
Tackling the Myths Behind Psychologists' Efforts to Prescribe Medications

The Ohio Legislature is considering House Bill 326, that would give psychologists prescriptive authority. This is the third time the Ohio General Assembly will have considered this proposal. Of the more than 200 bills introduced nationally since 1985, only five have become law. The overwhelming level of defeat is because legislators appreciate that competent medical care is in the best interest of their constituents. Policymakers do recognize the important role psychologists play in the delivery of behavioral health services. Further, they understand there would be significant risks if psychologists, who don't have appropriate medical education/training, were allowed to prescribe medications.

Myth: Proponents claim with training developed by psychologists, psychologists practicing in Ohio should be able to prescribe psychotropic medications to Ohioans



Upon Further Review: Prescription drugs that treat mental illnesses in children and adults change chemical levels in both the brain and body. This affects mood, behavior, other organs, and other medications. Current behavioral health prescribers in Ohio are trained in the medical model of care. Current prescribers integrate a patient's entire medical history with their mental health symptoms to evaluate and treat patients safely. Prescribing medications without that knowledge is unsafe.

Myth: Proponents claim that allowing psychologists to prescribe medications is the only plan that can address shortages in mental health workers and addiction treatment services.



Upon Further Review: Potential solutions must promote patient safety and maintain the collaborative approach to care. Expanding prescriptive authority to psychologists does neither. Two innovations are boosting access to behavioral healthcare in Ohio:

1. Telemedicine (including tele-psychiatry) is a powerful tool that can connect people with mental health and addiction treatment services. It is a key innovation in support of health care delivery reform.
 2. Integrated/collaborative care models between primary care physicians and psychiatrists as well as increasing collaboration between physicians and Advanced Practice Registered Nurses (APRN) and Physicians Assistants (PA), expand care and treatment. Such collaborative models already provide a path for psychologists to prescribe in Ohio, once they are educated to become a psychiatric APRN or PA.
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Myth: Proponents claim if allowed to prescribe, psychologists could significantly address access issues for both mental health and addiction treatment – particularly in rural areas.



Upon Further Review: According to the American Medical Association, in the only two states where psychologists have had the legislative authority to prescribe for 10 years or more (New Mexico and Louisiana), there is no scientific evidence that prescribing psychologists have moved to rural areas to practice, or improved access to care

Myth: Proponents claim that psychologists have been prescribing medications safely for decades.



Upon Further Review: There are no scientific data to show that psychologists can prescribe safely and competently. No evidence based research has been done to assess the safe and competent prescribing or outcomes of care by psychologists.

Myth: Proponents claim that the training proposed by psychologists has proven to be more than adequate in both the military and other states with years of experience with prescribing psychologists.



Upon Further Review: In 1991 the Department of Defense instituted a demonstration project to educate psychologists in the military to prescribe medications. Thirteen persons participated in the program; three dropped out; 10 graduated (two of which moved on to medical school). The remaining eight went on to prescribe in the Army, Navy or Air Force. Based on exit interviews, many of the psychologists believed they were still ill-prepared to prescribe competently and the program was abandoned. It's important to note that the DOD project required a significantly more rigorous course load than what is proposed in HB 326 and the model enacted in states where psychologists have prescriptive authority.

Myth: Proponents claim the proposed training exceeds the training of APRNs and PAs and is focused on the work that prescribing psychologists will be doing.



Upon Further Review: The training proposed in House Bill 326 requires only 425 contact hours, that can be completed in as little as 10 weeks, all online. This is much less than the 750-plus contact hours that is required in Ohio of psychiatric APRNs and PAs, not to mention the required pre-requisite coursework in human anatomy, chemistry and pharmacology. While psychologists do complete a significant amount of academic coursework in social and behavioral sciences, there is very little, if any, biomedical training. Prescribing psychologists under the model proposed in HB 326, would not be required the pre-requisite biomedical education that is necessary to safely assess medical comorbidities and treat with medications.

Myth: Proponents claim that requiring prescribing psychologists to have ongoing supervision agreements with a physician further jeopardizes patient access to behavioral health services.



Upon Further Review: Allowing for a prescribing psychologist to practice outside the supervision of a physician does not promote the patient-centered, team-based model of care that ensures both quality and safety. The legislature has wisely deemed it unsafe for any non-physician prescriber to practice independently, considering an estimated 68 percent of individuals with a mental illness and/or substance use disorder have a comorbid physical health condition. Psychologists who want to prescribe medications should have, at minimum, the education, training and supervision requirements of a psychiatric APRN or PA.

Myth: Proponents claim the Ohio Board of Psychology is capable of, and should be, the authoritative body to regulate the practice of prescribing psychologists.



Upon Further Review: The regulation and practice of psychologists who want to prescribe must be under the jurisdiction of the State Medical Board just as it is for all physicians including psychiatric physicians and PAs. Since APRNs are regulated by the Ohio Board of Nursing, they are already regulated by a board with medical knowledge. There is no evidence that members of the Psychology Board have the knowledge and experience to determine whether there has been a departure from, or failure to conform to, minimal standards of care of similar prescribers that function under the medical model of care. Prescribing psychologists licensed in another state would similarly not have the required knowledge to determine patient harm. Allowing the Psychology Board to regulate the practice of prescribing psychologists would create inconsistent standards for patient care and thereby potentially increase risk of harm to Ohioans.
