

January 15, 2017

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Members of the Psychology Prescribing Technical Review Committee  
C/o Ron Briel, Program Manager  
Licensure Unit, Division of Public Health  
Department of Health and Human Services  
State of Nebraska

Re: Credentialing Review Application for the Prescribing Certificate submitted by the Nebraska Psychological Association

Dear Mr. Briel and Technical Review Committee Members:

As both a practicing psychologist and as a resident of western Nebraska, I am again writing to express strong support for the recently submitted proposal from the Nebraska Psychological Association which would allow psychologists with specialized post-doctoral training in psychopharmacology to prescribe psychotropic medicine in our state.

As a Nebraska resident and practicing clinician in Scottsbluff since 1986, I have directly observed the critical shortage of prescribing practitioners in the entire western and central part of the state including the Nebraska Panhandle, the Sandhills, and northern and southern central Nebraska. My practice includes routine evaluations and treatment of residents of more than 26 counties in western and central Nebraska. In the 30 years I have been in practice in this community (first as a masters-level psychiatric nurse, and then as a licensed psychologist) I have seen over twenty psychiatrists come and go (including my father-in-law who was one of the first psychiatrists to practice here), most of whom lasted no more than a couple of years. The entire western part of the state has had no more than 3-4 psychiatrists practicing at any given time and is now down to two psychiatrists covering medication management for this entire region. In fact, the psychiatrist much touted as a new recruit at the last 407 hearing I attended has already handed in her resignation and will be leaving the area by March 17<sup>th</sup>, 2016. She lasted here barely two years, much as predicted in the previous testimony about recruitment and retention of psychiatrists.

In practical terms, this means none of the previous testimony has changed. This critical shortage means that people with serious mental illness in need of psychotropic medication management often wait two to three months for a psychiatric consultation and then wait almost the same amount of time for a follow-up visit. If they miss an appointment for any reason, they often wait at least two more months. If they miss three appointments for any reason (as many do for a range of economic, transportation, environmental chaos, weather, or employment reasons), they are fired from the clinic. Patients returning from long-term residential treatment continue to experience months-long delays before they can get an appointment for review and renewal of prescriptions. Children, adolescents and adults with newly diagnosed or acutely deteriorated serious mental illness often go undertreated or are lost to follow-up while treating psychologists and psychotherapists attempt to work with primary care practitioners and non-psychiatry specialist physicians. The two psychiatrists remaining in Scottsbluff have been very good to work with

and collaborate as much as they reasonably can, but their time is stretched beyond what is reasonable for allowing the kind of cross-consultation and information exchange needed to appropriately manage often highly complex cases.

There are approximately three Advanced Practice Nurses (APRNs) in the panhandle who prescribe psychotropic medications but their scope of practice and availability does not by any stretch fill the huge gaps left. The local behavioral health unit has added an APRN to assess and prescribe medication on the inpatient unit, but this addition has done little to ameliorate the overwhelming need. Similarly, other physician extenders, such as Physician Assistants, cannot provide the level of diagnostic and treatment consultation needed for patients with a range of behavioral health needs. Telepsychiatry for psychotropic medication management is of limited usefulness due to the restricted assessment of patients through electronic media and site resource limitations. There are more examples of those limitations such as the patient with a 100-lb weight gain and disturbing signs of tardive dyskinesia not noticed or reported over the teleconferencing system. As psychologists, we have repeated consultations as psychologists with primary care providers desperate to receive behavioral health consultations as they struggle to identify the most appropriate medication and mental health behavioral health management.

As a member of the Nebraska Psychological Association, I have read and heard of the criticism from organized psychiatry in opposition to this proposal in Nebraska as well as in other states with similar proposals. Furthermore, I was present for a previous technical review hearing in Nebraska in which the opposition assumed control of the discussion with the same uninformed, and mainly territorial trotting out of unfounded criticism. Our attempts to meet with them were met with the same territorial dismissiveness with which they dominated the hearings. The unfounded and baseless root of this criticism is unshared by their colleagues who have actually worked with psychologists over the past ten years in New Mexico, Louisiana, the Indian Health Service, and the military. In a need to obtain the appropriate data supporting the safety and efficiency for prescriptive authority for psychologists, my colleagues and I travelled to numerous locations in rural as well as more urban areas of New Mexico and Louisiana to interview not only prescribing psychologists, primary care physicians, pharmacists, nurse practitioner, psychiatrist, CEO, and consumer in clinic locations very similar to Nebraska. What we found is that informed practitioners in no way share the opposition's point of view and are often in support once their concerns and questions regarding the appropriateness of training and certification of prescribing psychologists are addressed. These multidisciplinary teams of professionals and consumers were overwhelmingly in support of the safety and efficacy of access to post-doctoral trained psychologists with prescriptive authority.

Again, rather than restating the facts that challenge those criticisms, I would refer to the detailed training information provided in the proposal itself and documented in the appendix attachments. My concern is that the committee members do indeed review that documentation. The extensive post-doctoral training, pre-certification supervision, and examination addresses the valid questions many colleagues and consumers are likely to have. The bottom line remains that most of us are reasonable, concerned clinicians who share a common goal in ensuring that Nebraska residents are appropriately served and treated. We look forward to continued collaboration and colleague support across disciplines, as has been our goal and method in providing coordinated service for many years.

In specific response to misinformation regarding the availability of psychologists in western Nebraska, let it be pointed out that in contrast to the two psychiatrists in far western Nebraska, there are over 11 licensed psychologists in the Nebraska Panhandle alone. Two psychologists had begun the post-doctoral master's degree in psychopharmacology with one having completed the full degree course. In addition, in my office alone, we have one pre-doctoral candidate and two provisionally licensed psychologists who have expressed a strong interest in becoming prescribing psychologists after they complete their doctoral training and achieve full licensure in psychology. Since the initial proposal we have another early career psychologist at another clinic who has expressed strong interest in pursuing post-doctoral education and training in psychopharmacology. We have commitments from primary care practitioners to provide practicum training and supervision. These four psychology clinicians in training are Nebraska natives and residents who hope to remain in this area. Having the opportunity to practice as a prescribing psychologist would be a tremendous recruitment and retention benefit to our greatly underserved region.

Thank you for the opportunity to share these concerns on behalf of my colleagues and fellow Nebraska consumers.

Sincerely,

Anne Talbot, PsyD

Licensed Psychologist