SCOPE OF PRACTICE: PSYCHOLOGIST PRESCRIBING LEGISLATION

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ISSUE: Since 1984, when United States Senator Inouye (D-HI) (staffed by psychologist Patrick DeLeon) first urged the Hawaii Psychological Association to amend the state scope of practice to independently prescribe drugs, organized psychology has significantly increased its efforts to gain medication prescribing authority. Since 1990, 18 states, some repeatedly, have rejected legislation to grant psychologists prescription privileges. During that period, organized psychology has significantly increased its efforts to gain prescription authority, succeeding, finally, in New Mexico's 2002 session.

BACKGROUND: The psychotropic medications used to treat mental illnesses are among the most powerful available to modern medicine. If not appropriately prescribed and monitored, they can cause potentially disabling and life-threatening side effects. For example, many anti-depressants can cause stroke, coma, seizures and tremors.

Fifty percent of persons whose mental illnesses require psychotropic medications also have other serious medical conditions requiring medications. This interaction of different medications, which can magnify or nullify the effects of certain drugs or even result in a deadly combination, presents an extremely complex challenge to the most knowledgeable and skilled physicians. Effective use of medications to treat brain disorders requires medical training, with a thorough understanding of physiology, chemistry, drug interactions and medical problems that masquerade as or cause brain malfunctions. Diagnosing and using medications to treat mental illnesses such as clinical depression and schizophrenia requires the same level of medical skill and knowledge as diagnosing and treating heart disease or diabetes.

Psychologists are not qualified to prescribe medication. Psychologists, who can earn a Ph.D. by taking only a single course in the biological basis of behavior, are trained in the social and behavioral sciences and provide services that do not physically invade the body cavity, such as psychological assessment and psychotherapy. During their training, which typically occurs in a non-medical setting, they do not observe or participate in the treatment of patients with medical illnesses or patients with comorbid physical and mental illness. Their training and experience is relating to patients with mental health conditions. This limited training does not adequately prepare psychologists to detect and treat concomitant non-mental illnesses or to understand and deal with the interactions of psychotropic with other medications prescribed to help other body systems.

Psychiatrists are medical doctors who specialize in the diagnosis and treatment of mental disorders and substance abuse disorders. Like other physicians, psychiatrists spend 12 or more years in math and science baccalaureate graduate education, medical school, internship and residency, and complete 10,000 hours of training. Moreover, their training occurs in a hospital setting under an approved program of supervision by senior physicians, and a psychiatric physician manages the care of 200-300 patients with a range of emotional and other physical illnesses. Management of care includes performing physical examinations, ordering and evaluating medical tests, making medical diagnoses, prescribing medication for medical illness (including mental illness) and other treatments, and monitoring the effects of such treatment upon the entire body system not only the mental illness medication response.

Psychologists do not have the medical model training of non-physician providers who have limited prescribing authority. Psychologists argue that, just as other non-physician health providers (e.g., nurses, physicians' assistants, optometrists) prescribe, psychologists can easily and readily prescribe medication. This argument fails because these other providers have substantial training in the medical model,

which psychologists do not have. Furthermore, in most states, nurses and physicians' assistants are authorized to dispense limited types of medications (e.g., birth control pills; antibiotics; topical skin medications) under physician supervision. Podiatrists and dentists, whose prescribing privileges are respectively limited to the foot and the mouth, are trained in the medical model.

The prescribing training programs proposed by organized psychology will not provide psychologists with the medical training necessary to prescribe psychotropic medications safely. The American Psychological Association's model curriculum for training psychologists to prescribe, a two-year program of evening, weekend or home study courses, requires only 300 hours of didactic instruction, and a clinical practicum involving 100 patients. Continuing education courses on pharmacology taken by psychologists are not approved by medical authorities or medical colleges. Such psychology focused and developed courses are no substitute for medical education.

An unsuccessful Department of Defense pilot program to train psychologists to prescribe was terminated by Congress 1996. At a cost of more than $6 million, the PDP produced 10 prescribing psychologists in the military health service. The Congressional "watchdog" agency, the General Accounting Office, strongly criticized the PDP as "not adequately justified because the [military health system] has no demonstrated need for them [the prescribing psychologists], the cost is substantial, and the benefits uncertain." Reflecting their limited training, these psychologists not only relied on supervision and backup of physicians to ensure they weren't missing underlying serious medical problems in the PDP but also had their training effectively limited to active duty military personnel not a full spectrum of patients. Also, for patient safety reasons, these psychologists were not permitted to treat certain categories of patients (e.g., children; elderly patients).

The issue of psychologists' prescribing is divisive within the profession of psychology. Many psychologists, both practitioners and academicians, as well as the American Association of Applied and Preventive Psychology (the American Psychological Association's clinical affiliate) and the Society for the Science of Clinical Psychology (a division of the American Psychological Association) oppose prescription privileges for psychologists. Prescribing would change the nature of clinical psychologists' practice and training. Many psychologists do not want their profession to be legislatively redefined.

There is no societal need to grant psychologists prescribing authority. There is no shortage of prescribing professionals, nor is there consumer demand for additional prescribers. Training psychologists to prescribe unnecessarily duplicates health care services already provided by medical professionals. Psychologists are not geographically better situated to serve rural populations, as they are generally located in the same areas as psychiatrists and other physicians. The needs of underserved areas can best be met by improving the mental health training of general physicians and other medically-trained practitioners, who are more widely distributed than psychologists.

Granting psychologists prescribing authority will increase health care costs. Psychologists' liability insurance wold rise dramatically and additional training and regulatory resources would be needed. These costs would be passed on to patients and taxpayers.

APA POSITION: High quality and cost effective treatment for mental health consumers can be provided by collaboration between psychologists and medical professionals. This type of collaboration has worked well for many years and is commonly practiced consistent with the established disciplines and in the best interest of patients. States and the Congress should continue to reject attempts to grant prescribing privileges to psychologists. Legislation to give psychologists prescribing authority would be a high-risk experiment with one of the most vulnerable populations -- persons with mental illnesses.