

**WRITTEN TESTIMONY IN SUPPORT OF
HB1021 / SB0568**

Health Occupations – Licensed Psychologists – Prescriptive Authority

Position: FAVORABLE

Jess Romeo, PMHNP-BC, MSW

Dear Members of the Committee,

My name is Jess Romeo. I'm a Maryland resident, a board-certified psychiatric nurse practitioner, and a licensed clinical social worker. I'm writing in support of HB1021/SB0568 because my own pathway to prescribing was similar to what psychologists are asking you to make possible. I firmly believe that an expansion of their scope will:

1. Improve patient access to expert psychopharmacologic care
2. Diversify the psychopharmacologic workforce in a meaningful and helpful way
3. Be consistent with Maryland's existing commitment to a diverse healthcare workforce

A Wider Lens Makes a Better Prescriber

Before I became an NP, I was a social worker. Early in my career, I accompanied a client to see his psychiatrist, as was a common task in my role at the time. This was someone my client had been seeing for years and trusted deeply – someone whose advice he followed religiously, unlike my own, as the lowly social worker. At the visit, the psychiatrist sat behind a desk, barely looked up, and in a perfunctory social history update, asked, “You don't have family, do you?”

This client had just returned from visiting an extended family of about thirty people. And his prescriber didn't know they existed. That was one of maybe seven questions in a ten-minute visit where nothing meaningful was exchanged other than a paper prescription for the same medications at the same doses he'd been on for years.

I wasn't astounded because this psychiatrist was incompetent. I was astounded because the system we'd built made it possible for someone to prescribe medications that alter your brain chemistry without knowing the first thing about your life. When people ask me why I went back to school to earn prescriptive authority myself, that moment, and many similar ones like it, are the reason why.

Since then, I've worked with countless patients who've suffered from a lack of access to a provider whose lens is wide enough to take in the full picture of their personhood while applying evidence-based assessment and treatment. My social work lens didn't

disappear when I became a prescriber — it became the solid foundation for every diagnostic and prescribing decision I've made. And patients continue to seek me out because the depth and richness of that perspective allows them to feel seen, safe, and supported in ways they couldn't get from psychiatrists they'd seen in the past who treated them in similar ways.

We Can't Fix the Whole System — But We Can Do This

We can't fix everything about a healthcare system that squeezes providers into fifteen-minute visits and separates the people who prescribe your medication from the people who actually know you. But we can expand the diversity of the workforce, and create more pathways for people with considerable training to see the full picture of who they're treating.

Psychologists carry that same depth I describe in my own practice. Thousands of hours of diagnostic training, therapeutic relationships, and context. The training requirements laid out in this bill are rigorous — intensive didactic education in neuroscience, pharmacology, clinical medicine, and pathophysiology, followed by a supervised postdoctoral fellowship and a national psychopharmacology examination. Their training is far from a crash course. It is a different pathway to the same destination, informed by a different — and valuable — clinical foundation.

The Data Supports This

All the years of training that this bill's opponents will cite as reasons to oppose it — in reality, those years and that specific training pathway are not demonstrated to produce superior outcomes for patients. We have this data already.

In states that have granted psychologists prescriptive authority, suicide mortality decreased by five to seven percentage points, with statistically significant effects across multiple demographic groups (Choudhury & Plemmons, 2023). Analysis of over 300,000 patients shows that prescribing psychologists treat populations remarkably similar to psychiatrists — including those with bipolar disorder, schizophrenia, and other serious mental illnesses — while integrating psychotherapy with medication management (Hughes et al., 2024).

Maryland's own experience with nurse practitioner independent practice tells a parallel story. A 2023 JAMA systematic review of over 150 studies concluded that removing restrictions on NP practice is associated with improved access to care without compromising quality or safety. Research demonstrates that NP independence increases the frequency of routine checkups, improves care quality, and decreases emergency room use (Kleiner et al., 2017). NP-owned practices average 24 minutes per patient visit — 33% longer than the national average — and are 86% more likely than

physician-owned practices to be located in designated health professional shortage areas.

In the pediatric mental health space specifically, psychologist scope-of-practice expansion is associated with a 5.4 percentage point reduction in unmet mental health needs and improved access to appropriate medication management (Hughes et al., 2024).

Maryland Has Already Said Yes to This Principle

Maryland has already demonstrated its commitment to the spirit of this legislation. While other states have restricted or rolled back scope of practice for nurse practitioners, this legislature expanded it — granting NPs full independent practice authority. You've already said, clearly, that diverse pathways to competent care make our healthcare system stronger. Passing this bill would be entirely consistent with that commitment, and would position Maryland among the growing number of states that trust rigorously trained professionals from multiple disciplines to meet the mental health needs of their residents.

Six states have already passed prescriptive authority for psychologists — New Mexico, Louisiana, Illinois, Iowa, Idaho, and Colorado — with Utah following in 2024. The evidence from these states is compelling. There are currently approximately 300–350 active prescribing psychologists across the country, with over 275 graduate students and psychologists enrolled in training programs. The pathway works. The outcomes are strong. And Maryland has every reason to join them.

I urge a favorable report on HB1021/SB0568. Thank you for your time and consideration.

Jess Romeo, MSW, LCSW-C, PMHNP-BC

Maryland Resident

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