was a 28 percent increase in licensed and provisionally licensed psychologists in Nebraska from 2006 to 2016, based on data from the Nebraska Department of Health and Human Services. In 2006 there were 449 psychologists licensed through Nebraska. In 2016 there were 576 Nebraska licensed psychologists. That is an increase of 127 licensed psychologists in ten years. Appendix D provides a breakdown of the 576 licensed psychologists and distribution in the state. Four hundred and ninety five have addresses in Nebraska and are located on the map. Eighty one psychologists are licensed in Nebraska but provide an out-of-state address. Forty-five of the licensed psychologists are early career psychologists who are working with a provisional license and finishing supervision requirements. It is important to note there are over twice as many psychologists as psychiatrists in Nebraska, and unlike psychiatrists, the number of psychologists is increasing. Psychologists are also in over twice as many Nebraska counties compared to psychiatrists.
The number of provisionally licensed psychologists is a reflection of early career psychologists who are available to replace psychologists who are retiring. Moreover, there are approximately 45 psychology internship positions in Nebraska each year with these interns serving in locations that include rural areas of the state: Scottsbluff, Hastings, Nebraska City, Chadron/Alliance, Kearney, Columbus, Norfolk, and Grand Island. These trainees are not reflected in the map found in Appendix D. These trainees are a tremendous resource for the state going into the future.

Many of these Nebraska psychologists, when they acquired advanced prescriptive training, can help fill the gap of psychiatric prescribers. New Mexico has credentialed 57 prescribing psychologists to serve in an expanded role as psychiatric prescribers. Louisiana has credentialed 110 medical (prescribing) psychologists. Federal agencies have credentialed prescribing psychologists for over twenty years. Prescribing psychologists serve in the three main branches of the military, the Indian Health Service, and US Public Health Service. Illinois passed prescriptive authority for psychologists in 2014. Iowa passed legislation in 2016, and Idaho in 2017, that mirrors the national training standard for prescribing psychologists and regulations in New Mexico. Appendix E provides a comparison table depicting national, federal agency, and state requirements for psychologist prescriptive authority. It is important to note that a high percentage of Nebraska psychologists live near western Iowa. How many Nebraska psychologists could be lost to Iowa because Iowa has stepped forward to credential prescribing psychologists?

The proposal detailed in this application, when implemented, would result in an estimated 59 prescribing psychologists in Nebraska within 10 years (Table 1, page 27). This will represent a twenty-two percent increase in the total number of psychiatric prescribers in the state.

The prescribing psychologist would not only help to ameliorate the shortage of behavioral health prescribers in Nebraska, he or she would have the advantage of being able to provide combined therapies (psychotherapy and pharmacotherapy) for mental disorders. In addition, patients with serious mental disorders benefit in the long term when receiving both “skills training with pills”, because the skills training reduces the rate of reoccurrence of mental disorders. The building of skills also results in less reliance on medications that suppress symptoms. Under the proposed legislation the prescribing psychologist must maintain their psychology license in order to retain the additional prescripion certificate. These doctoral level professionals would be dually credentialed and required to meet continuing competency requirements for the psychology license and prescription certificate.

Data and reports from New Mexico and Louisiana indicate the prescribing/medical psychologists are increasing access for many underserved patients (see Appendix C, pages 56-59). This application and letters of support provide details of the positive outcomes for the states that have utilized prescribing/medical psychologists since 2002 and 2004 when New Mexico and Louisiana passed their prescribing laws. Prescribing psychologists are increasing access in rural and urban areas of their states. This includes caring for patients with Medicaid insurance. Approximately a third of the financing for mental health and substance abuse services is covered by Medicaid and Medicare.1

**Criterion 2: Public Benefit**

**Cost Effectiveness of Prescribing Psychologist Model and Patient Preference**

Nebraska licensed psychologists already independently treat mental disorders in rural and urban areas of our state, and treat special populations. The vast majority of Nebraska psychologists, surveyed in 2009, agreed or strongly agreed with the following statement, “Psychologists with postdoctoral medical training should have the legal authority to prescribe psychotropic medications.” These psychologists are
an existing pool of providers within the state who can help serve many unmet needs in Nebraska and without any additional cost to the taxpayer.

A prominent psychiatrist, Dr. Daniel Carlat, examined options for addressing the vast unmet behavioral health needs the U.S. population and asserted that “an increasingly viable option” is granting “medically trained psychologists” prescriptive authority. Dr. Carlat estimated that approximately 45,000 more psychiatrists are needed in the U.S. He went on to note that the cost to Medicare, the single largest supporter for graduate medical education, is $100,000 per medical residency slot. Even if there were many more psychiatry residency slots in Nebraska, what is the guarantee the psychiatry residency graduates will stay in Nebraska? What are the odds the funded psychiatry residency slot will yield a psychiatrist who will live and work in rural Nebraska, and take patients covered by Medicare and Medicaid? By contrast, the current proposal would enlist the involvement of psychologists already working and living throughout Nebraska, and have demonstrated a commitment to serve their communities. As an example, several of the psychologists working and living in the panhandle are willing to seek the prescription certificate. Having just two prescribing psychologists in Scottsbluff (where there are 11 psychologists now) would double the number of doctoral level psychiatric prescribers.

Licensed psychologists are located in all six behavioral health regions of Nebraska (see Appendix D, page 60). To better serve patients in their communities, many of these psychologists would invest the funds to earn a postdoctoral master’s degree in clinical psychopharmacology, and also complete the physician supervised training. The proposed legislation would yield an estimated 59 prescribing psychologists in ten years at no cost to the taxpayer. As indicated above, these will be Nebraska licensed psychologists who already practice in our state. There is no need to spend taxpayer money to provide incentives for them to stay in Nebraska. There is not a concern that these psychologists would receive taxpayer dollars to cover tuition and training and then later leave the state.

It does not make financial sense, nor would it be viable, to require that these psychologists obtain a medical degree, nurse practitioner degree, or become a physician assistant. Those models would not be cost effective or necessary for psychologists who limit practice to prescribing mental health medications for their patients. The patients would continue to receive their general medical care from a primary care practitioner or medical specialist.

It is also cost-effective for consumers to have the option of a prescribing psychologist. The consumer could save time and money seeing a single provider in order to receive psychotherapy and mental health medications. In addition, many psychologists are in a group practice. Adding a prescribing psychologist to a group practice makes it convenient for all patients seen in that group practice, and alleviates the patients from having to travel to multiple locations.

According to the American Psychiatric Association and American Psychological Association, patient preference is one of the fundamental components of evidenced-based mental health care. Taking patient preference into account has been shown to have a positive impact on treatment retention and treatment outcomes. Prescribing psychologists can provide, in a single appointment, psychotherapy or medication or a combination of treatments, based on the patient preference (see also pages 36 38 of this document). Studies across diverse settings indicate, on average, patients prefer psychological treatment to pharmacological treatment for depression and anxiety, at a rate of 3 to 1. A psychiatric prescriber who only provides mental health medication would be limited in meeting the patient’s preference for care.
Criterion 3: Public Safety
Safety Record of Prescribing Psychologists
The safety record of prescribing/medical psychologists is also detailed in the application, Appendix F, pages 65-68, and letters of support. Sources of information on safety include a report from the US General Accounting Office, licensing boards, malpractice insurance carrier, and surveys of physicians and other medical providers who share patients with the prescribing/medical psychologists. For example, the final GAO evaluation report on the use of prescribing psychologists in the military stated: “Overwhelmingly, the officials with whom we spoke, including each of the graduates’ clinical supervisors and an outside panel of psychiatrists and psychologists who evaluated each of the graduates, rated the graduates’ quality of care as good to excellent.” In addition, the GAO report stated, “we found no evidence of quality problems in the graduates’ credential files.”

A letter from the New Mexico Regulation and Licensing Department, dated January 19, 2016, stated, “The New Mexico Board of Psychologist Examiners has had no disciplinary action taken against a licensed RxP Psychologist.” In addition, New Mexico recently completed a sunset report on the psychology licensing act that includes information on the ten year experience with prescriptive authority for psychologists. The letter from the New Mexico Regulation and Licensing Department is in Appendix G, page 67. Results from the New Mexico sunset report are described in the application.

Dr. Donald Fineberg, a psychiatrist with extensive regulatory experience licensing New Mexico prescribing psychologists, made the following statement in a May 6, 2016 letter: “The New Mexico law has served our state well. In 14 years, there have been about 55 psychologists who have been licensed and there has not been a single action taken against psychologists for unsafe practices.” He has provided a letter of support that is posted on the 407 website.

Evidence of safety for prescribing medical psychologists in Louisiana is also provided in the application based on letter of support from Dr. Glenn Ally who serves on the medical committee that assists in regulating the medical psychologist and advanced medical psychologist licenses.

Criterion 4: Advanced training for the Prescription Certificate
In addition to all the requirements for a Nebraska license in psychology, the proposed legislation would require earning a postdoctoral master’s degree in clinical psychopharmacology and extensive supervised experience after completing the master’s degree. Appendix H, pages 70-74 addresses the demanding training requirements for a psychologist seeking prescriptive authority.

The postdoctoral training curriculum includes instruction in each of the following areas: biochemistry; neurochemistry; neuroanatomy; neuropathology; anatomy and physiology; pharmacology; psychopharmacology; developmental psychopharmacology; combined therapies; computer-based aids to practice; pharmacoepidemiology; pharmacogenetics; clinical medicine; pathophysiology (with an emphasis on cardiac, renal, hepatic, neurologic, gastrointestinal, hematologic, dermatologic and endocrine systems); physical assessment; laboratory and radiological assessment; medical terminology and documentation; differential diagnosis; substance-related and co-occurring disorders; chronic pain management; FDA drug development and other regulatory processes; and ethical/legal issues.

In addition, the postdoctoral master’s degree program provides opportunities to present and discuss case examples representing a broad range of clinical psychopathologies, medical conditions presenting as psychiatric conditions, complicating medical conditions, choice of medications, diagnostic questions, untoward side effects, and compliance problems.
The Nebraska proposal requires the training program be academically full-time and located in a regionally accredited educational institution approved by the Board of Psychology in consultation with the Prescribing Psychologist Subcommittee (which would be created by the proposed legislation). Membership of the subcommittee would include a psychiatrist or other qualified physician and pharmacist with a doctoral degree and expertise in clinical psychopharmacology.

Basic science courses are covered in the postdoctoral training programs. Applicants with a strong background in the basic sciences (e.g., biochemistry, neuroanatomy, neurophysiology, neurochemistry, and psychopharmacology) may be eligible to transfer some graduate level course credits. Psychologists and the field of psychology are widely recognized for important contributions to the advancement of the neurosciences (see UNL Center for Brain, Biology and Behavior: http://cb3.unl.edu/). Undergraduate level basic science coursework is not a prerequisite for the postdoctoral training programs since graduate level basic science courses are covered early in the postdoctoral curriculum.

The applicant for the provisional prescription certificate must complete the postdoctoral master’s degree in clinical psychopharmacology, two practica, and pass a national competency examination. The first practicum is an eighty-hour practicum in conducting physical health assessments under the supervision of a physician. The second practicum involves managing the care of one hundred diverse patients, where mental health medications are a component of the treatment plan. The second practicum would be supervised by a physician or prescribing psychologist. During the second practicum the psychologist in training can only make recommendations on the selection, use, and dosing of mental health medications and only the supervisor, or other licensed prescriber, may actually prescribe the drug for the treatment of a mental disorder. To qualify for the provisional prescription certificate the applicant must pass a national competency examination. The national examination covers areas that include the following: integrating clinical psychopharmacology with the practice of psychology; neurosciences; nervous system pathology; physiology and pathophysiology; biopsychosocial and pharmacologic assessment and monitoring; differential diagnosis; pharmacology; clinical psychopharmacology; research; and legal/ethical issues.

**Criterion 4: Early Career Supervision and Certificate Provisioning**

After completing the master’s degree, two practica, and national examination, the psychologist would be eligible for a provisional prescription certificate. After obtaining that certificate the psychologist would receive weekly, hour-long, supervision sessions with a psychiatrist or other qualified physician for a minimum of two years. The psychologist may then apply for an unrestricted certificate. The unrestricted prescription certificate would not require physician supervision.

The Board of Psychology and department (NDHHS) would develop regulations for the provisional prescription certificate and unrestricted prescription certificate, in consultation with the prescribing psychologist advisory committee. The advisory committee would make recommendations regarding approval of postdoctoral training programs and the drug formulary. The committee would also make recommendations to the board and department, as needed, regarding the approval of prescription certificate applications and action on complaints regarding prescribing psychologists. Membership of the subcommittee would include a psychiatrist or other qualified physician, and a university affiliated pharmacist with a doctoral degree and expertise in clinical psychopharmacology.

The formulary proposal for the prescribing psychologist is restricted to drugs related to the diagnosis and treatment or management of mental, nervous, emotional, behavioral, substance abuse, or cognitive
disorders. This definition of a formulary for medical psychologists is utilized by the Louisiana State Board of Medical Examiners.\textsuperscript{19} The formulary for a prescribing psychologist would include controlled substances (DEA Schedules II – V). The prescribing psychologist would not be able to prescribe controlled substances until issued a certificate by the US Drug Enforcement Agency. The prescribing psychologists DEA certificate would be registered with the department (NDHHS).

**Criterion 2, 3, and 4: Continuing Competency Requirements and Integrated Practice**

To renew the unrestricted prescription certificate every two years a psychologist would continue to meet all requirements for the psychology license (twenty four hours continuing competency hours) and complete an additional forty hours of continuing competency hours specifically related to safe and effective prescribing practices. In total, the prescribing psychologist would need to complete sixty-four hours of continuing competency hours within two years to maintain both credentials.

The Nebraska proposal requires that the prescribing psychologist maintain communication with a patient’s primary care medical provider whenever the psychologist plans to utilize psychotropic medication. The prescribing psychologist would be legally responsible for the selection of the psychotropic medication, monitoring of medication effects, management of common side effects, and documentation of communication with the patient’s primary care medical provider. If the patient’s primary medical provider prefers to manage the psychotropic medications the prescribing psychologist would not prescribe for that patient. The prescribing psychologist would not prescribe drugs to patients who lack a primary medical care provider or medical specialist.

**Criterion 5: National Training and Competency Standards for Prescribing Psychologists**

National training standards were developed by the American Psychological Association based on the findings of interdisciplinary task forces that included psychiatrists and other physicians, prescribing psychologists, nurse practitioners, pharmacists with doctoral expertise in psychopharmacology, dually licensed professionals (e.g., physician/psychologist) and members of the public. See Appendix N, pages 80-83, for a description of the development of university-based postdoctoral training programs for psychologists, by Dr. Randall Tackett, Professor of Pharmacology and Toxicology, University of Georgia College of Pharmacy. Postdoctoral education and training for psychologists seeking prescriptive authority is designed to be an extension of doctoral education and training in psychological practice. The prerequisite for obtaining the advanced training for prescriptive authority is a doctoral degree as a health service provider in psychology. Appendix I, page 75, provides a comparison chart of the training for behavioral health prescribers. Prescribing psychologists present with many more years of behavioral health training, by comparison. Appendix O, pages 84-85, provides a comparison of course and licensing examination content for prescribing psychology and psychiatry.

The national standards for training programs address didactic content areas and examination of knowledge acquisition, sequence of courses and coverage of basic sciences, qualifications of faculty, learning resources, supervised clinical experience, and capstone competency evaluation. Programs that train psychologists for prescriptive authority may apply for national designation status. Four programs have met the demanding standards for designation status. Programs must be routinely re-evaluated to determine whether the program continues to meet national training standards. The designation review and designation status of programs is a public process. In addition to the training program standards there is a national competency examination to aid licensing and credentialing boards. The clinical psychopharmacology examination covers multiple content areas associated with the content required of
postdoctoral training programs for prescriptive authority for psychologists. The national competency examination was developed by an interdisciplinary panel of experts by a nationally recognized testing firm, and the examination is updated as are other professional examinations utilized by licensing boards. The national competency examination for prescribing psychologists is evolving and will be managed next by the Association of State and Provincial Psychology Boards (ASPPB) that has vast experience conducting practice studies of psychologists that informs the development of the national competency examination for doctoral psychologists seeking licensure, and license mobility certification standards. The Nebraska Board of Psychologists is already a member of ASPPB, as are other state and provincial licensing boards for psychologists.

**Criterion 6: Prescribing Skills Competency Assessment and Addressing Deficits or Complaints**

The proposal for the prescription certificate (Appendix B, pages 49-55) includes multiple steps to assess prescribing competency and a mechanism to review and act on complaints that builds on the existing statutory and regulatory mechanisms for licensed psychologists in Nebraska.

**Step 1:** The licensed psychologist must complete a postdoctoral training program preparing them for prescriptive authority. The full time academic program shall, according to the proposal, not only cover necessary curriculum for prescribing, but also provide for “case reviews that cover a broad range of clinical psychopathologies, complicating medical conditions presenting as psychiatric illness, diagnostic questions, choice of medications, management of untoward side effects from medications, compliance problems, and alternative treatment approaches.” Moreover, the proposal requires the academic program, “provides for the frequent evaluation of students’ knowledge and application of that knowledge and feedback to students of outcomes.”

**Step 2:** The licensed psychologist must complete a practicum in clinical assessment and pathophysiology supervised by a physician. The supervising physician must verify the applicant demonstrated competency in areas that include, but not limited to, the following areas: assessing significantly ill medical population, assessing vital signs, demonstrating competent laboratory assessment, and demonstrating competence in physical and health assessments.

**Step 3:** The licensed psychologist must complete a practicum of no fewer than one hundred separate patients, supervised by a physician or prescribing psychologist with an unrestricted prescription certificate. The psychologist, in training, is not prescribing during this practicum. However, the psychologist will need to apply the set of skills for prescribing by reviewing with the supervisor their recommendations for laboratory assessment, differential diagnoses, evidence-based selection of mental health medications, monitoring and management of side effects, collaboration with the patient’s primary care provider, supervised experience with a range of medical co-morbidities, and management of potential emergencies. The practicum requires an “intensive supervised experience” appropriate to the current and anticipated practice of the trainee. If the trainee is involved with children or other special populations, as defined by the board and department, the practicum must cover the special populations.

**Step 4:** The licensed psychologists must pass a competency examination developed by a nationally recognized body, approved by the board of psychology. Regardless of the postdoctoral training program the applicant completes, the applicant must again demonstrate mastery of the required content areas of a postdoctoral training program and supervised experience (e.g., basic sciences, nervous system pathology, physiology and pathophysiology, biopsychosocial and pharmacologic assessment and
monitoring, differential diagnosis, pharmacology and clinical psychopharmacology, integrating clinical psychopharmacology with the practice of psychology, ethics, and more).

Step 5: The applicant shall maintain a log on patients seen while completing the one hundred patient practicum. The log shall include a coded identification number for each patient, demographic information on each patient, and other information as determined by the licensing board and department. The log shall be available to the board and department upon request. The log shall contain the name and signature of the supervisor.

Step 6: The licensed psychologist that qualifies for a provisional prescription certificate must complete a minimum of two years supervised practice by a physician. The supervisor, who provided at minimum one hour of supervision a week, must verify the applicant has safely prescribed drugs as defined in this act. The supervisor must verify the applicant has demonstrated competence in review of systems, medical history, physical examination, interpretation of medical tests, differential diagnosis, integrated treatment planning, collaboration with health care practitioners, and management of complications and drug side effects. An applicant for a prescribing psychologist certificate who specializes in the care of children, elderly, or other special populations shall complete at least one year, of the minimum two years, prescribing psychotropic medications to such populations, under the supervision of a physician. The applicant will maintain a log on patients seen during the period of holding a provisional prescription certificate. The log shall include a coded identification number for each patient, demographic information on each patient, and other information as determined by the board and department. The log shall be available to the board and department upon request. The log shall contain the name and signature of the supervisor. The regulations shall address referrals to the board of medicine and surgery when there are concerns regarding the acts or omissions of a supervising physician.

Step 7: Each applicant for renewal of the prescription certificate or provisional prescription certificate shall present satisfactory evidence to the department demonstrating continuing competency training relevant to effective and safe prescribing practices. The board shall develop regulations related to the approved sponsors of continuing competency training. The applicant for renewal of the prescription certificate or provisional prescription certificate shall present evidence of no fewer than forty hours of continuing competency hours completed within the 24 months prior to the renewal deadline. The prescribing psychologist shall also meet the continuing competency requirements for renewal of the psychology license. Renewal of the psychology license requires twenty-four hours of continuing competency for each two year renewal period.

Handling a complaint on a prescription certificate: A violation of provisions of the Psychology Practice Act relating to the administration of drugs may result in action against the psychologist’s prescription certificate. The board and department shall develop regulations, in consultation with the prescribing psychologist advisory committee, that ensure prescribing psychologists limit their practice to demonstrated areas of competence. The regulations shall address denying, modifying, suspending, or revoking a provisional prescription certificate or prescription certificate. The regulations shall address referrals to the board of medicine and surgery when there are concerns regarding the acts or omissions of a supervising physician.

The prescribing psychologist advisory committee shall be composed of a psychiatrist or other qualified physician; a doctoral level, university affiliated, pharmacist with expertise in clinical psychopharmacology; and, three psychologists licensed in Nebraska who completed a postdoctoral master’s degree, or equivalent, in clinical psychopharmacology. The chair of the board shall serve as an 

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ex officio, non-voting member, of the committee. The advisory committee will convene at the request of department (NDHHS licensing division) to make recommendations regarding certificate applications, training programs, complaints against prescribing psychologists, drug formulary, or other matters relevant to prescription certificates.

The procedural steps and the due-process provisions of dealing with complaints and taking disciplinary action against a certificate are the same as those for all health professions included under the Uniform Credentialing Act.

**Contacts**

Daniel Ullman, Ph.D., MSCP  
Lincoln  
drdan@nebpsych.org

Mikel Merritt, Maj USAF, Ph.D., MACP  
Prescribing Psychologist  
Active Duty, Air Force  
Medical Operations  
mklmrrtt@yahoo.com

James Madison, Ph.D.  
Omaha  
jkmadison@cox.net

Anne Talbot, Psy.D.  
Scottsbluff  
npaED@nebpsych.org

Delinda Mercer, Ph.D., MSCP  
Scottsbluff  
mercerd6@aol.com

Gage Stemensky II, Psy.D.  
Scottsbluff  
gage21lincoln@gmail.com

Rebecca Schroeder, Ph.D.  
North Platte  
schroed@curtis-ne.com

Kimberly Hill, Ph.D., NCSP  
Beatrice  
kmhill613@gmail.com
Description of the Applicant Group and its Proposal

1. Provide the following information for the applicant group(s):

   a. Name, address, telephone number, e-mail address, and website of the applicant group in Nebraska, and any national parent organization

       Applicant Group

       Nebraska Psychological Association
       P.O. Box 6785
       Lincoln, NE 68506
       402-475-0709; 877-355-7934 (voice)
       877-355-9234 (fax)
       npa@nebpsych.org
       www.nebpsych.org

       Parent Organization

       American Psychological Association
       750 First Street, NE
       Washington, DC 20002-4242
       800-374-2721 or 202-336-5500
       www.apa.org

   b. Composition of the group and approximate number of members in Nebraska; and

       The Nebraska Psychological Association has a total membership of 203 as of September 9, 2016.

       Numbers by membership categories

       | Category          | Number |
       |-------------------|--------|
       | Active Doctoral Degree and Licensed | 133    |
       | Early Career Doctoral Degree and Licensed | 18     |
       | Academician Full Time | 13     |
       | Life Member          | 18     |
       | Student Associate    | 12     |
       | Affiliate            | 9      |

   c. Relationship of the group to the occupation dealt with in the application.

       The Nebraska Psychological Association is the sole organization representing the practice of psychology in the state.

       The purpose of the Nebraska Psychological Association includes promoting the highest standards of ethical and effective practice and bringing the resources of psychology to bear on social problems in our state.
2. Identify by title, address, telephone number, email address, and website of any other groups, associations, or organizations in Nebraska whose membership consists of any of the following:
   a. Members of the same occupation or profession as that of the applicant group;

      The Nebraska Psychological Association is the only professional association in Nebraska that exclusively represents licensed psychologists.

      The Association of Private Practice Therapists (AAPT) is a multi-disciplinary group of mental health professionals that includes licensed psychologists as members.

      Association of Private Practice Therapists
      P.O. Box 45397
      Omaha, NE 68145
      402-370-6898
      www.privatepractice.org

   b. Members of the occupation dealt with in the application;

      The occupation dealt with in the application is the same as that represented by the applicant group.

   c. Employers of the occupation dealt with in the application;

      Licensed psychologists work in a wide variety of practice locations including private and public facilities, profit and nonprofit organizations, academic settings, and self-employment.

   d. Practitioners of the occupations similar to or working closely with members of the occupation dealt with in the application;

      There is a wide variety of practitioners that work closely with licensed psychologists including physicians, advanced practice nurses, nurses, mental health practitioners, attorneys, probation and parole officers, teachers, speech pathologists, occupational therapists, and physical therapists. A variety of professionals work under the supervision of licensed psychologists including psychologist associates, special licensed psychologists, psychological assistants, provisionally licensed psychologists, provisionally licensed mental health practitioners, and those seeking licensure as an alcohol and drug counselor.

      Nebraska Medical Association
      233 South 13th Street, Suite 1200
      Lincoln, NE 68508-2091
      402-474-4472
      www.nebmed.org

      Nebraska Psychiatric Society
      c/o Metro Omaha Medical Society
      7906 Davenport Street
      Omaha, NE 68114
      402-393-1415
      www.nebraskpsych.org
Nebraska Pharmacists Association
6221 South 58th, Suite A
Lincoln, NE 68516
402-420-1500
info@npharm.org
www.npharm.org

Nebraska Nurse Practitioners
P.O. Box 762
North Platte, NE 69103
402-450-6469
www.nebraskanp.org

Nebraska Nurses Association
P.O. Box 3107
Kearney, Nebraska 68848
888-885-7025
www.nebraskanurses.org

Nebraska Academy of Family Physicians
11920 Burt Street, Suite 170
Omaha, NE 68154-1598
402-505-9198
www.nebrafp.org
info@nebrafp.org

NE Association of Behavioral Health Organizations
P.O. Box 36
Fullerton, NE 68638
308-550-0614
http://nabho.org

Health Center Association of Nebraska
3929 South 147th Street Altech Plaza, Suite 100A
Omaha, NE 68144-5529
402-505-5426
info@HCANebraska.org
http://hcanebraska.org

Behavioral Health Education Center of Nebraska
University of Nebraska Medical Center
42nd and Emile
Omaha, NE 68198-7697
402-559-4000
BHECN@unmc.edu
www.unmc.edu/bhec

Nebraska Office of Rural Health
P.O. Box 95026
e. Educators or trainers of prospective members of the occupation dealt with in the application;
Specific programs, rather than organizations, are as follows:

Clinical Psychopharmacology Postdoctoral Master Program
California School of Professional Psychology
Alliant International University
1 Beach Street, Suite 100
San Francisco, CA 94133
https://www.alliant.edu
July 25, 2011, APA Designated Training Program
Next Review for Renewal of Designation: 2019

Interdisciplinary Master’s in Psychopharmacology
New Mexico State University
Department of Counseling and Educational Psychology, MSC, 3CEP
Las Cruces, New Mexico 88003-8001
575-646-2121
psychopharm@nmsu.edu
cep@nmsu.edu
November 6, 2010, APA Designated Training Program
Next Review for Renewal of Designation: 2018

Master’s Program in Clinical Psychopharmacology
Fairleigh Dickinson University
School of Psychology T-WH1-01
Teaneck, NJ 07666
201-692-2301
http://www.fdu.edu/
November 6, 2010, APA Designated Training Program
Next Review for Renewal of Designation: 2018

Master's Program in Clinical Psychopharmacology
Daniel K. Inouye College of Pharmacy
200 W. Kāwili Street
Hilo, HI 96720
(808) 932-7138 (f)
pharmacy@hawaii.edu
https://hilo.hawaii.edu/catalog/ms-clinical-psychopharmacology
November 10, 2015, APA Designated Training Program
Next Review for Renewal of Designation: 2018

f. Citizens familiar with or utilizing the services of the occupation dealt with in the application (e.g., advocacy groups, patient rights groups, volunteer agencies for particular diseases or conditions, etc.); and

Community Action Partnership of Western Nebraska
3350 10th Street
Gering, Nebraska 69341
308-635-3089 (p)
308-635-0264 (f)
http://www.capwn.org
Community Action of Nebraska, Inc.
President
Ms. Margo Hartman
3350 10th Street
Gering, NE 69341
Phone: (308) 635-3089
Fax: (308) 635-0264
Email: mhartman@capwn.org
Web: www.capwn.org/about.html

Community Action of Nebraska, Inc.
Executive Director
Ms. Amber Hanser
1120 K Street Suite 100
Lincoln, NE 68508
Phone: (402) 471-3714
Fax: (402) 471-3481
Email: ahansen@canhelp.org
Web: http://www.canhelp.org

Panhandle Mental Health Center
4110 Avenue D
Scottsbluff, Nebraska 69361
308-635-3171 (p)
308-635-7029 (f)
http://www.pmhc.net/

Health Center Association of Nebraska
3929 South 147th Street Altech Plaza, Suite 100A
Omaha, NE 68144-5529
402-505-5426 (t)
402-933-3967 (f)
info@HCANebraska.org

Mental Health Association of Nebraska
1645 N Street
Lincoln, NE 68508
402-441-4371
info@mha-ne.org
www.mha-ne.org

Nebraska Federation of Families for Children’s Mental Health
345 N. Minden Ave.
Minden, NE 68959
877-239-8880
http://nefamilies4kids.org

National Alliance on Mental Illness – Nebraska
415 south 25th Avenue, Bldg. LH
Omaha, NE 68131
Lutheran Family Services of Nebraska
124 South 24th Street
Suite, 230
Omaha, Nebraska 68102
402-342-7038
www.lfnsneb.org

AARP of Nebraska
301 South 13th Street, #200
Lincoln, NE 68508
402-323-6900
neaarp@aarp.org
www.aarp.org/states/ne.html

Nebraska Appleseed
941 O Street, Suite 920
Lincoln, NE 68508
402-438-8853
info@neappleseed.org
https://neappleseed.org

American Civil Liberties Union of Nebraska
134 South 13th St., #1010
Lincoln, NE 68508
402-476-8091
info@aclunebraska.org
www.aclunebraska.org

Autism Center of Nebraska
9012 Q Street
Omaha, NE 68127
402-315-1000
info@ACNomaha.org
autismcenterofnebraska.org

Autism Society of Nebraska
P.O. Box 83559
Lincoln, NE 68501-3559
800-580-9279
autismsociety@autismnebraska.org
http://autismnebraska.org

Nebraska Times, LLC
Dennis Berens
301 W Chadderton Drive
Lincoln, Nebraska 68521
402-438-8071
g. Any other group that would have an interest in the application.

Vocational Rehabilitation Services Department of Education
3901 North 27th Street, #6
P.O. Box 94987
Lincoln, NE 68509
402-471-3644
www.vr.ne.gov

3. If the profession is currently credentialed in Nebraska, provide the current scope of practice of the occupation as set forth in state statutes. If a change in this scope of practice is being requested, identify that change. This description of the desired scope of practice constitutes the proposal. The application comprises the documentation and other materials that are provided in support of the proposal.

No change is being proposed in the scope of practice for psychology. The scope of practice for psychology in Nebraska is provided below. The proposal is for a prescription certificate that would enable some licensed psychologists with specialized training to prescribe medications for mental disorders. The prescription certificate would augment the practice of the licensed psychologist.

38-3108. Practice of psychology, defined. (1) Practice of psychology means the observation, description, evaluation, interpretation, or modification of human behavior by the application of psychological principles, methods, or procedures for the purpose of preventing or eliminating symptomatic, maladaptive, or undesired behavior and of enhancing interpersonal relationships, work and life adjustment, personal effectiveness, behavioral health, and mental health. (2) The practice of psychology includes, but is not limited to, psychological testing and the evaluation or assessment of personal characteristics such as intelligence, personality, abilities, interests, aptitudes, and psychophysiological and neuropsychological functioning; counseling, psychoanalysis, psychotherapy, hypnosis, biofeedback, and behavior analysis and therapy; diagnosis and treatment of mental and emotional disorders, alcoholism and substance abuse, disorders of habit or conduct, and the psychological aspects of physical illness, accident, injury, or disability; psychoeducational evaluation, therapy, remediation, and consultation; and supervision of qualified individuals performing services specified in this section. (3) Psychological services may be rendered to individuals, families, groups, organizations, institutions, and the public. The practice of psychology shall be construed within the meaning of this definition without regard to whether payment is received for services rendered.

38-3107. Mental and emotional disorder, defined. Mental and emotional disorder means a clinically significant behavioral or psychological syndrome or pattern that occurs in a person and is associated with present distress or disability or with significantly increased risk of suffering death, pain, disability, or an important loss of freedom. Such disorders may take many forms and have varying causes but must be considered a manifestation of behavioral, psychological, or biological dysfunction in the person. Reasonable descriptions of the kinds and degrees of mental and emotional disorders may be found in the revisions of accepted nosologies such as the International Classification of Diseases and the Diagnostic and Statistical Manual of Mental Disorders.

38-3109. Psychologist, defined. Psychologist means a person licensed to engage in the practice of psychology in this or another jurisdiction. The terms certified, registered, chartered, or any other term chosen by a jurisdiction to authorize the autonomous practice of psychology shall be considered equivalent terms.
4. If the profession is not currently credentialed in Nebraska, describe the proposed credential and the proposed scope of practice, and/or the proposed functions and procedures of the group to be reviewed. This description of the desired scope of practice and the proposed credential constitute the core of the proposal. Also, please describe how the proposal would be administered. The application comprises the documentation and other materials that are provided in support of the proposal.

Our proposal is for the creation of a prescription certificate for licensed psychologists with specialized postdoctoral training in clinical psychopharmacology, which would enable them to prescribe medications when treating mental disorders. Licensed psychologists with postdoctoral clinical psychopharmacology training have been certified to prescribe psychotropic medications in two states for over ten years and in specific agencies within the federal system for over twenty years. More recently, the states of Illinois, Iowa, and Idaho have passed legislation to certify psychologists with specialized training to prescribe mental health medications. The applicant’s proposal to create a prescription certificate is provided in Appendix B (pages 48-54) of this application and summarized below.

The prescription certificate would enable the licensed psychologist to prescribe psychotropic (mental health) medications and order laboratory studies as necessary when treating mental disorders. The prescribing psychologist would communicate with the patient’s primary health care practitioner who oversees the patient’s general medical care. This is to promote better integrated patient care in treating medical and mental health issues.

This communication between the patient’s prescribing psychologist and primary health care practitioner would ensure that necessary medical examinations are conducted, the psychotropic medication is not contra-indicated for the patient’s medical condition, and significant changes in the patient’s medical or psychological condition are addressed. This communication would ensure an unusually high level of safety in patient care. The proposal also defines limits of practice for the prescribing psychologists pertaining to the formulary of medications falling under the prescription certificate, and treatment of patients with certain co-morbid conditions.

The new credential would be administered by the department and board of psychologists and subcommittee consisting of a psychiatrist (or other qualified physician), university affiliated pharmacist with a doctoral degree and expertise in clinical psychopharmacology, and psychologists who completed postdoctoral degrees in clinical psychopharmacology. The Board of Psychology already participates in the regulation of multiple credentials beyond the license to practice psychology. The prescription certificate would add to the list of credentials for the board and department to regulate.

The licensed psychologist applying for a provisional prescription certificate would have completed a postdoctoral master’s degree in clinical psychopharmacology, physician supervised health assessment practicum, passed a national examination, and completed an additional supervised practicum with a minimum of one hundred patients under the supervision of a psychiatrist or other qualified physician, and/or a prescribing psychologist with an unrestricted prescription certificate. The licensed psychologist with the provisional prescription certificate would then need to successfully complete a minimum two years of practice under the supervision of a physician before being considered for an unrestricted prescription certificate. A prescribing psychologist with an unrestricted prescription certificate would not require physician supervision. The prescribing psychologist with an unrestricted prescription certificate would continue to engage in communication with each patient’s primary health care practitioner to deliver a high level of coordinated care in the best interests of the patient.

The department and board of psychology would develop regulations regarding continuing competency requirements for the prescribing psychologists to renew prescription certificates. The prescribing psychologist would be required to present evidence to the department of completing forty hours of
continuing competency programming relevant to safe and effective prescribing practices. The prescribing psychologist would also be required to maintain their license to practice psychology which requires completing a minimum twenty-four hours of continuing competency training for renewal, every two years, of the psychology license. In total the prescribing psychologists would present evidence to the department of sixty-four hours of continuing competency training hours to maintain the psychology license and prescription certificate.

5. **Describe in detail the functions typically performed by practitioners of this occupation, and identify what if any specific statutory limitations have been placed on these functions. If possible, explain why the legislature created these restrictions.**

**Licensed Psychologist:** The profession of psychology is licensed to function independently in all states and jurisdictions. Comprehensive diagnostic examinations are performed by psychologists to evaluate the presenting problems with attention to developmental, emotional, cognitive, educational, family, biological, and social components. Psychologists arrive at a diagnostic formulation which considers all of the above components. An integrated treatment plan may involve individual, group, or family therapy, behavioral modification, referrals to specialists, and consultation with physicians, schools, courts, social agencies, and community organizations. Licensed psychologists must refer a patient to a physician or nurse practitioner or physician assistant if the treatment plan would indicate the need for psychotropic medication, thereby increasing the cost of care and burden of treatment on the patient.

Psychologists frequently work with patients presenting with major mental illness. A combination of psychotherapy and psychotropic medication is often required when facilitating recovery for individuals with major mental illness. Currently in Nebraska there is not a mechanism for licensed psychologists to become credentialed to provide a combination of psychosocial interventions and psychotropic medication. The consumer is therefore required to seek out a prescriber from another profession to obtain psychotropic medication(s). As indicated in the application the psychologist’s patient may wait several weeks or months for an appointment with a psychiatrist and this negatively impacts the plan of care and recovery of the patient.

**Prescribing Psychologist:** In other states and federal agencies the prescribing psychologist can provide the psychotropic medications needed for the patient’s recovery. In these jurisdictions the prescribing psychologist has a formulary consisting of psychotropic medications and the psychologist communicates with the patient’s primary health care practitioner who oversees the patient’s general medical care.

6. **Identify other occupations that perform some of the same functions or similar functions.**

Mental health practitioners provide psychotherapy services. Licensed alcohol and drug counselors provide services that are a subset of interventions delivered by licensed psychologists. Psychosocial services are within the scope of practice of physicians and psychiatric nurses.

**Prescribing Psychologist:** Physicians and non-physician prescribers provide psychotropic medications for their patients. Although these disciplines occasionally use limited psychotherapy techniques with medications, a full course of psychotherapy is rare. However, the prescribing psychologist may integrate medication, when needed, into the psychotherapy process and utilizes medications only when psychotherapy alone is not sufficient to address symptoms and improve functioning. The formulary for the prescribing psychologist is limited to psychotropic and adjunctive medications, unlike that of physicians, nurse practitioners, and physician assistants. The Army, in policies and procedures, identifies the classes of medications typically prescribed by psychologists with specialized training. The classes of medications include antidepressants, antipsychotics, anxiolytics (benzodiazepines), anticonvulsants used for behavioral health disorders, and Attention Deficit/Hyperactivity agents. The following link provides a listing of
psychotropic medications recognized as within the formulary for prescribing psychologists serving in the Army. This is the foundational formulary; individual psychologists can request additions to the formulary. 

Data from retail pharmacies indicate the vast majority of psychotropic medications are provided by general practitioners, obstetrician-gynecologists, and pediatricians. Of the 472 million psychotropic prescriptions processed in retail pharmacies in a twelve month period, only 23% were prescribed by psychiatrists. Therefore, the vast majority of psychotropic medications are not prescribed by a practitioner with specialized training in behavioral health services.

7. What functions are unique to this occupation? What distinguishes this occupation from those identified in question 6?

Licensed Psychologist: Professional psychology is distinguished by its broad approach to human problems, consisting of psychological assessment, diagnosis, consultation, treatment, administration, program development, and research pertaining to numerous populations that include children, adolescents, adults, elderly, families, and groups. Functions unique to professional psychology include the psychometrically informed assessment of: intellectual and cognitive abilities; achievement and aptitude; neuropsychological functioning; personality functioning; and forensic issues. Psychology is a research and doctoral level profession that emphasizes life-long learning, and making contributions to the understanding of human behaviors and treatment of both mental and medical disorders. It is psychologists who create the majority of psychotherapy treatments for mental disorders and conduct research examining the effectiveness of treatments. Psychologists are actively involved in neuroscience research and provide leadership in the development of diagnostic classification systems.

Prescribing Psychologist: The prescribing psychologist is unique among behavioral health professionals in the provision of combined therapies (psychotherapy and pharmacotherapy) to address mental disorders. This unique function for prescribing psychologists is recognized by the Centers for Medicare and Medicaid Services (CMS) and the American Medical Association through the CPT (Current Procedural Terminology) codes which are numbers assigned to every task and service a practitioner may provide a patient. Prescribing psychologists use an add-on CPT code (90863) for medication management when providing psychotherapy (the principal service) plus medication management for a patient.

8. Identify other occupations whose members regularly supervise members of this occupation, as well as other occupations whose members are regularly supervised by this occupation. Describe the nature of the supervision that occurs in each of these practice situations.

Licensed Psychologist: As indicated earlier, the licensed psychologist functions autonomously. Provisionally licensed psychologists are supervised by licensed psychologists. Licensed psychologists by regulations may supervise provisionally licensed mental health practitioners, special license psychologists, psychologist associates, psychological assistants, and those seeking licensure as an alcohol and drug counselor.

Prescribing Psychologist: As indicated earlier, the prescribing psychologist must be supervised during attainment of practicum hours and after obtaining a provisional prescription certificate. In the military where appropriately trained psychologists prescribe, those with an unrestricted prescribing credential supervise other mental health prescribers including psychologists with a provisional prescription certificate, psychiatric nurse practitioners in training, and, in some instances, new or early career psychiatrists. The most frequent supervision would likely involve psychologists seeking a prescription certificate, along with maintaining the normal supervisory roles associated with being a licensed psychologist.
Psychologists seeking this type of certificate typically receive their supervision in two distinct categories: practicum hours and provisional certificate experience. During the practicum hours the candidate would not have the capability to write prescriptions. During this period the candidate would still conduct all of the services for which they are credentialed involving assessment and treatment. However, if psychotropic medication is to be part of the treatment, the supervising physician must review the case and discuss the treatment formulation as it relates to pharmacological intervention. The supervisor would then actually issue the prescription. This may also involve the supervisor conducting an “eyes on” evaluation at his/her discretion. The same guidelines would be utilized in the ordering and evaluation of laboratory studies or other diagnostic assessments for which the candidate is not already independently licensed.

The licensed psychologist with a provisional prescriptive certificate would also continue to provide all services that she/ he is independently licensed for without additional supervision. When psychotropic medication is to be included as part of the treatment, the case must be discussed with the supervising physician during weekly supervisory sessions. The ordering and interpretation of laboratory results would also be addressed during weekly supervisory sessions.

A licensed psychologist with a prescription certificate who is serving in a supervisory capacity will ensure that those under his/her supervision are following appropriate treatment protocols and safety guidelines. These guidelines in no way would serve to allow a psychologist to limit or restrict any professional from engaging in practices for which they are independently licensed. A psychologist with an unrestricted prescription certificate may serve as a supervisor during the one hundred patient practicum, but may not act as a supervisor for psychologists completing the physical health assessment practicum or for psychologists working with a provisional prescription certificate.

9. What actions, judgments, and procedures of this occupation can typically be carried out without supervision or orders? To what extent is this occupation, or portions of this practice, autonomous?

Licensed Psychologist: The autonomy of the profession has been addressed.

Prescribing Psychologist: A prescribing psychologist can autonomously perform all of the functions of a licensed psychologist. In addition, a prescribing psychologist can prescribe psychotropic and adjunctive medications and order associated laboratory studies to assist in treatment and differential diagnosis. This includes pharmaceutical selection as well as determining which laboratory studies are indicated for both differential diagnostics and also to monitor drug levels and biological systems that may be impacted by pharmaceuticals.

Some of the specific actions that a prescribing psychologist might carry out independently include the ordering and reviewing: liver function tests; thyroid stimulating hormone test; pregnancy test (to ensure/verify that a woman is not pregnant prior to beginning a psychotropic); complete blood count; comprehensive metabolic panel; blood gases; labs to evaluate drug levels – while this list is not exhaustive, there are many laboratory studies that a prescribing psychologist is trained to use and which enhance the safety provided to the patient. In addition, prescribing psychologists may also request that a patient have an EKG, which would be conducted and read by a physician or other qualified practitioner.

While these functions are carried out autonomously they are performed in communication with the primary health care practitioner for each patient. This collaboration includes informing the primary health care practitioner of psychotropic medications and medication changes involved in the mental health treatment of the patient, as well as discussing any abnormal lab results. Consultation will involve developing a comprehensive treatment plan to address medical and behavioral health concerns.

An example of such collaboration includes a finding of thyroid dysfunction that is related to psychiatric symptoms, but the treatment of which would not fall under the purview of a prescribing psychologist. In
this instance the prescribing psychologist would discuss the finding with the primary health care practitioner and refer the patient to see her/his medical provider for appropriate treatment.

This communication would also address management of potential medication interactions. As an example, many individuals with migraine headaches may also have a co-occurring mental health concern. Several of the medications used for the treatment of migraine headaches contraindicate the use of the most common psychotropic medications. In this type of example, the prescribing psychologist, in conjunction with the primary health care practitioner and the patient, would determine the symptoms of highest priority to target for treatment, and appropriate treatment regimens designed to help ensure the safety of the patient.

Another example of the professional communication would involve the use of a medication that may impact biological systems. Certain medications that are metabolized by the liver may lead to elevations in liver enzymes. The prescribing psychologist would have the autonomy to order liver enzyme laboratory studies; however, if the results are outside of the normal values the prescribing psychologist would consult with the primary health care practitioner and the patient to determine the most appropriate course of action.

While the above descriptions will cover a majority of cases, there are also some instances where a provider will utilize pharmaceutical intervention to alleviate side effects from an otherwise effective medication. Many individuals experience sexual side effects from SSRIs and SNRIs. When a patient feels that the primary condition is very well controlled and that a medication is having highly positive results, but carries a side effect that is not desirable, a pharmaceutical response can be helpful, such as adding a low dose of bupropion to the regimen. In addition some antipsychotic medicines carry with them a risk of EPS (extrapyramidal symptoms), which can be managed through the use of diphenhydramine, or benztropine, as well as other potential options.

These concerns are addressed with the patient, prior to beginning treatment with a pharmacological agent, and throughout the course of treatment, in real time as a patient may be struggling with the side effect of a medication. Many minor side effects will improve over time, but only if the patient continues to take the medicine. This impact is helped as the prescribing psychologist sees her/his patient with regular frequency. This allows an opportunity to discuss side effects with the patient and help determine if it is better to stop the medicine, wait for the side effects to resolve, or initiate an adjunct medicine to alleviate the side effect.

While the examples and lists above are not exhaustive, they are intended to represent the types of adjunctive activities that prescribing psychologists may engage in and for which they are trained, in order to provide improved care and safety for patients. More detailed parameters will be established by the board and department.

10. Approximately how many people are performing the functions of this occupation in Nebraska, or are presenting themselves as members of this occupation? To what extent are these people credentialed in Nebraska?

Licensed Psychologist: As of September 23, 2016 there are 530 licensed psychologists and 46 provisionally licensed psychologists credentialed through the Nebraska Department of Health and Human Services, and 495 indicate a Nebraska residence. Appendix D provides a map depicting the distribution of licensed psychologists through the state.

Prescribing Psychologist: New Mexico and Louisiana have been credentialing prescribing (medical) psychologists for over ten years and those numbers are provided. Illinois and Iowa are still early in the process of credentialing prescribing psychologists.

As of January 30, 2017 there are 110 medical psychologists licensed in Louisiana. Approximately 15% of licensed psychologists in Louisiana have a credential to prescribe psychotropic medications (there are 740
licensed psychologists in Louisiana). It has been estimated that 20-25% of psychologists in Louisiana will eventually obtain prescriptive authority.

As of January 30, 2017 there are 57 prescribing psychologists licensed in New Mexico (prescription certificate and conditional certificate). Approximately 7% of licensed psychologists in New Mexico have a credential to prescribe psychotropic medications (there are 763 licensed psychologists in New Mexico). New Mexico has several trainees in the pipeline to eventually qualify for the prescription certificate.

New Mexico has a more stringent set of practicum requirements compared with Louisiana and this explains the higher percentage of prescribing (medical) psychologists in Louisiana. New Mexico is currently working with the legislature to address the bottleneck issue created by the current regulations that narrowly define who can supervise the trainee during the practicum involving one hundred separate patients.

If Nebraska adopts the standards promulgated by the American Psychological Association for training needed to prescribe psychotropic medications, and avoids adopting overly restrictive regulations, it is likely that there would be approximately 59 prescribing psychologists serving citizens across the state in the foreseeable future. Table 1 below depicts the increase of behavioral health prescribers in Nebraska (22%) if the current proposal is adopted.

<table>
<thead>
<tr>
<th>Psychiatric Prescribers</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrists¹</td>
<td>156</td>
</tr>
<tr>
<td>Nurse Practitioner Specialized in Psychiatry¹</td>
<td>98</td>
</tr>
<tr>
<td>Physician Assistant Specialized in Psychiatry¹</td>
<td>16</td>
</tr>
<tr>
<td>Prescribing Psychologists²</td>
<td>59</td>
</tr>
</tbody>
</table>

Table 1 Expanding Psychiatric Prescribers in Nebraska

| Increase by adding prescribing psychologists | 22% |

(1) 2015 data from Behavioral Health Education Center of Nebraska – BHECN
(2) Estimate for Nebraska based on percentage of licensed psychologists in Louisiana and New Mexico that completed medical training and qualified for prescriptive authority

11. Describe the general level of education and training possessed by practitioners of this occupation, including any supervised internship or fieldwork required for credentialing. Typically, how is this education and training acquired?

Licensed Psychologist: The extensive training of licensed psychologists and prescribing psychologists in mental and behavioral health is depicted in Appendix I, page 73. The licensed psychologist has completed 4 years of undergraduate education, 6-7 years of graduate school, a one year internship, and one year of postdoctoral supervised practice, and has passed a national competency examination.

Prescribing Psychologist: A licensed psychologist may apply for specialized training to prescribe psychotropic and adjunctive medications. If accepted, the licensed psychologist completes postdoctoral training that is consistent with the American Psychological Association standards for prescriptive authority. The national/federal/state requirements for prescribing (medical) psychologists in depicted in Appendix E, pages 60-62.

In the states and federal systems in which appropriately trained psychologists now prescribe, licensed psychologists have earned a postdoctoral master’s degree in clinical psychopharmacology. The APA
Below are the APA standards used to evaluate postdoctoral programs that prepare psychologists for prescriptive authority.

### Designation Criteria for Education and Training Programs in Preparation for Prescriptive Authority

**Didactic Content Areas**

I. Basic Science
   a. Anatomy & Physiology
   b. Biochemistry

II. Neurosciences
   a. Neuroanatomy
   b. Neurophysiology
   c. Neurochemistry

III. Physical Assessment and Laboratory Exams
   a. Physical Assessment
   b. Laboratory and Radiological Assessment
   c. Medical Terminology and Documentation

IV. Clinical Medicine and Pathophysiology
   a. Pathophysiology with particular emphasis on cardiac, renal, hepatic neurologic, gastrointestinal, hematologic, dermatologic, and endocrine systems
   b. Clinical Medicine, with particular emphasis on signs, symptoms and treatment of disease states with behavioral, cognitive and emotional manifestations or comorbidities
   c. Differential Diagnosis
   d. Clinical correlations – the illustration of the content of this domain through case study
   e. Substance-Related and Co-Occurring Disorders
   f. Chronic Pain Management

V. Clinical and Research Pharmacology and Psychopharmacology
   a. Pharmacology
   b. Clinical Pharmacology
   c. Pharmacogenetics
   d. Psychopharmacology
   e. Developmental Psychopharmacology
   f. Issues of diversity in pharmacological practice

VI. Clinical Pharmacotherapeutics
   a. Combined therapies – Psychotherapy/pharmacotherapy interactions
   b. Computer-based aids to practice
   c. Pharmacoepidemiology

VII. Research
   a. Methodology and design of psychopharmacological research
   b. Interpretation and evaluation of research
   c. FDA drug development and other regulatory process

VIII. Professional, Ethical, and Legal Issues
   a. Professional standards and ethical guidelines to pharmacological practice
   b. 

---

Declaration and Authorization

The Prescribing Psychologist agrees to...

**Prescription Certificate**
b. Relationships with pharmaceutical industry (conflict of interest, marketing strategies)

Supervised Clinical Experience

a. Physical Exam and Mental Status
b. Review of Systems
c. Medical History Interview and Documentation
d. Assessment: Indications and Interpretation (ability to order and interpret appropriate tests for the purposes of making differential diagnosis and for monitoring therapeutic and adverse effects of treatment)
e. Differential Diagnosis
f. Integrated Treatment Planning (ability to identify and select the most appropriate treatment alternatives, including medication, psychosocial and combined treatments and to sequence treatment within the larger biopsychosocial context).
g. Consultation and Collaboration
h. Treatment Management (application, monitoring and modification, as needed, of treatments and the writing of valid and complete prescriptions)

Capstone Competency Evaluation

a. Training programs develop a capstone competency evaluation that requires integration of the knowledge, skills, and attitudes the psychologist is expected to master during their matriculation in the program

Certification of Completion

a. To fulfill APA Postdoctoral Education and Training Program in Psychopharmacology for prescriptive Authority the student must complete the didactic, experiential, and capstone components of the program within five years of the initiation of postdoctoral training

Lifelong Learning
Programs that meet APA standards must emphasize and prepare psychologists for lifelong learning and how to evaluate future advances in psychopharmacological knowledge and the critical importance of lifelong learning in psychopharmacological practice.

Standards for prescriptive authority involving psychologists in the military (Air Force, Army, Navy) are consistent with American Psychological Association standards. In these jurisdictions the licensed psychologist must complete a postdoctoral master’s degree in clinical psychopharmacology, pass the Psychopharmacology Examination for Psychologists, and receive a minimum of one year of documented supervision. Supervision is provided by a psychiatrist or a psychologist with prescriptive authority.

In New Mexico the licensed psychologist must complete a 450-hour didactic training program (New Mexico has its own postdoctoral training program), pass an examination on clinical psychopharmacology, complete an eighty-hour practicum in clinical assessment and pathophysiology, and complete a four hundred hour/one hundred patient practicum under the supervision of a physician. The licensed psychologist is then eligible for a conditional prescription certificate. Following two more years of supervised experience the psychologist can apply to prescribe independently.

In Louisiana the licensed psychologist completes a postdoctoral master’s degree in clinical psychopharmacology, passes an examination in clinical psychopharmacology, and then is immediately eligible for licensure as a medical psychologist (alternative to the term prescribing psychologist). The Louisiana law allows the medical psychologist to prescribe psychotropic medications with the concurrence of the patient’s physician. To obtain independent prescriptive authority, the medical psychologist is required to complete three years of experience practicing as a medical psychologist, have treated a minimum of one hundred patients involving major psychotropic medication, have recommendations from two collaborating physicians, and complete a minimum of one hundred hours of continuing medical education related to the use of medications in the management of patients with psychiatric illness.

A requirement for prescribing psychologists includes maintaining and filing with their regulatory boards all individual federal drug enforcement registrations and numbers. Illinois, Iowa, and Idaho recently passed legislation. The Illinois statute deviates substantially from the APA standards and was a result of political compromise to get a bill passed after substantial expenditures on lobbying. The Iowa and Idaho statutes are very similar to the rules in New Mexico for credentialing prescribing psychologists, except the Iowa statute also requires a collaborative practice agreement with a physician following supervised practica experience.

Appendix J provides a table comparing the entry-level training models for psychiatric nurse practitioners, physicians, and prescribing psychologists. This table contrasts training for the three professionals in content areas that include biochemistry-neuroscience, pharmacology, clinical practicum, behavioral assessment/diagnosis & psychometrics, and psychosocial interventions. Data on graduate contact hours were obtained from institutions that include the Mayo College of Medicine, Yale University, Stanford University, and Vanderbilt University. The full article comparing the graduate training of the three professions can be found using the following link:
http://rxpsychology.fdu.edu/Resources/MuseMcGrath2010.pdf

12. Identify the work settings typical of this occupation (e.g., hospitals, private physicians’ offices, clinics, etc…) and identify the predominant practice situations of practitioners, including typical employers for practitioners not self-employed (e.g., private physician, dentist, optometrist, etc.).
**Licensed Psychologist:** National and local surveys of licensed psychologists indicate psychologists work in a wide range of settings. A Nebraska Psychological Association survey of licensed psychologists in 2008 and 2009 obtained 200 responses. The majority of respondents (57%) worked in outpatient practice (private or group), followed by psychologists employed in hospital settings (35%, public or private). Other employment settings included, but were not limited to, academia, college/university counseling centers, community mental health centers, residential/group homes, school systems (K-12), and assisted living/nursing homes.

**Prescribing Psychologist:** The licensed psychologists who earned the credential to prescribe added this clinical intervention to their existing practices.

The prescribing psychologist model fits well within the model of integrated care. An example of a prescribing psychologist functioning within the integrated care model was described in the Journal of Clinical Psychology in Medical Settings (volume 19, issue 4, pp. 420-429). Link to the article: [http://www.nebpsych.org/Resources/Documents/Shearer%20et%20al.%202012.RxP.pdf](http://www.nebpsych.org/Resources/Documents/Shearer%20et%20al.%202012.RxP.pdf)

This model involves a licensed psychologist with an independent prescription certificate who is fully integrated in a family practice clinic. The primary care providers and prescribing psychologist work side-by-side in the same shared space and use the same medical record for treatment documentation. The prescribing psychologist utilizes a flexible approach involving psychotherapy, psychotropic management, or both. All referrals to the prescribing psychologist originate from the primary care provider within the family medicine clinic. Patients with a mental health crisis are seen on the same day by the prescribing psychologist. The primary care providers receive feedback that includes “the therapeutic plan, anticipated length of treatment, next scheduled appointment, and are notified if any psychotropic medications are modified or started. The record also includes information about the indications for a particular medication (if prescribed), the risks, benefits, side effects, typical length of time to onset of therapeutic response, and potential alternative course of treatment.” Following two years of experience with this model the primary care providers rated their views on the safety, impact, and utility of prescribing psychology services in the clinic. Appendix K, page 75, summarizes the responses of the forty-seven medical providers who completed the anonymous, voluntary survey. Results of the survey indicated 95.6% of the medical providers found consultation with the prescribing psychologist to be helpful. The respondents also asserted the prescribing psychologist made appropriate referral decisions (93.6%), prescribed appropriate medications and dosages (95.7%), and had adequate knowledge of medical terminology (97.9%).

The next study examined the practice of 30 prescribing psychologists in New Mexico, Louisiana, and federal agencies. The psychologists with prescriptive authority worked in a range of settings that included private practice, hospital outpatient mental health, hospital-based primary care, non-hospital-based primary care, community mental health center, and hospital-based emergency room. The four most common conditions for which the psychologists prescribed medication were depression, anxiety, bipolar disorder, and attention-deficit hyperactivity disorder. The most frequent class of medication prescribed by these psychologists included antidepressants, mood stabilizers, ADHD medication, and antipsychotics. A number of psychologists surveyed indicating avoiding the use of medications with insomnia, substance abuse, mild-moderate depression, and anxiety disorders. The psychologists indicated the most common reasons for referring certain patients to other prescribers included medically complex cases, feeling stuck in treatment-resistant cases, complex psychosis, and chronic severe mental illness. The authors did not find from the survey a bias toward the use of medications versus psychosocial interventions. Overall, the psychologists, now with prescriptive authority, reported increased service to consumers in rural areas, patients with more severe diagnoses, patients using Medicaid, individuals of a minority background, and those with low socioeconomic status.

The 30 prescribing psychologists were evaluated by 22 of their medical colleagues in the same study. Appendix L present a table of the medical colleague’s ratings of the 30 prescribing psychologists. The medical colleagues included physicians, medical residents, nurse practitioners, physician assistant and pharmacist. Ninety-five percent agreed that the prescribing psychologists were adequately trained to...
prescribe medications, and the same percentage indicated they would refer a patient to a prescribing psychologist. Medical colleagues indicated the prescribing psychologists increased access to care by being available. Other advantages included willingness to accept insurance, reducing physician time, and communicating with medical colleagues. Medical colleagues also indicated the value in sharing knowledge and expertise.

The Medical colleagues were asked if they had any problems related to the prescribing psychologists and of the respondents only one indicated knowing about an incident where a prescribing psychologist had prescribed medications with antagonistic effects.

An earlier survey of prescribing/medical psychologists in New Mexico and Louisiana focused on practitioners in private practice and how their practice changed with prescriptive authority. Seventeen private practitioners were involved in the phone survey. A significant change encountered by the prescribing/medical psychologists was an increase of referrals from primary care physicians. The prescribing/medical psychologists were seeing more patients with comorbid psychological and medical conditions, and seeing more Medicaid patients. One psychologist in an “extremely rural” area of the state was “inundated” with patients requiring medication.

13. Do practitioners routinely serve members of the general population? Are services frequently restricted to certain segments of the population (e.g., senior citizens, pregnant women, etc.)?

Licensed Psychologist: There are no restrictions on licensed psychologists regarding what members of the public are treated.

Prescribing Psychologist: Licensed psychologists with prescriptive authority in Louisiana do not have restrictions on the populations they serve.

Prescribing psychologists practicing in the military are certificated to utilize medications with patients between the ages of 18 and 65.

There is not an age restriction on the populations New Mexico prescribing psychologists serve. Prescribing psychologists in New Mexico may prescribe psychotrophic medications to patients with certain co-morbid medical conditions if agreed to by the patient’s primary health care provider. These medical conditions include the following: serious co-morbid disease of the central nervous system; cardiac arrhythmia; those pharmacologically treated for coronary vascular disease; blood dyscrasia; acute medical condition requiring hospitalization; or, pregnancy or breast feeding.

The Illinois regulations have been drafted, and Iowa is now in the rule making process. The Illinois statute indicates prescribing psychologists will not be allowed to prescribe to patients less than 17 years of age or over 65 years of age; patients during pregnancy; patients with serious medical conditions such as heart disease, cancer, stroke, seizures; or, patients with developmental and/or intellectual disabilities.

The Iowa and Idaho statute for prescribing psychologists closely mirrors the New Mexico law. There is not the age restriction on patient population seen with the Illinois statute, if psychologists are properly trained in special populations.

14. Identify the typical reasons a person would have for using the services of a practitioner? Are there specific illnesses, conditions or situations that would be likely to require the services of a practitioner? If so, please specify.

Licensed Psychologist: There are many reasons the public seeks the services of a psychologist besides the treatment of major mental illness. The scope of practice of licensed psychologist is defined as disorders
listed in the Diagnostic and Statistical Manual and International Classification of Diseases of the World Health Organization. Licensed psychologists commonly treat conditions that include, but are not limited to: depression; anxiety disorders; obsessive–compulsive and related disorders; schizophrenia spectrum disorders; trauma and stress related disorders; dissociative disorders; sleep disorders; disruptive and impulse-control disorders; substance use disorders; eating disorders; somatic disorders; personality disorders; paraphilic disorders and sexual dysfunctions; and neurodevelopmental disorders.

The wide range of psychological services provided by licensed psychologists is discussed in the response to item #3 of the application. Psychological services can be provided to individuals, family systems, groups, organizations, and institutions.

Licensed psychologists treat the psychological aspects of physical illness. For example, psychologists provide psychological services for pain management, smoking cessation, sleep disorders, cancer, neurological disorders, stress management, weight management, and other health conditions.

**Prescribing Psychologist:** A prescribing psychologist is first a licensed psychologist, and the reasons for seeking the services of this type of professional are listed above. Reasons for using services outside of those listed above would include a desire for pharmacological intervention in conjunction with other therapies traditionally provided by a licensed psychologist to treat mental disorders.

Often patients prefer to have their medication closely integrated with their therapy, and there is evidence that this leads to improved outcomes. By seeing only one provider for both needs, the patient is ensured that medication management is conducted in a manner that takes into account the progression of therapy.

Many patients also discuss becoming frustrated by having to recount all of their symptoms to multiple providers. In conjunction with this concern, it can be difficult for patients with mental health concerns to accurately recall what information they have already disclosed to each provider. This creates a potential safety risk if a patient believes he/she has told a provider about a symptom or medication side effect, when in fact it was another member of the care team. For prescribing psychologists the requirement to collaborate with primary health care providers reduces this risk.

15. **Identify typical referral patterns to and from members of this occupational group. What are the most common reasons for referral?**

**Licensed Psychologist:** There is a wide range of referral sources for licensed psychologists that include, but is not limited to: hospitals, medical providers, behavioral health professionals, courts, schools, other educational settings, social service agencies, churches and clergy, and state and federal agencies. These would all refer patients to a psychologist and psychologists, in return, would refer patients to them.

The licensed psychologist refers a patient needing psychotropic medication to a psychiatrist or other qualified prescriber. The licensed psychologist refers to other medical specialties if, for example, there are signs and symptoms of previously undetected general medical conditions.

**Prescribing Psychologist:** There are two primary sources of referral for prescribing psychologists. First are self-referrals from patients who desire services and may have a predilection for both talk therapy and pharmaceutical intervention. Self-referrals are the primary source of referral, followed closely by referrals from primary health care practitioners. These referrals are generally made when a primary health care practitioner identifies a patient with psychiatric concerns who may benefit from both talk therapy and pharmacological treatment. Often primary health care practitioners will make referrals to a prescribing psychologist if they are uncomfortable with managing psychotropic medication, or do not feel that they can closely monitor a patient’s medications.
Prescribing psychologists would make referrals to other professions if an underlying medical condition were suspected or detected (i.e. thyroid dysfunction, potential brain mass etc.), or if treatment with pharmaceuticals impacted other biological systems that then required treatment by a primary medical provider. In addition, as with any psychologist, treatment of conditions outside of their scope of competency would be referred to specialty care.

Finally, in situations of acute risk for self-harm or harm to others, referrals for inpatient treatment would be made when outpatient treatment would no longer be the least restrictive option.

16. **Is a prescription or order from a practitioner of another health occupation necessary in order for services to be provided?**

   **Licensed Psychologist:** A prescription or order is not generally required to access the services of a licensed psychologist. Hospitals may require the attending physician to order the patient be evaluated or treated by a licensed psychologist.

   **Prescribing Psychologist:** A prescription or order is not generally required for the services of a prescribing psychologist. As above there may exist institutional requirements for a patient to be evaluated in order to determine the need for services.

17. **How is continuing competency of credentialed practitioners evaluated?**

   **Licensed Psychologist:** In Nebraska the requirement is twenty-four hours of professional activities directed at maintaining competency during a twenty-four month period, for license renewal. There is a wide range of professional activities that is recognized per rules and regulations. Continuing competency activities may involve attending workshops, seminars, symposia, and/or colloquia approved by organizations such as the American Psychological Association, American Medical Association or Nebraska Medical Association, American Nurses Credentialing Center’s Commission on Accreditation, National Association of Alcohol and Drug Abuse Counselors, and national associations for other behavioral health providers. Other professional activities listed in rules and regulations include completing a graduate level course, teaching an academic course the first time, and authoring or editing a peer-reviewed psychological practice oriented publication.

   **Prescribing Psychologist:** In New Mexico the prescribing psychologist is required to complete forty hours of continuing professional education in the area of psychopharmacology and psychopharmacotherapy, within a twenty-four month period. Licensed psychologists that prescribe in Louisiana have a similar set of requirements for maintaining the credential to prescribe psychotropic medications.

18. **What requirements must the practitioner meet before his or her credentials may be renewed?**

   **Licensed Psychologist:** As indicated above, the licensed psychologist must complete, at minimum, twenty-four hours of professional activities directed at maintaining continuing competency.

   **Prescribing Psychologist:** In addition to the continuing competency requirements specific to prescribing psychotropic medications, the prescribing psychologists in New Mexico and Louisiana must maintain malpractice insurance for their prescribing activities (in addition to their existing psychological practice). The proposal for Nebraska would require a minimum of forty hours of continuing competency hours in the provision of psychological treatments combined with psychotropic medications, and medical education relevant to safe prescribing practices.

19. **Identify other jurisdictions (states, territories, possessions, or the District of Columbia) wherein this occupation is currently regulated by the government, and the scopes of practice typical for this occupation in these jurisdictions.**
Licensed Psychologist: All 50 states provide for licensing the practice of psychology. The practice of psychology is also regulated in the federal system.

Prescribing Psychologist: States, territories and agencies include the Department of Defense (1991), New Mexico (2002), Louisiana (2004), Illinois (2014), Iowa (2016), Idaho (2017), Guam (1999) and US Public Health Service. In 1993 Indiana enacted a procedure for certificating trained psychologists to prescribe in relevant federal programs. The Indian Health Service was the first to authorize a psychologist to prescribe medications in 1988 to address a shortage in the availability of appropriate mental health care in the Santa Fe, New Mexico, region. Prescriptive authority has expanded in the Indian Health Service to include Montana and South Dakota. For example, there are prescribing psychologists meeting the mental health needs of Native American patient’s in Montana. Please note the following link to a brief description of how prescribing psychologists are improving access to care at an Indian Health Service facility.

Additional Questions an Applicant Group Must Answer about their Proposal

1. What is the problem created by not regulating the health professional group under review, or by not changing the scope of practice of the professional group under review?

The problem this proposal addresses is the critical shortage in the supply of behavioral health prescribers (Behavioral Health Education Center of Nebraska FY 2014-2015 Legislative Report). Per this legislative report many of the current prescribers of mental health medications in the state are at or near retirement age. There has also been the concern about a shrinking number of psychiatrists in Nebraska.

The lack of behavioral health prescribers in Nebraska worsens the existing problem that only one in three Americans with a mental disorder receives minimally adequate treatment, and nearly sixty percent don’t receive any treatment from a mental health specialist.

Licensed psychologists with specialized postdoctoral education in clinical psychopharmacology, physician supervised practica, passing a national competency examination, and period of supervision with a conditional prescription certificate could step in to help address the shortage of behavioral health prescribers, as has been the case in federal agencies and some states. The number of licensed psychologists in Nebraska increased by 28% from 2006-2016. In addition, a large number of early career psychologists in Nebraska are available to replace psychologists who will retire.

Many consumers benefit from the judicious use of psychotropic medications and psychotherapy. At present licensed psychologists in Nebraska, even if they obtain the specialized training, cannot become credentialed to prescribe, and thus help their patients who need the combination of psychotherapy and mental health medications.

There are over twice as many psychologists as psychiatrists in Nebraska, and psychologists are located in over twice as many counties as psychiatrists. Adding two or three prescribing psychologists in the panhandle of Nebraska would double the number of doctoral level behavioral health prescribers.

Appendix C (Prescribing Psychologists Meet the Need) provides convergent data on how prescribing psychologists have made a major impact in New Mexico and Louisiana in addressing unmet needs of behavioral health care consumers. The data come from a mix of providers that include: psychiatric and family physicians, prescribing psychologists, clinical pharmacist specialists, and CEO of a Federally Qualified Health Center.

A 2013 survey in New Mexico examined the impact of prescribing psychologist on mental health disparities. The conclusions from the survey were as follows:

“New Mexico psychologists with prescriptive authority, though still small in number of practitioners, are collectively making a significant impact on reducing mental health disparities among rural and low-income patients. More than 90% of prescribing psychologists surveyed accept Medicaid payments and 62.9 percent of patients served are living in rural areas with limited access to other behavioral health prescribers. This survey demonstrates that the grass roots efforts for psychologists’ prescriptive authority highlighting the mental health disparity in rural and low income communities has been successful in getting trained prescribers to help serve those most in need.”

Appendix M displays the distribution of prescribing psychologists licensed through New Mexico in 2016. The reader can see that prescribing psychologists are located throughout the state, including critical shortage areas of the state.
This proposal addresses the economic and social costs of seeing multiple providers. The consumer accessing a prescribing psychologist would experience savings by obtaining psychotherapy and mental health medication from a single provider. Savings would include reduced co-pays, reduced travel time, and less time away from work.

2. If the proposal is for the regulation of a health professional group not previously regulated, all feasible methods of regulation, including those methods listed below, and the impact of such methods on the public, must be considered. For each of the following evaluate the feasibility of applying it to the profession and the extent to which the regulatory method would protect the public.

   a. **Inspection requirements**: Inspection provides a strong measure of public protection; for example, inspection for proper sanitation, materials storage, and record-keeping procedures. These types of inspections clearly apply to professions such as cosmetology, body art, and funeral directing. However, the practice of prescribing psychologists would not appear to pose a significant danger in these areas. In Nebraska inspections are not used as a regulatory option for independent, doctoral-level practitioners such as physicians, optometrists, or psychologists. The added dimension of prescribing would not, in itself, justify adding an inspection requirement, nor would such a requirement enhance public protection.

   b. **Injunctive relief**: This remedy is generally sought in situations in which there is a high likelihood that an individual has broken or will break the law and is intended to prevent future harm. Under the Uniform Credentialing Act, which would govern prescribing psychologists, a stronger remedy is available in these types of situations: summary suspension. Therefore no added protection to the public would arise from this alternative method of regulation.

   c. **Regulating the business enterprise rather than individual providers**: Psychologists are, and prescribing psychologists would be, overwhelmingly located in two types of settings: private practice (usually group practice) and inpatient or outpatient centers. Such centers are already regulated. Psychologists and prescribing psychologists do not practice in other business settings.

   d. **Regulating or modifying the regulation of those who supervise the providers under review**: After receiving a full practice certificate, the practice of prescribing psychologists would be fully independent, as is the practice of psychologists today. For prescribing psychologists still working toward a full practice certificate, supervision would be provided by licensed physicians who independently prescribe medications for mental disorders.

   e. **Registering the providers under review**: Registration is seldom used in Nebraska, and when it does occur it is confined to groups with lower standards of education and training, such as nurses’ aides. Registration would not be appropriate for a group whose educational standards require post-doctoral studies.

   f. **Certifying the providers under review by the State of Nebraska**: State certification is a voluntary form of title protection only, and does not restrict the practice of individuals. This level of regulation would be inappropriate for a profession authorized to prescribe medications.

   g. **Licensing the providers under review**: The certificate requested in this application is essentially a license. It has a delimited scope of practice, has strong entry standards, and a provision for assessing continuing competency. Persons not holding the certificate may not represent themselves either by the protected title or as performing the scope of practice of a certificate holder. Thus the certificate may be seen as being tantamount to a license.

3. What is the benefit to the public of regulating the health professional group under review or changing the scope of practice of the regulated health profession under review?

The public has benefitted from credentialing non-physicians to prescribe medications. Similar benefits have been identified when credentialing psychologists to fully practice within their area of expertise. The
specific benefits for the public from the provision of prescribing psychologist services include the following.

**Increased access to care.** The literature is replete with data on the shortage of health care providers and inability to meet the demand for services. Implementation of the Patient Protection and Affordable Care Act (Public Law 111-148) further increases the gulf between supply and demand of health care services.

Currently consumers of mental health services may have to wait months to see a psychiatrist. As indicated earlier, there is a shortage area in every Nebraska county for psychiatric and mental health services.

As indicated earlier, Nebraska has a shortage of psychiatrists to meet the increasing needs of consumers of mental health services. This pervasive shortage of psychiatrists was addressed by influential psychiatrist, Dr. Carlat.

Dr. Carlat is an associate professor of psychiatry at Tufts University School of Medicine in Boston and editor in chief of the Carlat Psychiatry Report, a monthly newsletter on psychopharmacology. His article titled “45,000 More Psychiatrists, Anyone?” was published in Psychiatric Times (2010). In this article, Dr. Carlat estimates the need for psychiatrists at approximately 26 per 100,000 citizens; and there are only about 10 psychiatrists per 100,000 in the US. To make matters worse, Dr. Carlat anticipates many of the psychiatrists in practice will be retiring soon. Dr. Carlat reviewed possible solutions to the shortage and proposed granting medically trained psychologists prescriptive authority. Dr. Carlat considered other possible solutions (increasing load on primary care physicians, increasing number of psychiatrists, training more APRNs and PAs) but voiced concerns about these options.

**Reduced barriers to care and patient preference for type of treatment:** As mentioned in item 14 of the first section, many patients experience frustration in having to recount their psychiatric symptoms to multiple professionals in order to receive comprehensive care. The prescribing psychologist would reduce this barrier to comprehensive care by providing both psychotherapy and medication management. Additionally the cost of engaging multiple providers can be prohibitive for some patients. The prescribing psychologist can provide both psychotherapy and medication management in the same session for a lower cost than would be incurred by seeing both a psychotherapist and a separate prescriber. Aside from the purely financial cost, there is also a reduced cost in terms of lost work hours. By seeing a provider who manages both psychotherapy and medication, patients do not have to schedule additional appointments that could result in non-paid absence from work or simply the interruption of daily activities.

Patient preference for the treatment of psychiatric disorders is a fundamental component of evidenced-based mental health care per the American Psychiatric Association and American Psychological Association, and has been shown to impact treatment retention and outcomes. Studies across diverse settings indicate, on average, patients prefer psychological treatment to pharmacological treatment for depression and anxiety, at a rate of 3 to 1. A psychiatric provider that only provides mental health medication is limited in meeting the patient’s preference for care. A prescribing psychologist who can provide, in a single appointment, psychotherapy or medication or a combination of treatments, based on the patient preference, is in a position to meet the preferences of the patient.

**Improved Safety:** Also as mentioned in item 14, when a patient is seeing multiple providers, there is a risk the patient could believe he/she had disclosed important information to that provider when it was actually a different mental health provider with whom the concern was discussed. Currently if a patient discusses a medication side effect with his/her talk-therapist, he/she may be advised to discuss this with his/her prescribing provider. However, if the patient forgets or misremembers with whom he/she had the discussion, then the prescriber may be missing important information. This concern is alleviated by having only one provider who is managing both. In addition, the collaboration requirement between prescribing psychologists and primary health care practitioners adds a layer of safety that currently is not required of
other prescribers. This serves to create a more comprehensive care approach which would have the effect of enhancing the safety of the public.

4. What is the extent to which the proposed regulation or the proposed change in scope of practice might harm the public?

The public is at a certain risk of error or incompetence on the part of any regulated professional who prescribes medications. Extending prescribing privileges to psychologists who meet the terms of our proposal will engender no more or any less, such risk as is provided by the competently trained practitioners who have prescribing privileges in Nebraska today. We are fortunate, however, in having multiple sources of data addressing the safety record of prescribing psychologists. In particular there is evidence from the Department of Defense and the two states that have credentialed prescribing psychologists for at least a decade.

In 1989 the US Congress funded a program to train psychologists in the Department of Defense to prescribe medications. The program proved to be controversial and encountered many roadblocks in implementation. Nevertheless, ten psychologists completed the academic coursework and practicum and were credentialed to prescribe medications to treat mental disorders. The final evaluation report on the program by the General Accounting Office (GAO), which was completed in 1999 and focused on the performance of the graduates, arrived at many positive conclusions. A reading of the GAO report indicates physicians who supervised the prescribing psychologists – including psychiatrists – were uniformly positive in their evaluations of the participant’s performance. The following are excerpts from the attached GAO report.

“The 10 PDP graduates seem to be well integrated at their assigned military treatment facilities. For example, the graduates generally serve in positions of authority, such as clinic or department chiefs. They also treat a variety of mental health patients; prescribe from comprehensive lists of drugs, or formularies; and carry patient caseloads comparable to those of psychiatrists and psychologists at the same hospitals and clinics. Also, although several graduates experienced early difficulties being accepted by physicians and others at their assigned locations, the clinical supervisors, providers, and officials we spoke with at the graduates’ current and prior locations – as well as a panel of mental health clinicians who evaluated each of the graduates – were complimentary about the quality of patient care provided by the graduates.”

“Overwhelming, the officials with whom we spoke, including each of the graduates’ clinical supervisors, and an outside panel of psychiatrists and psychologists who evaluated each of the graduates rated the graduates’ quality of care as good to excellent. Further, we found no evidence of quality problems in the graduates’ credential files.”

“The graduates’ clinical supervisors have the most extensive knowledge about the graduates’ clinical performance because they have been responsible for reviewing the graduates’ charts, discussing cases with the graduates, and observing the graduates’ interactions with patients. Without exception, these supervisors – all psychiatrists – stated that the graduates’ quality of care was good. One supervisor, for example, noted that each of the graduate’s patients had improved as a result of the graduate’s treatment; another supervisor referred to the quality of care provided by the graduate as “phenomenal.” The supervisors noted that the graduates are aware of their limitations and know when to ask for advice or consultation or when to refer a patient to a psychiatrist. Further, the supervisors noted that no adverse patient outcomes have been associated with the treatment provided by the graduates.” (underline added)

The American College of Neuropsychopharmacology (ACNP), composed of psychiatrists and psychologists, was contracted to perform an analysis of the Department of Defense project to train psychologists to prescribe medications for mental disorders. Their evaluation judged the psychologists with specialized training to be safe prescribers and assumed positions as chiefs of mental health clinics. The report noted the absence of a single significant adverse event among patients treated by the prescribing psychologists.

Appendix F goes into detail on the safety record of prescribing (medical) psychologists in New Mexico and Louisiana. There is data from the licensing divisions in those states, medical practitioners who work closely with prescribing psychologists, and results from surveys of medical providers who rated the competence and safety of prescribing psychologists.

Appendix G is a letter from the New Mexico Regulation and Licensing Division indicating there has been no disciplinary action taken against a licensed RxP psychologist. The psychiatrist, Dr. Donald Fineberg, was involved in the regulation of prescribing psychologists in New Mexico, and he has provided a letter of support that has been posted on the 407 website.

The state of New Mexico conducts sunset reviews for all professional licenses and a review was conducted in 2015 pertaining to the Board of Psychologist Examiners. A full copy of the sunset report can be obtained from the applicants. The report listed a number of complaints that were investigated on psychologists in the protection of the public; however, none of the complaints were associated with the prescription certificate. The strategic plan for the next ten years included the following: “ensuring appropriate licensure requirements for psychologists, psychologist associates, conditional and prescribing psychologists by providing for the administrations of national and state examinations.” The report also included the following reference to prescribing psychologists and meeting the needs of the public.

“Our board has also continued to license psychologists who are training for prescriptive authority on a provisional basis and on an unrestricted basis following the completion of the requirements set out by the board’s rules and statutes. In the process, our state has added many new prescriptive providers to meet the demand for mental health services across rural and metropolitan areas of the state.”

5. What standards exist or are proposed to ensure that a practitioner of the health professional group under review would maintain competency?

The prescribing psychologist would have dual responsibilities for maintaining competence. There is the existing standard that the renewal of the license to practice psychology requires twenty-four hours of continuing competency earned within twenty-four months.

The proposal for renewal of the prescribing psychologist certificate would require forty hours of continuing competency training earned within twenty-four months. The continuing competency training would pertain to the provision of psychological treatments and psychotropic medications. The board would adopt regulations related to continuing competency in consultation with relevant professional organizations.

Therefore, the prescribing psychologist would have to complete twenty-four hours for the psychology license and an additional forty hours to maintain the prescription certificate, for a total of sixty-four hours of continuing competency training within twenty-four months.

6. What is the current and proposed role and availability of third-party reimbursement for the services provided by the health professional group under review?
Prescribing psychologists can use an “add-on” CPT code when providing medication management and psychotherapy. Add-on codes identify an additional part of the treatment above and beyond the principle service. Current Procedural Terminology (CPT) codes are developed by the American Medical Association, which contracts with the Center for Medicare and Medicaid Services (CMS) to officiate the coding system.

The add-on code 90863 is used for pharmacologic management, including prescription and review of medication, when performed with psychotherapy services. A psychologist providing a psychotherapy service with medication management would report the 90863 add-on code along with the applicable psychotherapy code.

In addition, per the Medical Assistance Division, New Mexico Human Service Department, prescribing psychologists are authorized to utilize the following codes: evaluation and management service, comprehensive medication service, and brief office visit for the sole purpose of monitoring or changing drugs.

**7. What is the experience of other jurisdictions in regulating the practitioners affected by the proposal? Identify appropriate statistics on complaints, describing actions taken, etc., by jurisdictions where the profession is regulated.**

Psychologists with specialized training have been prescribing medications for mental disorders for 20 years in federal agencies and for over 10 years in two states (New Mexico and Louisiana).

The General Accounting Office evaluated the safety record of psychologists who participated in the Department of Defense Psychopharmacology Demonstration Project. An excerpt from the GAO report, focused on the safety record of prescribing psychologists, was provided in the response to item #4. Appendix F details the safety record of prescribing (medical) psychologists that indicate there has been no discipline against a prescribing (medical) psychologist for unsafe prescribing practices.

The Insurance Trust, the largest professional liability insurance policy for psychologists in the United States, provides liability insurance for prescribing (medical) psychologists. It is noteworthy that insurance premiums only increase 10-15% when a psychologist adds prescriptive authority.

**8. What are the expected costs of regulating the health professional group under review, including the impact of registration, certification, or licensure on the costs of services to the public? What are the expected costs to the state and the general public of implementing the proposed legislation?**

The proposal is not for a change to the current license for psychologists. The proposal is for a specialty certification that would certificate some psychologists with specialized training to prescribe medications for mental disorders. This certificate would augment the psychology license.

The Board of Psychology and the Department currently manage a range of credentials and registrations beyond the license to practice psychology. The list of credentials and registrations include the following: psychological assistant, psychologist associate, supervisory registration form, temporary psychologist, 30 days temporary practice, special license supervisory registration, special psychologist. Fees for all these credentials are set using a statutory formula, which would be employed to set fees for prescribing psychologists as well. The safety record of prescribing psychologists presented in the application predicts there would be minimal increased costs to the DHHS Licensure and Regulation Division for receiving and investigating complaints and engaging in disciplinary proceedings. There would be the expense for the committee developing rules and regulations.

The consumer needing both psychological services and medications for mental disorders would experience a cost savings. There would not be the added cost of seeing both a psychologist and a psychiatrist. The cost
savings would involve fewer co-payments for office visits, decreased travel expenses, and less time away from gainful employment.

9. **Is there additional information that would be useful to the technical committee members in their review of the proposal?**

**Practice Guidelines.** The American Psychological Association (APA) has developed standards for training programs and a national competency examination for prescriptive authority. In addition, the APA has published practice guidelines regarding psychologists’ involvement in pharmacological issues. The practice guidelines recommend general principles for optimal professional practice. A sample of the seventeen guidelines is provided below.

Guideline 3. Psychologists involved in prescribing or collaborating are sensitive to the developmental, age and aging, educational, sex and gender, language, health status, and cultural/ethnicity factors that can moderate the interpersonal and biological aspects of pharmacotherapy relevant to the populations they serve.

Guideline 14. Psychologists involved in prescribing or collaborating strive to be sensitive to the subtle influences of effective marketing on professional behavior and the potential for bias in information in their clinical decisions about the use of medications.

The APA practice guidelines regarding psychologists’ involvement in pharmacological issues are located at the following website: [http://www.apa.org/practice/guidelines/pharmacological-issues.pdf](http://www.apa.org/practice/guidelines/pharmacological-issues.pdf)

Nebraska licensed psychologists already are required to adhere to the American Psychological Association ethical principles and code of conduct.

**National Psychopharmacology Examination for Psychologists.** The national competency examination for psychologists seeking prescriptive authority was developed for use by state and provincial psychology licensing boards. The examination was created under the guidance of Professional Examination Service (PES), which is a nationally recognized testing firm. The Psychopharmacology Examination for Psychologists (PEP) is updated frequently to reflect the changing knowledge required for safe and effective practice. Examination test items are developed by psychometricians in consultation with an expert work group that includes prescribing psychologists, physicians, pharmacists, nurses, and academic researchers in pharmacology and psychopharmacology.

The national competency examination for prescribing psychologists is being updated in the next years and will be managed next by the Association of State and Provincial Psychology Boards that has vast experience conducting practice studies of psychologists that informs the development of the national competency examination for doctoral psychologists seeking licensure, and license mobility certification standards.

Content areas for the PEP are listed below.

- Integrating clinical psychopharmacology with the practice of psychology
- Biopsychosocial and pharmacologic assessment and monitoring
- Professional, legal, ethical, and interprofessional issues
- Physiology and pathophysiology
- Clinical psychopharmacology
- Nervous system pathology
- Differential diagnosis
A detailed breakdown of the content areas for the PEP is located at the following website:
http://www.apapracticecentral.org/ce/courses/pep-info.aspx

**Designation Criteria for Training Programs.** The American Psychological Association has established a process for designating postdoctoral education and training programs in psychopharmacology. The purpose of the process is to provide for public recognition of education and training programs that meet published standards for prescriptive authority for psychologists. The designation criteria require programs to meet many standards such as whether the program has sufficient resources to support the training mission, qualified administrators, sufficient and qualified faculty and clinical supervisors, quality assurance procedures, essential didactic curriculum, clinical competencies for supervised clinical experience, and capstone competency evaluation. Approximately eight hundred psychologists have graduated thus far from the designated programs.

A complete description of the designation process is located on the following website:
References

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Appendix A
Prescribing Psychologists: The Facts

**FACT:** The American Psychological Association designation for RxP Education is the product of over 25 years of developing, updating, and refining the training model.

- A Blue Ribbon panel was convened by the U.S. Army Surgeon General in 1990 and consisted of psychiatrists, other physicians, and psychologists from their respective professional organizations. The panel endorsed a postdoctoral fellowship model of training (i.e., a supplemental credential) for psychologists seeking to add prescriptive authority and continue as independent providers. The physician assistant and nurse practitioner models of training were rejected by the blue ribbon panel. Ten prescribing psychologists graduated from the Department of Defense demonstration project.¹

- In parallel with the military, the American Psychological Association created interdisciplinary task forces to develop a training model that evolved to the current model curriculum (2009). This model requires specific bio-medical didactic content areas, supervised clinical experience, and capstone evaluation of competence.²

- Critics falsely claim that the training standards and quality assurance methods for prescribing psychologists were exclusively developed by psychologists

- The quality assurance component for designating programs must include at least one representative from another prescribing health profession, and that representative is currently a psychiatrist.³

- The national competency examination for licensure was developed by an expert panel of physicians, pharmacists, prescribing psychologists, researchers, and a nurse anesthetist.⁴

**FACT:** The prerequisite for entering training to function as a prescribing psychologist is demanding and requires the applicant be a doctoral-level psychologist who provides health care services to the public. The necessary basic science courses are covered early in the postdoctoral master’s degree program in clinical psychopharmacology.

- Critics claim psychologists should complete the same undergraduate basic science courses required for entering medical schools, although that is not a requirement for all medical schools (A Top Medical School Revamps Requirements to Lure English Majors⁵, Getting Into Med School Without Hard Sciences⁶).

**FACT:** Qualified psychologists have effectively and safely prescribed to tens of thousands of patients in the military and states without a disciplinary action from a licensing board for harming a patient due to inappropriate prescribing practices.

**FACT:** Studies show that for some disorders, a combination of psychotherapy and drug therapy is often the most effective treatment.
Patients receiving integrated treatment used significantly fewer outpatient sessions and had significantly lower costs, on average, than those in split treatment.\(^7\)

**FACT:** When other treatments are available (psychotherapy), the authority to prescribe includes the authority not to prescribe or to discontinue medication.

Prescribing psychologists are able to adjust, change, or discontinue mental health medications if ineffective or causing adverse reactions. The prescribing psychologist can replace a medication with a psychosocial intervention that is safer and more effective in the long run, and can do so more quickly than would be the case if the patient had to wait for an appointment with a prescriber.

**FACT:** Psychologists who are trained to prescribe are able to add another tool to the existing interventions that are available as a result of their doctoral training and clinical experience.

“The Department of Defense (RxP) program was not designed to…produce mini-psychiatrists or psychiatrist extenders, and it did not do so. Instead the program produced extended psychologists with a value-added component prescriptive authority provides. They continued to function very much in the traditions of clinical psychology, but a body of knowledge and experience was added that extended their range of competence.”\(^8\)

**FACT:** Organized psychiatry’s opposition to psychologists’ prescribing based on concern for patient safety should be considered in light of psychiatry’s repeated attempts to prevent the evolution of professional psychology.

From the 1950’s to the 1970’s organized psychiatry opposed psychology licensure and argued that permitting psychologists to practice outpatient psychotherapy without medical referral or supervision was unsafe. Despite their opposition, all states now authorize the independent practice of psychology.

In the 1980’s psychiatry argued psychologists should not be permitted to participate unsupervised in Medicare because they would harm elderly patients. Psychologists were granted independent provider status in Medicare in 1989 and have made valuable contributions to the program.

**FACT:** The postdoctoral clinical psychopharmacology training program standards allow for distance learning as it pertains to the didactic component which is an especially useful when training psychologists in remote areas.

Critics of RxP training programs wrongly assert that the online learning component is inferior in contrast to face-to-face instruction.

However, the U.S. Department of Education (2010) published a meta-analysis review which found “students in online learning conditions performed modestly better than those receiving face-to-face instruction.”

In addition, the US Dept. of Education found that a blend of online and face-to-face instruction had better learning outcomes over entirely face-to-face. This makes sense when considering that online material can be reviewed multiple times and is readily available to the student.
✓ The postdoctoral training programs for psychologists provide a blend of online and face-to-face instruction. There is both didactic instruction and face-to-face supervised experience
✓ The University of Nebraska makes extensive use of web-based learning for medical professionals

**FACT:** The designated programs that lead to a postdoctoral master’s degree in clinical psychopharmacology are full time and take 2-3 years to complete.

✓ Critics have falsely claimed the training programs for prescribing psychologists equates to a “crash course”
✓ The Nebraska proposal for prescriptive authority for psychologists requires the training programs be full-time and located within accredited educational institutions. The educational programs also need to meet designation standards for training psychologists in the expanded scope of practice.

**FACT:** Prescriptive authority for qualified psychologist is strongly endorsed by the American Psychological Association (APA) and the Nebraska Psychological Association (NPA).

✓ The APA, the world’s largest association of psychologists with over 117,000 members, endorsed prescriptive authority for qualified psychologists in 1995.
✓ A 2009 statewide survey of licensed psychologists in Nebraska indicated 73% support for the statement, “Psychologists with postdoctoral training should have the legal authority to prescribe psychotropic medications.” Only thirteen percent were opposed, and the rest were unsure of their position.
✓ There has been highly vocal opposition from a fringe group, POPPP, which is not a dues paying association. In 2014, POPPP produced a signed petition of only 135 names of opponents. You can visit their website, [www.poppp.org](http://www.poppp.org), and you will find inaccurate information that includes the assertion that psychologist prescriptive authority (RxP) legislation failed in Nebraska. There has never been a legislative bill in Nebraska for RxP.
✓ The opposition focuses on how prescriptive authority could negatively impact the profession and result in psychologists becoming “junior psychiatrists” and abandoning psychosocial interventions to master’s-level clinicians.
✓ The opposition has expressed concern about the adequacy of the training for prescriptive authority and highlight how prescribing psychologists have less training than physicians. A response to this criticism is other nonphysician prescribers have demonstrated safe prescriptive practice without going through medical school.
✓ The opposition has asserted that policy makers should hold off on utilizing prescribing psychologists until there are randomized, controlled trials to evaluate the outcomes for prescribing psychologists. However, the opposition fails to note that the first randomized control clinical trial pertaining to nurse practitioners was not published until the profession of NPs existed for four decades.

**References:**


**Appendix B**

**Proposal for the Prescription Certificate**

**Board, defined.** Board means the Board of Psychology.

**Board membership.** The Board shall consist of five professional members and two public members. No later than two calendar years after the effective date of this act, one professional member shall be a prescribing psychologist.

**Department, defined.** Department shall mean the Division of Public Health of the Department of Health and Human Services.

**Prescribing Psychologist Advisory Committee, defined.** A Prescribing Psychologist Advisory Committee shall be established by the Department for the purpose of developing and recommending regulations related to the prescription certificates.

The Prescribing Psychologist Advisory Committee shall be composed of a psychiatrist or other qualified physician; doctoral-level pharmacist with expertise in clinical psychopharmacology; and, three psychologists licensed in Nebraska. The psychologist members of the committee shall possess a postdoctoral master’s degree in clinical psychopharmacology, or work currently in a university setting and have expertise in the neurosciences and psychopharmacology. The chair of the Board shall serve as an ex officio, non-voting member, of the committee.

The Department and Board shall select the physician and pharmacist members from a list provided by the Board of Medicine and Surgery and Board of Pharmacy, respectively. The psychologist members of the committee will be selected by the Board and Department.

The advisory committee will convene at the request of the Department or Board to make recommendations regarding regulations, approval of postdoctoral training programs, the drug formulary, and approval of prescription certificate applications. The advisory committee will also convene at the request of the Department or Board to review complaints against prescribing psychologists and other matters relevant to prescription certificates.

**Physician, defined.** Physician, for the purposes of this act, means a person licensed to practice medicine and surgery or osteopathic medicine and surgery, who is board-certified in family medicine, internal medicine, pediatrics, psychiatry, or another specialty who prescribes medications for the treatment of a mental disorder to patients in the normal course of the person’s medical practice.

**Prescribing psychologist, defined.** Prescribing psychologist means a licensed psychologist who holds a valid provisional prescription certificate or prescription certificate. The licensed psychologist with a provisional prescription certificate will inform the public of the supervisory relationship required for this certificate.

**Provisional prescription certificate, defined.** A provisional prescription certificate means a document issued by the Department to a licensed psychologist who has completed a postdoctoral degree in clinical psychopharmacology or equivalent, completed two practica, and passed a national proficiency examination in clinical psychopharmacology approved by the Board. Any individual who is issued a

**Prescription Certificate**
provisional prescription certificate shall use the term “provisional prescription certificate” when communicating credentials to the public.

The psychologist with a provisional prescription certificate shall inform the patient and their legal guardian, if any, that the psychologist has received specialized training in the prescription of psychotropic medication, and that the psychologist is transitioning to independent pharmaco-logical practice, and that the psychologist is practicing under supervision with respect to the prescribing of psychotropic medication.

**Prescription certificate, defined.** Prescription certificate means a document issued by the Department to a licensed psychologist who has successfully completed a minimum of two years’ experience under a provisional prescription certificate, supervised by a physician as defined in this act.

**Prescriptive authority, defined.** Prescriptive authority means the authority to order, prescribe, discontinue, administer, provide samples of, drugs recognized in or customarily used for the management of mental, nervous, emotional, behavioral, substance abuse and cognitive diseases or disorders. A description of the kinds and degrees of mental and emotional disorders may be found in revisions of accepted nosologies such as the International Classification of Diseases or Statistical Manual of Mental Disorders. Psychotropic medications or psychotherapeutic drugs are considered equivalent terms for this act, that includes controlled substances, whose primary use has been approved by the federal Food and Drug Administration for the treatment of mental disorders or is listed as a psychotherapeutic agent in the most recent edition of Drug Facts and Comparisons or the most recent edition of the American Hospital Formulary Service.

The Prescribing Psychologist Advisory Committee shall give guidance to the Department and Board on the approved drug formulary for prescribing psychologists.

**Prescription, state and federal laws.** Each prescription issued by a prescribing psychologist shall comply with all applicable state and federal laws, and be identified as issued by a prescribing psychologist, in a manner determined by the department.

**Prescribing psychologist, laboratory studies.** The prescribing psychologist may order and interpret laboratory studies and other medical diagnostic procedures, as necessary for the diagnosis and assessment of mental, cognitive, nervous, emotional, substance abuse, and behavioral disorders, and treatment maintenance. This includes laboratory studies necessary for the monitoring of potential side effects associated with drugs. The Board shall develop regulations, in consultation with the Prescribing Psychologist Advisory Committee, related to the prescribing psychologist ordering and interpreting laboratory studies.

**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. The Board shall develop regulations, in consultation with the Prescribing Psychologist Advisory Committee, relating to communication from the prescribing psychologist to the primary health care practitioner.
Communication between a primary health care practitioner and a prescribing psychologist may be conducted in person, by telephone, electronically, in writing, or by some other appropriate means. The prescribing psychologist shall document in the patient’s health care record communications with the patient’s primary health care practitioner.

The prescribing psychologist and primary health care practitioner shall be responsible for his or her individual decisions in managing the care of patients. The prescribing psychologist is responsible for his or her decision to prescribe drugs as part of a treatment plan, and is responsible for the choice of drugs. The prescribing psychologist is legally responsible for monitoring the side effects of drugs prescribed by the psychologist. The prescribing psychologist is responsible for managing common drug side effects, and making a referral to another practitioner when necessary to manage side effects outside the scope of practice and training of the prescribing psychologist.

If an emergency exists that may jeopardize the health and well-being of the patient, the prescribing psychologist may, without prior communication with the primary health care practitioner, prescribe psychotropic medications or modify an existing prescription for psychotropic medication for that patient. The prescribing psychologist shall then contact the primary health care practitioner as soon as possible. The prescribing psychologist shall document in the patient treatment file the nature and extent of the emergency and attempts to make contact with the primary treating health practitioner prior to prescribing or other reason contact could not be made.

If the prescribing psychologist is serving in a declared emergency/disaster areas, the on-site medical staff can serve as the primary health care practitioner.

**Primary health care practitioner, defined.** Primary health care practitioner means a physician, nurse practitioner, or other qualified health care provider, who has an active clinical relationship with a patient and is principally responsible for the health care needs of the patient, or currently attending to the health care needs of the patient, or considered by the patient to be his or her attending health care practitioner.

**Limits of practice, prescribing psychologist.** A prescribing psychologist shall limit practice to the areas of competence in which proficiency has been gained through education, training, and experience. The prescribing psychologist shall not prescribe a drug, medication, or controlled substance that is not contained in the formulary defined in regulations approved by the Department and Board, in consultation with the Prescribing Psychologist Advisory Committee. The prescribing psychologist shall not prescribe drugs to treat conditions that include chronic pain; endocrine, cardiovascular, orthopedic, neurological, and gynecological illness; or other non-psychiatric illnesses, disorders, or illnesses causing mental disorders. The prescribing psychologist shall not perform medical procedures such as spinal taps, electroconvulsive therapy, intramuscular or intravenous administration of medication, amytal interviews, or phlebotomy.

**Limits of practice, co-morbid medical conditions.** Unless specifically agreed to by the primary health care practitioner, a prescribing psychologist shall not prescribe psychotropic medications for patients with serious co-morbid disease of the central nervous system, cardiac arrhythmia, blood dyscrasia, patients who are being pharmacologically treated for coronary vascular disease, women who are pregnant or breast feeding, patients who are hospitalized for an acute medical condition, and other conditions as defined in regulations.

**Applicant for provisional prescription certificate; qualifications.** A licensed psychologist may apply to the Department for a provisional prescription certificate. The application shall be made on a
form approved by the Board, and accompanied by evidence satisfactory to the Department that the applicant:

1. Possesses a doctoral degree in health service psychology and holds an unrestricted license to practice psychology in Nebraska;
2. Has successfully completed a postdoctoral degree in clinical psychopharmacology, or equivalent as determined by the Board. A university, college, professional school, or other institution of higher education shall be considered approved by the Department, under this act, provided the institution of higher learning:
   a. Is accredited by one of the six regional bodies recognized by the United States Department of Education’s Council on Postsecondary Accreditation;
   b. Meets standards of the American Psychological Association for postdoctoral education and training in psychopharmacology for prescriptive authority;
   c. Offers a postdoctoral master’s program in clinical psychopharmacology, or equivalent, that provides a structured sequence of study, with at least four hundred hours of intensive didactic education, that includes instruction in each of the following areas:
      i. anatomy and physiology;
      ii. biochemistry;
      iii. neurosciences to include neuroanatomy, neuropathology, neurophysiology, neurochemistry and neuroimaging;
      iv. pharmacology;
      v. psychopharmacology;
      vi. clinical medicine and pathophysiology;
      vii. health assessment, including relevant physical and laboratory assessment;
      viii. diversity and lifespan factors, special populations;
      ix. case reviews that cover a broad range of clinical psychopathologies, complicating medical conditions presenting as psychiatric illness, diagnostic questions, choice of medications, management of untoward side effects from medications, compliance problems, and alternative treatment approaches;
   d. employs faculty and supervisors sufficient in number to accomplish the program’s education and training goals;
   e. employs a training director who is a psychologist with expertise in clinical psychopharmacology, a psychiatrist, or other qualified health care professional with expertise consistent with the program’s mission and goals to train psychologists to effectively and safely prescribe psychotropic medications,
   f. provides for the frequent evaluation of students’ knowledge and application of that knowledge and feedback to students of outcomes, and
   g. ensures every student completes necessary training in basic science as part of the admission and training process.
3. Has passed an examination developed by a nationally recognized body. The examination shall be passed within two years immediately preceding the date of application for the provisional prescription certificate. The passing score on the national examination shall be defined in regulations approved by the Board. The Board shall define in regulations the number of opportunities the applicant has to pass the national examination before no longer being considered for a provisional prescription certificate.
4. Has completed an eighty hour practicum in clinical assessment and pathophysiology, supervised by a physician, as defined in this act. The practicum shall provide the applicant with the opportunity to observe and demonstrate competency in physical and health assessment techniques within a medical setting. The Board, in consultation with the Prescribing Psychologist Advisory Committee, will develop regulations and a verification form for the
eighty hour practicum in primary health care. The form shall include verification by the supervising physician that the applicant:

a. demonstrated competency in assessing a significantly ill medical population;
b. adequately assessed vital signs;
c. observed the progression of illness and continuity of care of individual patients;
d. demonstrated competent laboratory assessment; and
e. demonstrated competence in physical and health assessment techniques.

5. Has completed a four hundred hour supervised practicum of no fewer than one hundred separate patients with mental disorders. This practicum shall be supervised by a physician, prescribing psychologist with an unrestricted prescription certificate, or more than one of these supervisors in order to meet the requirements of the practicum. The Board, in consultation with the Prescribing Psychologist Advisory Committee, shall develop regulations and verification form for the clinical practicum to include the number of hours involving face-to-face supervision, and the clinical activities pertinent to the four hundred hours of supervised training. The form shall include verification by the supervising physician and/or supervising prescribing psychologist, that the applicant:

a. was involved in the assessment and treatment of one hundred separate patients;
b. received an intensive supervised experience appropriate to the current and anticipated practice of the trainee;
c. was involved in the assessment and treatment of children or other special populations if appropriate to the current and anticipated practice of the trainee;
d. was involved in the assessment and treatment of patients with a range of mental disorders listed in the most recent diagnostic and statistical manual of mental disorders or mental disorders listed in the most recent international classification of diseases;
e. was exposed to acute, short-term, and maintenance medication strategies;
f. was exposed to patients with a range of medical co-morbidities;
g. recommended safe and effective pharmacological interventions for the one hundred patients, with any prescriptions being issued by the supervisor or other licensed practitioner with prescriptive authority;
h. recommended safe and effective management of drug side effects; and
i. completed the practicum in not less than six months or more than two years.

6. The applicant will maintain a log on patients seen during practicum of at least four hundred hours and one hundred patients. The log shall include a coded identification number for each patient, demographic information on each patient, and other information as determined by the Board. The log shall be available to the Department or Board upon request. The log shall contain the name and signature of the supervisor. The four hundred hours shall refer to four hundred face-to-face hours to only include time spent with patients to provide evaluations and treatment for psychotherapeutic drugs and time spent in collaboration with the patient’s primary health care practitioner. The applicant shall receive a minimum of one hour of supervision for every eight hours of patient face-to-face time.

7. Has malpractice insurance sufficient to meet regulations adopted by the Board.

8. The applicant shall complete the practica within three years immediately preceding the date of the application as verified by the supervisors.


10. Has submitted a proposed supervision plan for the provisional prescription certificate. The supervision plan shall include information regarding the supervising physician and proposed arrangement for supervision sessions with the prescribing psychologist that shall involve a minimum of four hours of supervision a month. The proposed supervision plan shall be reviewed by Department for approval.

11. The Board, in consultation with the Prescribing Psychologist Advisory Committee, shall develop a procedure to address any deficiencies in the training of an applicant for a provisional
prescription certificate. The review process may result in a remediation plan for the psychologist. The remediation plan may include refresher courses, approved by the Board, which involves a planned program of supervised educational training that provides review of knowledge and skills for effective and safe prescribing practices.

**Applicant for a prescription certificate; qualifications:** A licensed psychologist may apply to the Department for a prescription certificate when satisfying requirements of the provisional prescription certificate. The Board, in consultation with the Prescribing Psychologist Advisory Committee, shall develop, in regulation, the requirements for the unrestricted prescription certificate. An unrestricted certificate does not require a supervisory relationship with a physician. The application shall be made on a form approved by the Board, in consultation with the Prescribing Psychologist Advisory Committee. The form must be accompanied by evidence satisfactory to the Department that the applicant:

1. holds a current unrestricted license to practice psychology in Nebraska;
2. has malpractice insurance sufficient to meet regulations adopted by the Board;
3. has been issued a provisional prescription certificate and successfully completed a minimum of two years prescribing experience, supervised by a physician. The supervisor, who provided at minimum one hour of supervision a week, must verify the applicant has safely prescribed drugs as defined in this act. Supervision shall be provided either face-to-face, telephonically, or live video communication. The supervisor must verify the applicant has demonstrated competence in review of systems, medical history, physical examination, interpretation of medical tests, differential diagnosis, integrated treatment planning, collaboration with health care practitioners, and management of complications and drug side effects. An applicant for a prescription certificate who specializes in the care of children, elderly, or other special populations shall complete at least one year, of the minimum two years, prescribing psychotropic medications to such populations, under the supervision of a physician. The psychologist with a provisional prescription certificate shall see a minimum of fifty separate patients for pharmacological treatment within the two-year supervisory period. The applicant will maintain a log on patients seen during the period of holding a provisional prescription certificate. The log shall include a coded identification number for each patient, demographic information on each patient, drugs prescribed by the applicant, and other information as determined by the Board. The log shall be available to the Board or Department upon request. The log shall contain the name and signature of the supervisor.
4. Possesses approved certification in Basic Life Support (BLS).

**Provisional prescription certificate, expiration.** The provisional prescription certificate expires upon receipt of the prescription certificate or two years after the date of issuance, whichever occurs first. The provisional prescription certificate may only be extended with approval of the department, in consultation with the Board. Ninety days prior to the expiration of the provisional prescription certificate the psychologist may apply for an unrestricted prescription certificate, or apply for one additional two year period of supervised practice under a provisional prescription certificate.

**Renewal, prescription certificate.** The department, in consultation with the Board, shall develop, by regulation, a method for the renewal every two years of a prescription certificate at the time of, or in conjunction with, the renewal of the psychology license.

**Renewal; prescription certificate or provisional prescription certificate; requirements.** Each applicant for renewal of the prescription certificate or provisional prescription certificate shall present satisfactory evidence to the Department demonstrating continuing competency training relevant to effective and safe prescribing practices. The Board shall develop regulations related to approved sponsors of continuing competency training.
The applicant for renewal of the prescription certificate or provisional prescription certificate shall present evidence of no fewer than 40 hours of continuing competency hours completed within the 24 months prior to the renewal deadline, as established by the department.

The prescribing psychologist shall also meet the continuing competency requirements for renewal of the psychology license. Renewal of the psychology license requires 24 hours of continuing competency for each two year renewal period.

**Reciprocity.** The department, with recommendations from the Board, may issue a provisional prescription certificate or prescription certificate based on licensure or credentialing in another jurisdiction to a person who meets the criteria for prescribing psychotropic medications per the Psychology Practice Act. Other jurisdictions include, but are not limited to, the Department of Defense, US Public Health Service, Indian Health Service, and states that permit psychologists prescriptive authority.

**Prescriptive authority; practice of psychology.** A psychologist licensed in this state shall not order or administer drugs in the practice of psychology unless he or she has been issued a prescription certificate or provisional prescription certificate, pursuant to the Psychology Practice Act.

**Prescriptive authority; violation; board duties.** A violation of provisions of the Psychology Practice Act relating to the administration of drugs may result in action against the psychologist’s prescription certificate. The Board shall develop regulations, in consultation with the Prescribing Psychologist Advisory Committee, that ensure prescribing psychologists limit their practice to demonstrated areas of competence. The regulations shall address denying, modifying, suspending, or revoking a provisional prescription certificate or prescription certificate. The regulations shall address referrals to the Board of medicine and surgery when there are concerns regarding the acts or omissions of a supervising physician.
Appendix C
Prescribing Psychologists Meet the Need

New Mexico, first state to pass a prescribing psychologist law in 2002

Certified prescribing psychologists serving disadvantaged patients in rural and urban areas of their state, child and geriatric populations, and nearly every prescribing psychologist in NM accepts Medicaid, and there are future prescribing psychologists in the pipeline

✓ “In New Mexico, we have had a Psychologist Prescriptive Authority law since 2002. It has been a great boon for the people of New Mexico. They have had increased access to quality psychological care, with the use of psychotropic medication when indicated.” In a recorded interview with Dr. Donald E. Fineberg, MD, psychiatrist, Sante Fe, New Mexico (May 7, 2016)

✓ “Prescribing psychologists in general have improved the access to care in New Mexico. We just did some research on where our prescribing psychologists are prescribing and we found that 80% are serving in underserved areas or with the severely underserved populations such as severely mentally disturbed children, homeless, and community mental health centers. Almost all of us take Medicaid.” In a recorded interview with Dr. Renee Wilkins, prescribing psychologist, Grants, New Mexico (May 8, 2016)

✓ “…many of my colleagues do go out to rural areas, and the other thing I point out is Albuquerque is an urban area but we do have areas of underserved that need our services in this urban area and access still is a problem.” In a recorded interview with Dr. Tony Kreuch, prescribing psychologist, Albuquerque, New Mexico (November 13, 2015)

✓ “Well, certainly for me practicing here in a rural community, it has benefitted the state in having just another prescriber who understands mental health. Farmington has chronically been short of psychiatrists. When I first came here there was only one…” In a recorded interview with Dr. Robert Sherrill, prescribing psychologist, Farmington, New Mexico (November 13, 2015)

✓ “Well if you look at where we are, we are all over the state and in rural areas and if you look at our panel of patients here at the family medicine center, although this is Las Cruces, New Mexico, half of our patients come in here from rural areas in New Mexico for care.” In a recorded interview with Dr. Marlin Hoover, prescribing psychologist, Memorial Family Medicine Center, Las Cruces, New Mexico (November 10, 2015)

✓ “My experience with patients who have both complicated medical problems and complicated psychological problems is that the prescribing psychologists are really excellent at coordinating care with the medical doctors.” In a recorded interview with Dr. Joseph Ewing, MD, Family Practice Physician, Las Cruces, New Mexico (November 10, 2015)

✓ “So the formulary that prescribing psychologists are able to draw upon are those in the psychotropic classes of medications. So these can include things like antidepressants, antianxiety medications, including antidepressants and benzodiazepines, to stimulants for like ADHD, or mood stabilizers for conditions such as bipolar disorders, as well as our medications
for other types of psychiatric illnesses like schizophrenia. So it’s a wide span of medications of psychotropic medications” In a recorded interview with Dr. Davena Norris, Clinical Pharmacy Specialist, Memorial Medical Center, Las Cruces, New Mexico (November 10, 2015)

✓ “We try to do the psychotherapy and the medication management together which is very efficient, in my opinion, in lieu of having to go see a therapist for the talk therapy or the social intervention and then go see the prescriber for the medication because a lot gets lost in that distinction. If you have one person doing both I think it’s more organized, it’s more systematic, and it’s more efficient with better outcomes.” In a recorded interview with Dr. Mario Marquez, prescribing psychologist, Albuquerque, New Mexico (November 14, 2015)

✓ “Many of them [patients] will say that they really like having the therapy and the medication management by the same person, and they feel like the medication is being more closely watched. They appreciate that because a psychologist tends to see his or her patients pretty frequently. There’s a possibility of going up more slowly on medications and watching very carefully the effects and side effects. A very important aspect of being a prescribing psychologist is that you can also take people off of medications, but you can do it in a way that is helpful for them or makes it more manageable for them.” In a recorded interview with Dr. Elaine LeVine, prescribing psychologist, Las Cruces, New Mexico (November 9, 2015)

✓ “I’ve seen the patients…that are doing very well with less medication, and have changed their quality of life. They get their weekly sessions. They’re monitored at a much closer level. So any changes that do occur the prescribing psychologist is right on top of them, which is very different from the services that you get, where you go in for once a month.” In a recorded interview with Dr. Luis Vasquez, faculty at New Mexico State University, location of a training program for prescribing psychologists (November 10, 2015)

✓ “I can tell you the feedback I get from patients is nothing but positive, I have never had a patient say that I don’t want to see a psychologist with prescriptive authority, nor do I want to receive prescriptions from that individual. I’ve never, ever run across that.” In a recorded interview with Dr. John Andazola, MD, Medical Director of the Southern New Mexico Family Medicine Residency Program, Las Cruces, New Mexico (November 10, 2015)

✓ “it makes things easier, but what really counts is I’m talking to someone who really knows me and my situation. And it’s not just something that’s kind of a quick check-in. Nothing compares to seeing one person that is your primary care provider for mental health.” In a recorded interview with a consumer (Brian), Las Cruces, New Mexico (November 9, 2015)

Louisiana, second state to pass a prescribing psychologist law in 2004

Medical (prescribing) psychologists are serving disadvantaged patients in rural and urban areas of their state, child and geriatric populations, in multiple settings, and there are future medical psychologists in the pipeline

✓ “There is a huge gap in need of care for individuals with mental health and other psychological issues, and the medical psychologist is key in that they have the ability to prescribe so they work in an integrated care environment with the medical doctors and with the nurse practitioners. Most of our clinics are in rural areas, and he [medical
psychologist] travels to 3 rural sites providing medication management and psychotherapy…” **In a recorded interview with Dr. Alecia Cyprian, CEO, Southeast Community Health Systems, a federally qualified health care facility, Zachary, Louisiana (January 11, 2016)**

✓ “The medical psychologists have truly, truly, closed the gap in serving the underserved population. I worked here from 2004, a number of years without having a behavioral health person on staff. A large portion of our patients are uninsured or underinsured…” **In a recorded interview with Tammy Smith, family nurse practitioner, Southeast Community Health Systems, Zachary, Louisiana (January 11, 2016)**

✓ “Well, for example in Louisiana…where most of the people are an underserved population and you want to get a nurse practitioner or a psychiatrist to go into this area, it is very hard. They won’t accept any of these positions, and in this clinic we don’t have a lot of money to pay [a psychiatrist] to come here. The medical psychologist, they are doing a good job, we are working with them. I’m the physician, and I work with the medical psychologist in my clinic and other two clinics, any problem or drug reaction he calls me, he asks me my advice, so you work as a team.” **In a recorded interview with Dr. Nagaraj Nanjappa, MD, Chief Medical Officer, Southeast Community Health Systems, Zachary, Louisiana (January 11, 2016)**

✓ “Well, indeed what we have done is to provide greater access in terms of less waiting time for many patients…At our community mental health center there were vacancies for psychiatry for 5 to 10 years. They were unable to fill those vacancies. Now medical psychologists are able to help out.” **In a recorded interview with Dr. Glenn Ally, advanced practice medical psychologist, Lafayette, Louisiana (January 9, 2016)**

✓ “The other thing that is extremely important is psychologists with prescriptive authority are excellent at using the right tool for the right problem…we have more than one tool to use. We want to use the tool that meets the patient’s need, rather than force the patient into the only tool that we have.” **In a recorded interview with Dr. Glenn Ally, advanced practice medical psychologist, Lafayette, Louisiana (January 9, 2016)**

✓ “I would say that a powerful experience that I have observed happens for me on a daily basis to weekly basis. I work in rural site that is approximately 60 miles from the largest city, where there is not a psychiatrist within 60 miles, and we have patients that have a hard time affording gas money let alone the copay. I am glad they have access to me and other medical psychologists.” **In a recorded interview with Dr. John Fidanza, Ph.D., advanced practice medical psychologist, Southeast Community Health Systems, Zachary, Louisiana (January 9, 2016)**

✓ “I was recruited to come to Louisiana to work in a rural health clinic. We are a federally qualified health clinic that serves the underserved population…and so each day we travel to the underserved areas to be able to meet the needs of those patients, and we feel like we are closing the gap because these patients don’t have access, and would not have access otherwise.” **In a recorded interview with Dr. John Fidanza, advanced practice medical psychologist, Southeast Community Health Systems, Zachary, Louisiana (January 9, 2016)**
✓ “...why wouldn’t you bring medical psychologists with prescribing privileges if they have the training, and bring them in. It is a 100% win-win, they are there to help us with the behavioral health part, [and] we are there to help them with the medical part. It is perfect.” In a recorded interview with Tammy Smith, family nurse practitioner, Southeast Community Health Systems, Zachary, Louisiana (January 11, 2016)

✓ “I would say to the state legislators and the community members in Nebraska to not be afraid, to trust trained and credentialed professionals to provide the care, much needed care, particularly behavioral health care, to the patient populations in Nebraska, and to know that the medical psychologists will work in collaboration with medical doctors and nurse practitioners, in doing their jobs.” In a recorded interview with Dr. Alecia Cyprian, CEO, Southeast Community Health Systems, a federally qualified health care facility, Zachary, Louisiana (January 11, 2016)
Appendix D

Number of Licensed Psychologists per County
Total Licensed in Nebraska: 495*

Numbers provided by State of Nebraska Licensure Unit
P.O. Box 94986
Lincoln, NE 68506
402-471-2117
kris.chiles@nebraska.gov

*Updated November 18, 2016
1. Based on license mailing address
2. Includes 45 provisionally licensed psychologists
3. Total does not include an additional 81 psychologists with out-of-state mailing address
## Appendix E
### National/Federal/State Requirements for Psychologist Prescriptive (RxP) Authority

<table>
<thead>
<tr>
<th>National Standard/ Federal and State Jurisdictions</th>
<th>Credential</th>
<th>Regulating Board</th>
<th>Requirements for Credential</th>
<th>Formulary</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Psychological Association Model Legislation for Prescriptive Authority, Postdoctoral Education in Psychopharmacology, Designation criteria for Postdoctoral Programs, Practice Guidelines</td>
<td>Certificate granting prescriptive authority</td>
<td>Psychology licensing board</td>
<td>1. Doctoral psychologist, health care service provider 2. Current psychology license, health care service provider 3. Postdoctoral RxP degree or equivalent 4. Practicum 5. National competency exam</td>
<td>Drugs or controlled substances recognized in or customarily used in the diagnosis, treatment, and management of individuals with psychiatric, mental, cognitive, nervous, emotional or behavioral disorders…</td>
</tr>
<tr>
<td>Department of Defense (1991) Air Force Navy Army</td>
<td>Prescribing Psychologist</td>
<td>military credentials committee at medical treatment facilities</td>
<td>1. Consistent with APA standards above. 2. Practicum, one year, supervised by psychiatrist or psychologist with prescriptive authority</td>
<td>Formulary includes the following classes of drugs: antidepressants, antipsychotics, anxiolytics, mood stabilizers, and Attention Deficit Hyperactivity Disorder agents, and adjunctive medications. List of medications developed by the DoD Pharmacoeconomic Center.</td>
</tr>
<tr>
<td>New Mexico (2002)</td>
<td>Prescription Certificate</td>
<td>State Board of Psychologist Examiners</td>
<td>Follows APA Standards 1. Doctoral psychologist 2. Current NM psychology license 3. Postdoc in RxP 4. Practica 5. National exam 6. 2 years prescribing</td>
<td>Psychotropic medication means a controlled substance or dangerous drug that may not be dispensed or administered without a prescription and whose primary indication for use has been approved by the FDA for treatment of mental disorder, and is listed as a psychotherapeutic agent in</td>
</tr>
<tr>
<td>Indian Health Service (HIS), US Public Health Service (USPHS) (2006)</td>
<td>State issued credential that permits prescribing -State where licensed and credentialed as a prescriber -Also credentialed by respective IHS health facility or USPHS duty station</td>
<td>1. Consistent with APA Standards 2. Meets state requirements for a prescriber</td>
<td>Providers scope of practice is defined by their state license, IHS Service Unit, or USPHS duty station for example, license/certification from New Mexico and serve at IHS in Montana</td>
<td></td>
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<tr>
<td>---</td>
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<td></td>
</tr>
<tr>
<td>Louisiana (2004)</td>
<td>Medical Psychologist (entry level) Certificate of Advanced Practice</td>
<td>Louisiana State Board of Medical Examiners and Medical Psychology Advisory Committee (at least 16 professions are regulated under the medical board)</td>
<td>1. Doctoral psychologist 2. Current unrestricted LA psychology license 3. Postdoctoral RxP degree or equivalent 4. National competency exam 5. <strong>Advanced Practice</strong>: 3 years of demonstrated competence with 100 patients, and 100 CME hours</td>
<td>Drugs, including controlled substances, but limited to only those agents related to the diagnosis and treatment or management of mental, nervous, emotional, behavioral, substance abuse or cognitive disorders</td>
</tr>
<tr>
<td>Illinois (2014)</td>
<td>Prescribing Psychologist License</td>
<td>Clinical Psychologists Licensing and Disciplinary Board</td>
<td>1. Doctoral psychologist 2. Current IL psychology license 3. Undergraduate biomedical courses 4. 60 credits hours didactic coursework 5. Full-time clinical rotations of 14</td>
<td>Medications for the treatment of mental health disease or illness the collaborating physician provides to his or her patients, nonnarcotics Schedule III through V. Restrictions: -no patients less than 17 or over 65 years of age -no patients during pregnancy</td>
</tr>
<tr>
<td>State</td>
<td>Certification Type</td>
<td>Board of Psychology</td>
<td>Requirements</td>
<td>Regulations</td>
</tr>
<tr>
<td>---------------</td>
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<td>--------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Iowa (2016)</td>
<td>Prescription certificate</td>
<td>Board of Psychology</td>
<td>Follows APA standards</td>
<td>Psychotropic medication…approved by the federal food and drug administration for the treatment of a mental disorder as defined by the most recent version of the diagnostic and statistical manual of mental disorders published by the American psychiatric association or the most recent version of the international classification of diseases. Psychotropic medication does not include narcotics.</td>
</tr>
<tr>
<td>Idaho (2017)</td>
<td>Certification of Prescriptive Authority</td>
<td>Board of Psychology</td>
<td>Follows APA standards</td>
<td>only those drugs or controlled substances that are recognized in or customarily used in the diagnosis, treatment, and management of individuals with psychiatric, mental, cognitive, nervous, emotional or behavioral disorders….</td>
</tr>
<tr>
<td>Nebraska proposal 2017</td>
<td>Prescription Certificate</td>
<td>Board of Psychology</td>
<td>Follows APA Standards</td>
<td>drugs recognized in or customarily used for the management of mental, nervous, emotional, behavioral, substance abuse and cognitive</td>
</tr>
</tbody>
</table>
Prescribing (Medical) Psychologists are required to communicate and collaborate with each patient’s primary health care provider to integrate care.

**Nebraska proposal: 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. The board shall develop regulations, in consultation with the prescribing psychologist advisory committee, relating to communication from the prescribing psychologist to the primary health care practitioner.
Appendix F  
Prescribing Psychologists’ Safety Record

The Department of Defense 1990’s Evaluation of 10 Prescribing Psychologists

✓ “Overwhelmingly, the officials with whom we spoke, including each of the graduates’ clinical supervisors, and an outside panel of psychiatrists and psychologists who evaluated each of the graduates rated the graduates’ quality of care as good to excellent. Further, we found no evidence of quality problems in the graduates’ credential files.” General Accounting Office Report to the Committee on Armed Services, U.S. Senate, June 1999

✓ “The graduates’ clinical supervisors have the most extensive knowledge about the graduates’ clinical performance because they have been responsible for reviewing the graduates’ charts, discussing cases with the graduates, and observing the graduates’ interactions with patients. Without exception, these supervisors – all psychiatrists – stated that the graduates’ quality of care was good. One supervisor, for example, noted that each of the graduates’ patients had improved as a result of the graduates’ treatment; another supervisor referred to the quality of care provided by the graduate as phenomenal. The supervisors noted that the graduates are aware of their limitations and know when to ask for advice or consultation or when to refer a patient to a psychiatrist. Further, the supervisors noted that no adverse patient outcomes have been associated with the treatment provided by the graduates.” General Accounting Office Report to the Committee on Armed Services, U.S. Senate, June 1999

No licensing board discipline for unsafe prescribing practices for psychologists in New Mexico

✓ “The New Mexico Board of Psychologist Examiners has had no disciplinary action taken against a licensed RxP Psychologist.” In a letter from Samantha Lopez, Board Administrator, New Mexico Regulation and Licensing Department (January 19, 2016)

✓ In 14 years, there have been about 55 psychologists who have been licensed [to prescribe] and there has not been a single action taken against psychologists for unsafe practices. None.” In a letter from Dr. Donald Fineberg, M.D., psychiatrist, Sante Fe, New Mexico (May 6, 2016)

✓ “In New Mexico since people started prescribing and those people being psychologists started prescribing, there have been no difficulties in terms of complaints of unsafe practices. I’m on the board. I can tell you, there’ve been none. So to those critics I would say listen. I understand theoretically what your concerns might be, but actually that’s not
a problem. “In a letter from Dr. Donald Fineberg, M.D., psychiatrist, Sante Fe, New Mexico (May 6, 2016)
✓ “Collectively we have written, I’m sure, tens of thousands of prescriptions. There have been, to my knowledge, no complaints to the board at all about inappropriate prescribing or patient harm. In a recorded interview with Dr. Robert Sherrill, prescribing psychologist, Farmington, New Mexico (November 13, 2015)
✓ “My experience with children and elderly patients who are seeing a psychologist who is prescribing is that there’s great knowledge and respect for the problems that can happen. I think the rule is caution on the part of the psychologists, and they have adequate training and knowledge to know when to be cautious. To know what the limits are. So I would refute, you know, the assertions from the opponents of psychologist prescribing, that it would be dangerous in elderly or in children. I just haven’t seen that at all. In a recorded interview with Dr. Joseph Ewing, M.D., family practice physician, Las Cruces, New Mexico (November 10, 2015)
✓ “So you know when it comes to talking about psychologists prescribing to individuals with multiple medical problems or outside of the vanilla patient, whatever that means…I find that psychologists typically are more rigorous in their prescriptive approach. They really double think their patients…I think the education prepares them well to think about it, but I think there is this sense of responsibility and conscientiousness and approaching that patient that quite frankly I don’t see necessarily with other prescribers, and I think it has to do with responsibility overall of the prescriptive authority.” In a recorded interview with Dr. John Andazola, MD, FAAFP, Director of the Southern New Mexico Family Medicine Residency Program, Las Cruces, New Mexico (November 10, 2015)
✓ “Actually, no, I have never encountered, in our specific practice, where our prescribing psychologists are prescribing inappropriately or ineffectively. In fact, I strongly believe that our prescribing psychologists here are very knowledgeable and if they feel the need to collaborate or gain knowledge from other professionals, they don’t hesitate to do that. So I have not had any negative experiences.” In a recorded interview with Dr. Davena Norris, Pharm.D., Clinical Pharmacy Specialist, Memorial Medical Center, Las Cruces, New Mexico (November 10, 2015)
✓ “A factor that the opponents to prescriptive authority have often mentioned is that these are dangerous drugs and they go all through your body. Well, aspirin goes all the way through your body. Tylenol goes all the way through your body. All drugs are very helpful or they can be dangerous. I think we have a very extensive training that stresses our learning about the benefits and the risks. I think because we are psychologists we tend to not use as many medications maybe as would be necessary if you didn’t have other verbal tools in your armamentarium.” In a recorded interview with Dr. Elaine LeVine, prescribing psychologist, Las Cruces, New Mexico (November 9, 2015)
✓ “I would say it is really true that I spend more time taking people off of medications then I do putting them on. I started the controlled substances committee here at the residency where we monitor the use of all controlled substances, the narcotic medications for pain, and we have established clinic-wide policies for monitoring the use of those medications, make sure they’re safe use. The committee looks not only at
narcotics but also benzodiazepines and stimulant medications and other controlled substances. So we are working to insure the safety of the use of psychoactive mediations in our patient population.” In a recorded interview with Dr. Marlin Hoover, prescribing psychologist, faculty at the Memorial Family Medicine Center, Las Cruces, New Mexico (November 10, 2015)

✓ “I had a young woman, a teenager come into to see me…she has never had a suicide attempt, she wasn’t psychotic, and she was on 7 medications. We took her down to 2, and she continues to struggle but its therapy, it’s not more medication that she needed, and she is actually [now] doing really well and is going to graduate.” In a recorded interview with Dr. Renee Wilkins, prescribing psychologist, Grants, New Mexico (May 8, 2016)

No licensing board discipline for unsafe prescribing practices for psychologists in Louisiana

✓ “Medical psychologists in Louisiana have been prescribing for 10 years now without significant [safety] incident whatsoever. Now I have some authority to say that in that I have been a member of our psychology licensing board…and now I am a member of the medical advisory committee that advised the medical board on medical psychology, and I can say with certainty that there have been no complaints with regards to safety of prescribing habits of medical psychologists.” In a recorded interview with Dr. Glenn Ally, advanced practice medical psychologist, Lafayette, Louisiana (January 9, 2016)

✓ “It makes me think about years ago when they didn’t think nurse practitioners shouldn’t treat some of those same populations, but we have special training to treat pediatrics, to treat geriatrics, and very obviously they [medical psychologists] have had the same. I have not come across, I have not had one patient have a bad outcome because of the medications they prescribed.” In a recorded interview with Tammy Smith, family nurse practitioner, Southeast Community Health Systems, Zachary, Louisiana (January 11, 2016)

✓ “I have seen over and over again the patient that we caught with medical issues as well as behavioral health issues because we did fully integrate. Our medical psychologist will often order lab work before prescribing medications. If they are abnormal they will kick it back to us. We caught some big things by doing that.” In a recorded interview with Tammy Smith, family nurse practitioner, Southeast Community Health Systems, Louisiana (January 11, 2016)

2012 Survey of 47 medical staff that included physicians, medical residents, nurse practitioners, and physician assistants, at a large army medical center with a prescribing psychologist.

✓ “I am confident it is safe to refer my patients to a prescribing psychologist for psychotropic medication management.” 64% strongly agreed and 30% agreed
✓ “I believe the prescribing psychologist has adequate knowledge of medical terminology.” 60% strongly agreed and 38% agreed
✓ “I am confident in the ability of a prescribing psychologist to identify when patients need to be referred for additional medical evaluation.” 64% strongly agreed and 30% agreed, the other respondents did not agree or disagree with the statement
✓ “I am concerned patients will be prescribed inappropriate medications and/or dosages if I refer them to a prescribing psychologist.” 49% strongly disagreed and 47% disagreed
✓ “Improves access to behavioral health care.” 87.2% rated as a large benefit

Survey of 22 civilian medical colleagues (mostly physicians and medical residents, a few nurse practitioners, a physician assistant and pharmacist) who rated 11-12 prescribing psychologists in 2014-2015

✓ The prescribing/medical psychologists practiced in New Mexico, Louisiana, or federal agency
✓ Practice settings included hospital outpatient mental health, hospital-based primary care, community mental health center, hospital-based emergency room, community health center
✓ “I would refer to a prescribing/medical psychologist.” 76% strongly agreed and 19% agreed
✓ “Prescribing/medical psychologists appropriately consult with me about patient care.” 68% strongly agreed and 27% agreed
✓ “I believe the prescribing/medical psychologist(s) I work with have adequate knowledge of medical terminology.” 77% strongly agreed and 18% agreed
✓ I believe the prescribing/medical psychologist(s) I work with do not have enough knowledge of how to safely prescribe to patient.” 68% strongly disagreed and 27% disagreed
✓ “I support the movement for psychologists to gain prescriptive authority.” 68% strongly agreed and 27% agreed

Data taken from the following article: Linda WP, McGrath RE. The Current Status of Prescribing Psychologists: Practice Patterns and Medical Professional Evaluations. Professional Psychology: Research and Practice, 2017; Vol. 48, No. 1: 38-45.
Appendix G

New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
P.O. Box 25101 • Santa Fe, New Mexico 87502
(505) 476-4900 • Fax (505) 476-4628 • www règle.state.un.us

January 19, 2016

Daniel Ullman, Ph.D., MSCP
Long Professional Building
4535 Normal Blvd, #212
Lincoln, NE 68508

Dear Dr. Ullman,

The New Mexico Board of Psychologist Examiners has had no
disciplinary action taken against a licensed RxP Psychologist.

Please feel free to contact me with any questions.

Thank you.

Samantha Lopez

Samantha Lopez
Board Administrator
505-476-4622
Appendix H
RxP: Demanding Training

Licensed Psychologist
9-11 years

Bachelor's Degree
4 years

Doctorate in Psychology as a Health Service Provider
includes practica and one year internship
5-7 years

Licensing Exam
Supervision under provisional license
Independent diagnosis and treatment of mental disorders
Continuing competence requirements for license renewal (2 year interval)

Prescribing Psychologist (RxP)
additional 5 years training
Nebraska Proposal

Prerequisites
Doctoral Degree in Psychology as a Health Service Provider, and
an unrestricted license

Postdoctoral Master's Degree in Clinical Psychopharmacology
accredited university
full-time academic program
two practica, physician supervised
Pass National Exam
3 years

Physician Supervised Practice
with provisional prescription certificate
Minimum 2 years

Prescribing Psychologist Certificate limited to treating mental disorders
Collaboration with patient's PCP
Integrated Care

Prescription Certificate
Prerequisites for RxP Training

• Doctoral Degree in Psychology – Health Service Provider
  ✓ Graduate level academic training
    ▪ Covers biological and neural bases of behavior and basic psychopharmacology
  ✓ Two or more years of supervised clinical training to qualify for initial license

• Unrestricted Psychology License
  ✓ The majority of psychologists entering RxP training have been practicing for years
  ✓ Licensed psychologists already have extensive experience collaborating with primary care providers and medical specialists

The training requirements summarized above and described in detail in the prescription certificate application for Nebraska are as demanding as the standards for prescribing psychologists in New Mexico, the first state to credential prescribing psychologists.
How rigorous are the New Mexico standards?

✓ “You know at first, to be honest, as a physician and a psychiatrist I also had my doubts as to how such a program might be organized. But when I saw the curriculum and I saw how thorough it was, I saw how many bases it covered and I saw the level and quality of the psychologists who became interested in the program, my fears were relieved…” In a recorded interview with Dr. Donald E. Fineberg, MD, psychiatrist, Sante Fe, New Mexico (May 7, 2016)

✓ “The notion that it’s not rigorous is just simply untrue. It’s very rigorous and it’s a model that takes into account the fact that these are psychologists most of all with a number of years of training who have a doctorate degree already and who are already licensed as independent practitioners. So it’s really a model where we are basically doing an expansion of skills.” In a recorded interview with Dr. Tony Kreuch, prescribing psychologist, Albuquerque, New Mexico (November 13, 2015)

✓ “For prescriptive authority for psychologists, it’s a postdoctoral master’s degree and it’s an intense education. Very rigorous education. Then they have an eighty hour practicum and then a four hundred hour practicum where they actually work on prescriptive practice within a clinic with the supervision of a prescriber. Then after that time they can be granted prescriptive authority for a provisional, I think it is two years, and then thereafter they can be independent.” In a recorded interview with Dr. John Andazola, MD, FAAFP, Director of the Southern New Mexico Family Medicine Residency Program, Las Cruces, New Mexico (January 10, 2015)

✓ “It’s a very rigorous curriculum, basic sciences…there are outstanding textbooks available in this area. Stahl is one of the authors for several of these texts, and I would challenge almost anybody to find a better reference.” In a recorded interview with Dr. Joseph Ewing, MD, Family Practice Physician, Las Cruces, New Mexico (November 10, 2015)

✓ “…our prescribing psychology students participate in the same didactic sessions that our family medicine residents and our pharmacy residents participate in, and this training is a wide range of training spanning from all different areas of family medicine.” In a recorded interview with Dr. Davena Norris, Clinical Pharmacy Specialist, Memorial Medical Center, Las Cruces, New Mexico (November 10, 2016)

✓ “I think that preparing for doing the Psychopharmacology Examination for Psychologists (PEP) was definitely one of the hardest things I’ve ever done in my life. No question. So, for me after completing the two years of academic work I really took another year to study for an prepare for the PEP…and that included getting a lot of the materials that psychiatrists use to prepare for their exam.” In a recorded interview with Dr. Stephen Colmant, prescribing psychologist, Las Cruces, New Mexico (November 10, 2015)

✓ “I have a bachelor’s degree in psychology. I have a master’s degree. I have a doctorate degree and I have a psychopharmacology degree. So this thing that the training is inadequate or insufficient or whatever they want to say, it’s…it’s a smoke screen. It’s a way to get the legislatures and the state officials not to look at the facts…” In a recorded interview with Dr. Mario Marquez, prescribing psychologist, Albuquerque, New Mexico (November 14, 2015)
An applicant for a **provisional prescription certificate** in Nebraska would need to meet these requirements per the credentialing proposal.

- Possess a doctoral degree in health service psychology and hold an unrestricted license to practice psychology in Nebraska.
- Successfully complete a postdoctoral degree in clinical psychopharmacology, or equivalent as determined by the board. A university, college, professional school, or other institution of higher education shall:
  - Be accredited by the US Department of Education and also meet national standards for postdoctoral education and training in psychopharmacology for prescribing authority;
  - Be a full time structured sequence of study of intensive didactic education that at minimum covers anatomy and physiology, biochemistry, neurosciences (neuroanatomy, neuropathology, neurophysiology, neurochemistry, and neuroimaging), pharmacology, psychopharmacology, clinical medicine and pathophysiology, health assessment, physical and laboratory assessment, diversity and lifespan factors, special populations, case reviews that a broad range of clinical psychopathologies, medical conditions presenting as psychiatric illness, diagnostic questions, choice of medications, compliance problems, alternative treatment approaches.
- Pass an examination developed by a nationally recognized body that covers content areas in the postdoctoral training program.
- Complete an eighty hour practicum in clinical assessment and pathophysiology, **supervised by a physician** that covers areas to include assessing a significantly medically ill population, adequately assessing vital signs, demonstrating competent laboratory assessment, and demonstrating competence in physical and health assessment techniques.
  a. Complete a 400 hour supervised practicum of no fewer than one hundred separate patients with mental disorders. This practicum shall be **supervised by a physician and/or prescribing psychologist with an unrestricted prescription certificate**. The supervisor must verify the psychologist received an intensive supervised experience appropriate to the current and anticipated practice of the trainee; was involved in the assessment and treatment of children or other special populations if appropriate to the current and anticipated practice of the trainee; was involved in the assessment and treatment of patients with a range of mental disorders listed in the most recent diagnostic and statistical manual of mental disorders or mental disorders listed in the most recent international classification of diseases; was exposed to acute, short-term, and maintenance medication strategies; was exposed to patients with a range of medical comorbidities; recommended safe and effective pharmacological interventions for the 100 patients, with any prescriptions being issued by the supervisor or other licensed practitioner with prescriptive authority; recommended safe and effective management of...
drug side effects; completed the practicum in not less than six months or more than two years.

b. Submit a proposed supervision plan for the provisional prescription certificate. The supervision plan shall include information regarding the **primary supervising physician**, and proposed arrangement for supervision sessions with the prescribing psychologist of at least four hours a month. The proposed supervision plan shall be reviewed by board or department for approval. The period of supervised practice with the permit would be at minimum two years.
Appendix I: Comparison of Behavioral Health Training

**Prescribing Psychologist**
- 13-15 years of training
- Seeking Nebraska Prescriptive Authority
- Bachelor’s Degree
  - 4 years
- Doctorate in Psychology
  - Health Service Provider, includes Clinical Internship
  - 5-7 years
- National Examination/License
  - Allows Independent Diagnosis & Treatment of Mental Disorders
- Postdoctoral Master’s Degree in Clinical Psychopharmacology
  - Two practice, physician supervised
- Pass National Exam in Clinical Psychopharmacology
- Physician Supervised Practicum
  - Provisional Prescribing Certificate
  - Minimum 2 years
- Continuing Competency Requirements
  - Collaboration with Patient’s Primary Care Provider
  - 2-year renewal of Prescribing Certificate

**Psychiatrist**
- 12 years of training
- Has Nebraska Prescriptive Authority
- Bachelor’s Degree
  - 4 years
- Medical School MD or DO
  - 4 years
- Exam
- Allows Prescription of ALL Medications
- Residency
  - 4 years
- National Exam

**Psychiatric Nurse Practitioner**
- 8-9 years of training
- Has Nebraska Prescriptive Authority
- Bachelor’s Degree Nursing
  - 4 years
- Exam
- Psychiatric Mental Health Nurse Practitioner
  - 4-5 years
- National Exam plus State Licensure
  - Allows Prescription in Area of Specialty

**Psychiatric Physician’s Assistant**
- 6-7 years of training
- Has Nebraska Prescriptive Authority
- Bachelor’s Degree
  - 4 years
- PA-C Certification
  - 2 years
- Allows Prescription per agreement with supervising physician
- Post-graduate Psychiatry Fellowship
  - 1 year

Blue shading = Emphasis on Behavioral Health
Table 1
Comparison of Entry-Level Training Models Leading to Prescriptive Authority

<table>
<thead>
<tr>
<th>Profession</th>
<th>Minimum years post-baccalaureate</th>
<th>Biochemistry-neuroscience</th>
<th>Pharmacology</th>
<th>Clinical practicum</th>
<th>Research-statistics</th>
<th>Behavioral assessment/diagnosis &amp; psychometrics</th>
<th>Psychosocial interventions-psychotherapy</th>
<th>Other mental health/psychology course work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric nurse practitioner</td>
<td>2.5</td>
<td>48 (7)</td>
<td>56 (7)</td>
<td>146 (33)</td>
<td>99 (41)</td>
<td>30 (23)</td>
<td>32 (29)</td>
<td>128 (77)</td>
</tr>
<tr>
<td>Medicine</td>
<td>4</td>
<td>216 (20)</td>
<td>59 (28)</td>
<td>855 (101)</td>
<td>33 (20)</td>
<td>18 (25)</td>
<td>9 (20)</td>
<td>15 (21)</td>
</tr>
<tr>
<td>Psychology</td>
<td>6.5</td>
<td>161 (43)</td>
<td>288 (63)</td>
<td>680 (83)</td>
<td>225 (64)</td>
<td>267 (61)</td>
<td>255 (161)</td>
<td>351 (152)</td>
</tr>
</tbody>
</table>

Note. Values were computed equating one academic credit with 15 contact hours.

*Based on nurse practitioner master’s degree programs at the Medical University of North Carolina, St. Joseph’s College, University of Virginia, Vanderbilt University, and Yale University.

*Based on M.D. or D.O. programs, without further specialization residency, at the Mayo College of Medicine, Yale University, Tufts University, Stanford University, and A.T. Still University.

*Based on Ph.D., Ed.D., or Psy.D. programs plus the postdoctoral M.S. program at Alliant University, Fairleigh Dickinson University, the Massachusetts School of Professional Psychology, New Mexico State University, and NOVA Southeastern University.
Table 1 Survey responses of medical providers

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree n (%)</th>
<th>Disagree n (%)</th>
<th>Neither* n (%)</th>
<th>Agree n (%)</th>
<th>Strongly agree n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I find it helpful to consult with a prescribing psychologist about patients with psychiatric issues</td>
<td>0 (0)</td>
<td>1 (2.2)</td>
<td>1 (2.2)</td>
<td>18 (39.1)</td>
<td>26 (56.5)</td>
</tr>
<tr>
<td>I am confident in the ability of a prescribing psychologist to identify when patients need to be referred for additional medical evaluation</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>3 (6.4)</td>
<td>14 (29.8)</td>
<td>30 (63.8)</td>
</tr>
<tr>
<td>I am confident managing a mental health crisis in my clinic</td>
<td>0 (0)</td>
<td>8 (17.0)</td>
<td>14 (29.8)</td>
<td>22 (46.8)</td>
<td>3 (6.4)</td>
</tr>
<tr>
<td>I believe the prescribing psychologist has adequate knowledge of medical terminology</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>1 (2.1)</td>
<td>18 (38.3)</td>
<td>28 (59.6)</td>
</tr>
<tr>
<td>I am confident it is safe to refer my patients to a prescribing psychologist for psychotropic medication management</td>
<td>0 (0)</td>
<td>1 (2.1)</td>
<td>2 (4.3)</td>
<td>14 (29.8)</td>
<td>30 (63.8)</td>
</tr>
<tr>
<td>I believe my patients' care has NOT improved as a result of the availability of a prescribing psychologist in the family medicine clinic</td>
<td>25 (53.2)</td>
<td>16 (34.0)</td>
<td>5 (10.6)</td>
<td>1 (2.1)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>I am confident managing a mental health crisis in my clinic when consultation with a prescribing psychologist is available</td>
<td>0 (0)</td>
<td>1 (2.1)</td>
<td>3 (6.4)</td>
<td>23 (48.9)</td>
<td>20 (42.6)</td>
</tr>
<tr>
<td>I am concerned patients will be prescribed inappropriate medications and/or dosages if I refer them to a prescribing psychologist</td>
<td>23 (48.9)</td>
<td>22 (46.8)</td>
<td>0 (0)</td>
<td>2 (4.3)</td>
<td>0 (0)</td>
</tr>
</tbody>
</table>

Please rate the following potential benefits of having a prescribing psychologist embedded in the family medicine clinic

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Undecided n (%)</th>
<th>No benefit n (%)</th>
<th>Small benefit n (%)</th>
<th>Moderate benefit n (%)</th>
<th>Large benefit n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improves patient care</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>2 (4.3)</td>
<td>10 (21.3)</td>
<td>35 (74.5)</td>
</tr>
<tr>
<td>Decreases time I spend managing patients with psychiatric symptoms</td>
<td>1 (2.1)</td>
<td>0 (0)</td>
<td>8 (17.0)</td>
<td>8 (17.0)</td>
<td>30 (63.8)</td>
</tr>
<tr>
<td>Improves access to Behavioral Health care</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>1 (2.1)</td>
<td>5 (10.6)</td>
<td>41 (87.2)</td>
</tr>
<tr>
<td>Decreases number of patients I refer out for psychiatric care in the community</td>
<td>0 (0)</td>
<td>1 (2.1)</td>
<td>2 (4.3)</td>
<td>12 (25.5)</td>
<td>32 (68.1)</td>
</tr>
<tr>
<td>Improves case of access for me to obtain psychiatric consultation</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>6 (12.8)</td>
<td>6 (12.8)</td>
<td>35 (74.5)</td>
</tr>
</tbody>
</table>

Compared to other mental health prescribers, prescribing psychologists provide care that is:

<table>
<thead>
<tr>
<th>Quality</th>
<th>Less skilled n (%)</th>
<th>Similarly skilled n (%)</th>
<th>More skilled n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3 (6.4)</td>
<td>30 (63.8)</td>
<td>14 (29.8)</td>
</tr>
</tbody>
</table>

* Neither agree nor disagree

b One respondent indicated "NA-I have not consulted with a prescribing psychologist"
Table 2
Ratings by Prescribing Psychologists and Medical Colleagues

<table>
<thead>
<tr>
<th>Item</th>
<th>n</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribing psychologists</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequately trained to prescribe medication</td>
<td>28</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>32.14</td>
<td>67.86</td>
</tr>
<tr>
<td>Not enough knowledge of how to safely prescribe to patients</td>
<td>27</td>
<td>74.07</td>
<td>25.93</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Adequate knowledge of medical terminology</td>
<td>28</td>
<td>0.00</td>
<td>0.00</td>
<td>3.57</td>
<td>46.43</td>
<td>50.00</td>
</tr>
<tr>
<td>Adequate knowledge of medical tests relevant to prescribing</td>
<td>28</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>50.00</td>
<td>50.00</td>
</tr>
<tr>
<td>Safe prescribers</td>
<td>28</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>7.14</td>
<td>92.86</td>
</tr>
<tr>
<td>Know when it is appropriate to refer a patient to other medical professionals</td>
<td>28</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>10.71</td>
<td>89.29</td>
</tr>
<tr>
<td>Appropriately consult with other medical professionals about patient care</td>
<td>28</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>3.57</td>
<td>96.43</td>
</tr>
<tr>
<td>Medical professionals are confident in my ability to prescribe/monitor medication</td>
<td>28</td>
<td>0.00</td>
<td>0.00</td>
<td>3.57</td>
<td>21.43</td>
<td>75.00</td>
</tr>
<tr>
<td>Increase patient access to care</td>
<td>28</td>
<td>0.00</td>
<td>0.00</td>
<td>3.57</td>
<td>7.14</td>
<td>89.29</td>
</tr>
<tr>
<td>Medical colleagues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequately trained to prescribe medication</td>
<td>22</td>
<td>0.00</td>
<td>4.55</td>
<td>27.27</td>
<td>68.18</td>
<td></td>
</tr>
<tr>
<td>Not enough knowledge of how to safely prescribe</td>
<td>22</td>
<td>68.18</td>
<td>27.27</td>
<td>4.55</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Adequate knowledge of medical terminology</td>
<td>22</td>
<td>0.00</td>
<td>0.00</td>
<td>4.55</td>
<td>18.18</td>
<td>77.27</td>
</tr>
<tr>
<td>Adequate knowledge of medical tests relevant to prescribing</td>
<td>22</td>
<td>0.00</td>
<td>4.55</td>
<td>22.73</td>
<td>68.18</td>
<td></td>
</tr>
<tr>
<td>Safe prescribers</td>
<td>22</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>22.73</td>
<td>77.27</td>
</tr>
<tr>
<td>I would refer to a PP</td>
<td>21</td>
<td>0.00</td>
<td>4.76</td>
<td>19.05</td>
<td>76.19</td>
<td></td>
</tr>
<tr>
<td>Increase patient access to care</td>
<td>22</td>
<td>0.00</td>
<td>4.55</td>
<td>27.27</td>
<td>68.18</td>
<td></td>
</tr>
<tr>
<td>I support the movement for psychologists to prescribe</td>
<td>22</td>
<td>0.00</td>
<td>4.55</td>
<td>27.27</td>
<td>68.18</td>
<td></td>
</tr>
<tr>
<td>Appropriately consult with me about patient care</td>
<td>22</td>
<td>68.18</td>
<td>31.82</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Doesn’t know when to refer to other medical providers</td>
<td>22</td>
<td>59.09</td>
<td>36.36</td>
<td>4.55</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

n = Weaker than most, About the same, Better than most

Compared to other prescribers, PPs are

| Prescribing psychologists | 27  | .00 | 33.33 | 66.67 |
| Medical colleagues       | 24  | 4.17| 37.50 | 58.33 |

Note. There were also an N/A option for items, but this option was not selected by any participants. PP = prescribing psychologist.
* Items contained in both surveys.
+ p < .05.

Ratings by Prescribing Psychologists and Medical Colleagues


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Appendix M

Distribution of Prescribing Psychologists Licensed Through New Mexico

New Mexico RxP Licensees Practicing Out of State Licensed Through NM:

- In the Military (6)
- IHS Sites (4)
- Near Completion For NM License (12)

Legend

New Mexico 2016 Census 2,081,015

(x) Number of Prescribers

Size of Dot Proportional to Population Density

- Approximately 1 Million People - Albuquerque
- Approximately 100,000 - Las Cruces
- Approximately 70,000 - Santa Fe & Roswell
- Less Than 50,000
March 15, 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
POB 95026
Lincoln, NE 68509

Dear Committee Members:

By way of introduction, I am a pharmacologist and toxicologist and currently a Professor at the University of Georgia College of Pharmacy in the Department of Clinical and Administrative Pharmacy. I have been employed as a professor at the University of Georgia since 1981. My position entails teaching pharmacy students and graduate students. The courses that I teach include physiology, pathophysiology, disease management, advanced therapeutics, research methods, forensic pharmacy, ethics and abused drugs. Additionally, my responsibilities include providing continuing education to pharmacists, physicians, psychologists, nurses, attorneys, and judges concerning pharmacology and adverse drug reactions. I serve as the chairman of the College of Pharmacy Students Impairment Committee and provide alcohol and drug education to athletes and others across the U.S. I regularly provide pharmacology lectures and do the pharmacology board review for medical students at the Philadelphia College of Medicine. I have served as a peer reviewer for the CDC National Center for Injury Prevention and Control concerning unintentional poisoning from prescription drug overdoses. I have been recognized as an expert in the pharmacology and toxicology in several states.

In 1975, I received a BS in Biology from Jacksonville University, located in Jacksonville, FL. In 1977, I earned a MS in Pharmacology and Toxicology from Auburn University. In 1979, I earned a PhD in Pharmacology and Toxicology from the University of Georgia. I performed a
postdoctoral fellowship in Pharmacology and Toxicology at the Medical University of South Carolina from 1979 to 1981.

I have adjunct faculty appointments at Alliant University and Fairleigh Dickinson University. I have taught in the postdoctoral psychopharmacology program offered at both of these universities for several years. I helped develop the postdoctoral program and taught a large portion of the curriculum in Georgia. In 2000, I received the American Psychological Association Presidential Citation for my efforts in developing and delivering the postgraduate psychopharmacology curriculum. Additionally, I received a grant from the Attorneys General of 50 States and the District of Columbia which administered by a Special Committee of state Attorneys General pursuant to an Oregon court order and an Attorney General Memorandum of Understanding. The Attorney General Consumer and Prescriber Education Grant Program funded a program that I designed that provides instruction to physicians, health care professionals and consumers about labeling information relating to prescription drugs, including how drugs are marketed. The grant is entitled the “Prescriber Curriculum Development and Dissemination,” with the goal of improving prescribing practices by: 1) educating health professionals at all levels of training about the drug development and approval process; 2) making health professionals aware of pharmaceutical industry marketing practices and assisting them in developing the knowledge and skills to evaluate those marketing techniques; and 3) providing examples and strategies for evaluating existing sources of drug information, and for accessing unbiased sources of information about drugs. As part of this grant, I developed a curricula that teaches physicians and other healthcare providers to prescribe drugs objectively and strategically in an evidence-based, cost-effective manner, so that future generations of health practitioners will be better prepared to provide the best possible care for their patients.

In the development of the curriculum for psychologists, several basic tenets were incorporated. It was deemed that the curriculum would provide a knowledge of the biological bases of psychopharmacology which would be built on a competent practical and theoretical knowledge base on neuroanatomy, neurochemistry and physiology. The students in the curriculum would use this basis to understand pharmacology of drugs in general but also detailed instruction of the mechanism of action, side effects, and drug interactions of psychotropic compounds. Additionally, throughout the curriculum, there is a thorough discussion of risk: benefit analysis, communication of important drug information to the patients, appropriate monitoring for side effects and drug interactions, and communication/interaction with physicians and other health care professionals. The curriculum was also designed to complement the strength of psychologists. Psychologists are trained to establish excellent communication with patients and to listen to the patients. When coupled with in depth psychopharmacological training, this is a very powerful set of skills that allows for appropriate prescribing and monitoring of a patient on an individual basis. Furthermore, it has been my experience that psychologists rely less on using exclusive drug therapy and tend to integrate alternative treatment modalities. This, coupled with a limited formulary, provides excellent and individualized care for patients. This is of importance when dealing with patients with mental disease because the students graduating in the clinical psychopharmacology program have advanced special training in mental disorders and the
training we provide gives them advanced training in psychopharmacology. This allows them to integrate both the pharmacological and psychological aspects of treatment. Many current prescribers of psychotropic drugs (e.g. general practitioners) do not have sufficient time or have limited training in diagnosing mental diseases. Psychologists with advanced training in psychopharmacology will fill this important void especially in underserved and rural populations.

The current curriculum begins with clinical biochemistry which provides a detailed overview of cellular organization and metabolism, protein structure and function, enzyme action, hormone and regulation and action, nutrition and nucleic acid function. This is provided to set a foundation of the biochemistry of physiological processes.

Neuroscience includes neurochemistry, neurophysiology (and neuroanatomy/neuropathology. In these courses, the major neurotransmitter systems are covered with detailed coverage of the anatomical distribution, synthesis, inactivation, synaptic specializations, pharmacology of specific receptors, second messenger systems as well as the role of these systems as they relate to specific behaviors. Neuroendocrine systems are also covered in the Neurochemistry course. The Neurophysiology course builds on the principles covered in Neurochemistry with more emphasis on integration. Membrane physiology and electrophysiology, neural integration, synaptic transmission, receptor physiology, sensory systems, motor systems, neural basis of sleep and arousal, right/left cerebral hemispheric specialization, learning and memory, and neuroendocrinology are covered in this course of the sequence. The final portion of the neurosciences course addresses the structure, function and common pathologies of the nervous system. The gross anatomy of the central and peripheral nervous systems is covered as well as their developmental neuroanatomy. Specific topics include dementia, delirium, cognitive disorders, movement disorders, vascular disorders, seizures, traumatic brain injury, extrapyramidal dysfunction as well as other pathologies.

The Neuroscience sequence is followed by Clinical Medicine/Pathophysiology. This course covers the normal anatomy and physiological processes but with an emphasis on the clinical characteristics of diseases in all major systems of the body. Specific attention is given to how these diseases and their treatments may impact psychological symptoms.

Physical Assessment and Laboratory Evaluation familiarizes the students with the general components of a physical exam. Signs and symptoms of physical illness with psychological sequelae are emphasized. Common lab tests are discussed.

Clinical Pharmacology covers basic pharmacology including pharmacodynamics and pharmacokinetics. For each class of drugs, the mechanism of action, side effects, therapeutic applications, drug-drug interactions, absorption, distribution, metabolism and excretion are discussed. All major classes of drugs are covered with an emphasis on their potential interaction with psychopharmacological agents. Additionally, the drug approval process, the role of the FDA, reporting of adverse events and generic drugs are covered.
Following the basic and rigorous foundation courses, the curriculum provides extensive specialized training in psychopharmacology. All major classes of psychotropic drugs are presented. For each drug class, indications for use, diagnostic considerations, historical perspectives, mechanism of action, adverse effects, specific laboratory and physiological assessments pertinent to their use, drug-drug and drug-food interactions, off label use and differences between the individual agents are presented. Herbal, supplement, and nontraditional treatments use are also discussed.

The curriculum also devotes a significant portion of time to psychopharmacology in special populations. These populations are initially addressed in previous courses but additional more advanced information is presented concerning pediatrics, geriatrics, developmental disorders, gender-related issues, multicultural issues, chronic pain, and patients with chronic diseases. Additionally, advanced lectures regarding chemical dependency is presented in which all the major classes of substance abuse are covered along with the biological bases of addiction, tolerance, withdrawal, dual diagnosis, and pharmacotherapy of chemical dependency.

The students are required to present a case seminar which integrates the coursework described above. This is followed by a pharmacotherapeutics section which also focuses on integrating the material in the curriculum. Professional, ethical and legal issues as well as research issues are integrated into the curriculum.

I have over 34 years’ experience of teaching healthcare professionals either as students or in continuing education programs. The integration and specialization of the curriculum is unrivaled in my opinion. After teaching and interacting with several of the students after they have graduated, I feel that the students are well trained, they communicate and integrate well with other healthcare professionals. In fact, when teaching the Clinical Medicine and Clinical Pharmacology courses, the students are taught at the same level as I have taught medical students and pharmacy students. They have a limited formulary and are extremely well trained in the pharmacology of the drugs on that formulary. The communication skills they bring to the table when combined with the psychopharmacological knowledge is an excellent base for diagnosing, prescribing and monitoring drug therapy.

Sincerely,

Randall L Tackett, Ph.D.
Professor of Pharmacology and Toxicology
University of Georgia College of Pharmacy
## Appendix O - Comparison of Course Content and Licensing Exams: Prescribing Psychology and Psychiatry

<table>
<thead>
<tr>
<th>Course Content</th>
<th>Prescribing Psychology</th>
<th>Psychiatry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Care</td>
<td>Master’s program</td>
<td>Med School</td>
</tr>
<tr>
<td>Anatomy/Gross Anatomy</td>
<td>Master’s program</td>
<td>Med School</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>Master’s program</td>
<td>Med School</td>
</tr>
<tr>
<td>Biochemistry</td>
<td>Master’s program</td>
<td>Med School</td>
</tr>
<tr>
<td>Statistics</td>
<td>Doctoral program</td>
<td>Med School</td>
</tr>
<tr>
<td>Epidemiology/Public Health</td>
<td>Doctoral program</td>
<td>Med School</td>
</tr>
<tr>
<td>Cell Biology/Histology/Microanatomy</td>
<td>Master’s program</td>
<td>Med School</td>
</tr>
<tr>
<td>Central Nervous System/Neuroanatomy/Neuroscience</td>
<td>Master’s program</td>
<td>Med School</td>
</tr>
<tr>
<td>Cognitive/Emotional Bases of Behavior</td>
<td>Doctoral program</td>
<td>Med School</td>
</tr>
<tr>
<td>Critical Care</td>
<td>Doctoral program</td>
<td>Med School</td>
</tr>
<tr>
<td>Development</td>
<td>Doctoral program</td>
<td>Med School</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Doctoral program</td>
<td>Med School</td>
</tr>
<tr>
<td>Ethics in Psychological/Psychiatric Practice</td>
<td>Doctoral/Master’s program</td>
<td>Residency</td>
</tr>
<tr>
<td>Family/Community Medicine</td>
<td>Master’s program</td>
<td>Med School</td>
</tr>
<tr>
<td>Genetics</td>
<td>Master’s program</td>
<td>Med School</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>Master’s program</td>
<td>Med School</td>
</tr>
<tr>
<td>Gerontology (Psychology of Aging)</td>
<td>Doctoral program</td>
<td>Residency</td>
</tr>
<tr>
<td>Immunology/Microbiology</td>
<td>Master’s program</td>
<td>Med School</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>Master’s program</td>
<td>Med School</td>
</tr>
<tr>
<td>Intro to Clinical Medicine/Intro to Ambulatory Care</td>
<td>Master’s program</td>
<td>Med School</td>
</tr>
<tr>
<td>Clinical Skills</td>
<td>Doctoral/Master’s program</td>
<td>Med School/Residency</td>
</tr>
<tr>
<td>Neurology</td>
<td>Doctoral/Master’s program</td>
<td>Med School/Residency</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Master’s program</td>
<td>Med School</td>
</tr>
<tr>
<td>Obstetrics-Gynecology</td>
<td>Master’s program</td>
<td>Med School</td>
</tr>
<tr>
<td>Pathology</td>
<td>Master’s program</td>
<td>Med School</td>
</tr>
<tr>
<td>Pathophysiology</td>
<td>Master’s program</td>
<td>Med School</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Master’s program</td>
<td>Med School</td>
</tr>
<tr>
<td>Personality, Normal</td>
<td>Doctoral program</td>
<td>Residency</td>
</tr>
<tr>
<td>Personality, Abnormal</td>
<td>Doctoral program</td>
<td>Residency</td>
</tr>
<tr>
<td>Pharmacology--General</td>
<td>Master’s program</td>
<td>Med School</td>
</tr>
<tr>
<td>Pharmacology--Psychopharmacology</td>
<td>Master’s program</td>
<td>Med School</td>
</tr>
<tr>
<td>Pharmacotherapy--Psychological/Psychiatric Disorders</td>
<td>Master’s program</td>
<td>Med School/Residency</td>
</tr>
<tr>
<td>Physiology</td>
<td>Master’s program</td>
<td>Med School/Residency</td>
</tr>
<tr>
<td>Primary Care</td>
<td>Master’s program</td>
<td>Med School</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Doctoral/Master’s program</td>
<td>Med School/Residency</td>
</tr>
<tr>
<td>Psychological Testing</td>
<td>Doctoral/Master’s program</td>
<td>Med School/Residency</td>
</tr>
<tr>
<td>Radiology</td>
<td>Doctoral program</td>
<td>Med School</td>
</tr>
<tr>
<td>Research Methodology</td>
<td>Doctoral program</td>
<td>Med School</td>
</tr>
<tr>
<td>Social Bases of Behavior</td>
<td>Doctoral program</td>
<td>Med School</td>
</tr>
<tr>
<td>Surgery</td>
<td>Master’s program</td>
<td>Med School</td>
</tr>
<tr>
<td>Treatment Modalities: Psychological Therapies</td>
<td>Doctoral program</td>
<td>Residency</td>
</tr>
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</table>

Prescribing Psychology covers doctoral training (Doctoral program) and courses in the psychopharmacology master’s degree (Master’s program). Psychiatry covers medical school (Med School) and psychiatric residency (Residency). Table created by Dr. Robert McGrath, Fairleigh Dickinson University.
Comparison of Licensing Exams

<table>
<thead>
<tr>
<th>Exam Content Area</th>
<th>Psychology</th>
<th>Psychopharm</th>
<th>Psychiatry</th>
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<tbody>
<tr>
<td>Biological Bases of Behavior</td>
<td>11%</td>
<td>8%</td>
<td>10%</td>
</tr>
<tr>
<td>Advanced Pharmacology</td>
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<td>10%</td>
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</tr>
<tr>
<td>Clinical Psychopharmacology</td>
<td>13%</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Nervous System Pathology</td>
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<td></td>
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</tr>
<tr>
<td>Cognitive-Affective Basis of Behavior</td>
<td>13%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Social and Multicultural Bases of Behavior</td>
<td>12%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Growth and Life Span Development</td>
<td>13%</td>
<td></td>
<td>6%</td>
</tr>
<tr>
<td>Assessment and Diagnosis</td>
<td>14%</td>
<td>13%</td>
<td>39%</td>
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<td>Treatment Intervention</td>
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<tr>
<td>Research Methods</td>
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<td>Research Methods – Psychotropic Medications</td>
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<td>Ethical/Legal/Professional Issues</td>
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<tr>
<td>Ethical/Legal Issues Specific To Pharmacotherapy</td>
<td></td>
<td>7%</td>
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<tr>
<td>Integrating Psychopharmacology, Psychotherapy, &amp; Assessment</td>
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<tr>
<td>Physiology and Pathophysiology</td>
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<tr>
<td>Assessment and Monitoring in Pharmacological Practice</td>
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</table>

Information about psychology licensing exams comes from the Association of State and Provincial Psychology Boards and the American Psychological Association. Information about the psychiatry licensing exam comes from the American Board of Psychiatry and Neurology. Table created by Dr. Robert McGrath, Fairleigh Dickinson University.