

February 17, 2026

Dear Senate Finance Committee,

My name is Dr. Phillip Hughes, and I am an assistant professor at the Binghamton University School of Pharmacy and Pharmaceutical Sciences. My research focuses on mental health and substance use treatment policy, and scope-of-practice regulation is a topic I regularly study. I am writing to you in relation to SB 0568, which would expand prescriptive authority to psychologists. Below, I summarize my research on this topic.

### **Prescribing Psychologists are Safe and Effective**

1. The rate of adverse drug events is 24% **lower** among patients treated by prescribing psychologists than among patients treated by psychiatrists.<sup>1</sup>
2. The rate of psychotropic polypharmacy (a risk factor for complications) is 20% **lower** among patients treated by treated by prescribing psychologists than among patients treated by psychiatrists.<sup>1</sup>
3. The rate of psychiatric emergency room visits and medication adherence is the same for patients of prescribing psychologists as for patients of psychiatrists.<sup>1</sup> This study accounted for all patient-level clinical factors, including mental health conditions and physical comorbidities.
4. Prescribing psychologists at a clinic in New Mexico provided psychotherapy in 87.5% of all visits.<sup>2</sup>

### **Prescribing Psychology Improves Population Mental Health**

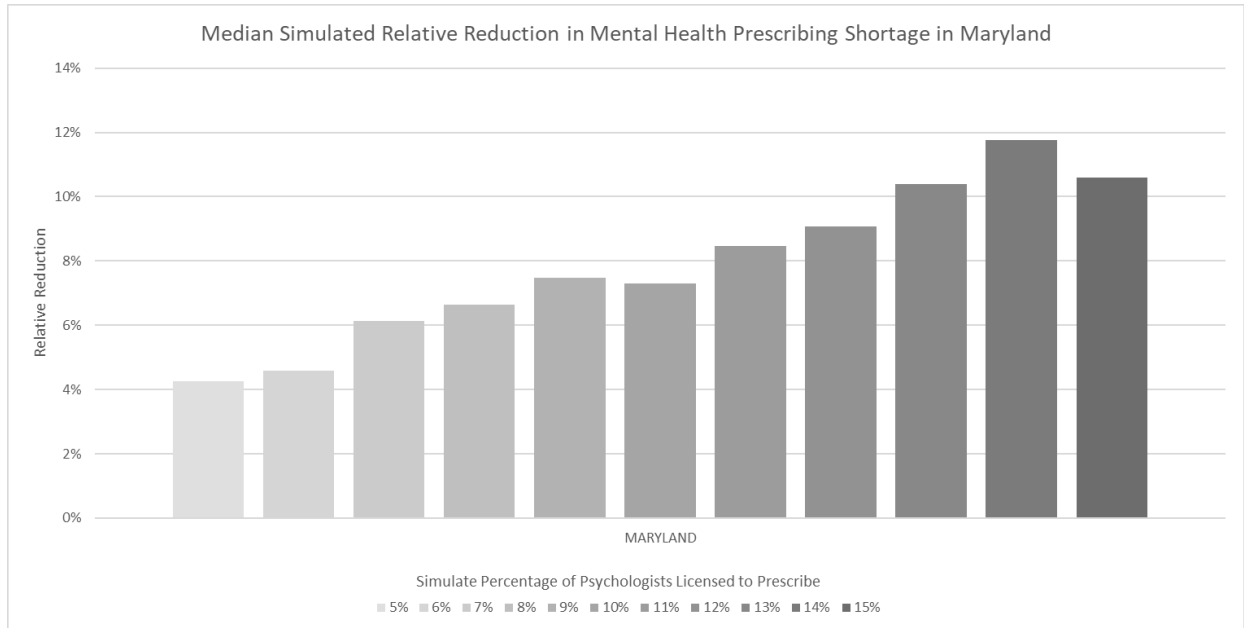
5. Suicide rates decreased in Louisiana when psychologists began prescribing<sup>3</sup>
6. Mental health mortality decreased in New Mexico when psychologists began prescribing<sup>3</sup>
7. In all states where psychologists can prescribe, the suicide rate decreased by 5-7%.<sup>4,5</sup>
8. Prescriptive authority for psychologists is a cost-effective suicide reduction policy, estimated to save millions of U.S. dollars over a 20-year span.<sup>6</sup>

### **Prescribing Psychology Increases Access to Mental Health Care**

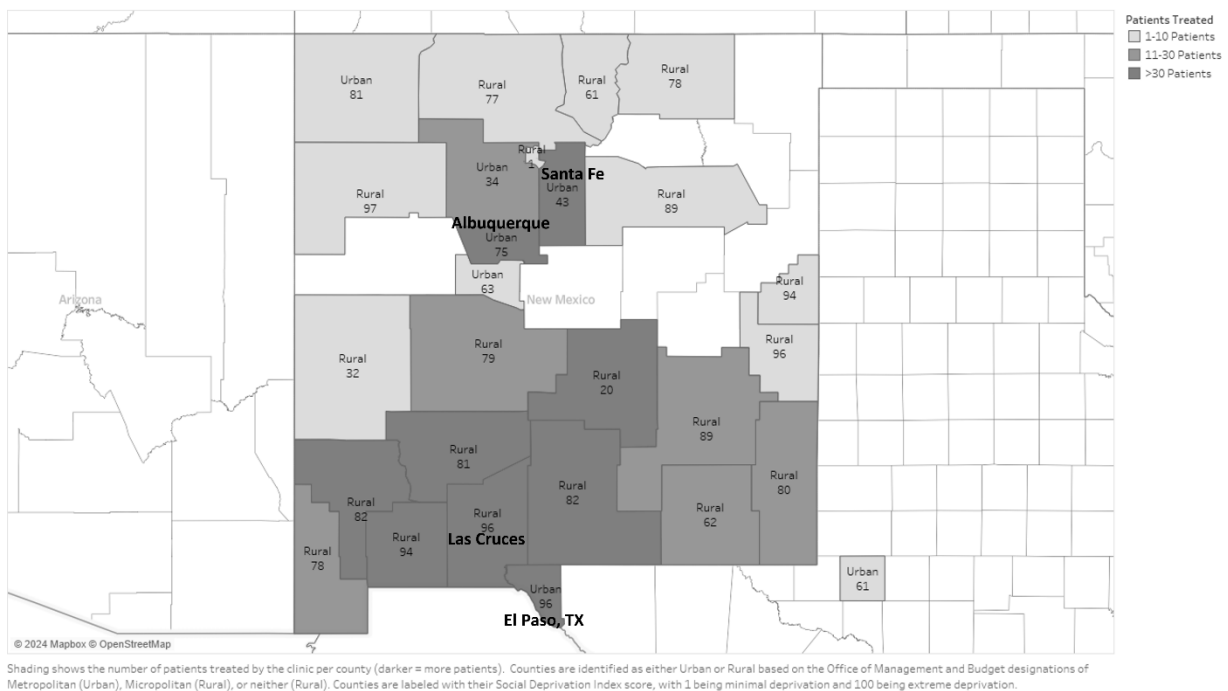
9. Unmet need for pediatric health care is 5.4 percentage points lower in states where psychologists can prescribe.<sup>7</sup>
10. This policy may reduce unmet mental health prescribing needs in Maryland by an estimated 8.8%, a notably larger impact than expected in many other states (US average: 4.3%).<sup>8</sup> See Figure 1 below for the estimated reductions for different levels of psychologist uptake.
11. Psychologists currently already prescribe approximately 2% of all psychotropic medications nationally.<sup>9</sup>
12. Prescribing psychologists treat a population of patients that are very similar to psychiatrists – including their physical health and chronic health conditions.<sup>10</sup>

13. Prescribing psychologists at a clinic in Las Cruces, New Mexico treat patients who are on Medicaid (33% of their patients), live in rural counties (95% of their patients), and patients from low-resource areas (average deprivation score of 92 out of 100).<sup>2</sup> See Figure 2 below for the distribution of their patients.

**Figure 1.** Simulated reductions in unmet mental health prescribing needs for Maryland if psychologists become prescribers.



**Figure 2.** Distribution of Patients Treated at a Prescribing Psychology Clinic in Las Cruces, New Mexico.



The scientific record clearly demonstrates that prescribing psychologists are **safe and effective**, **improve population mental health**, and **increase access to mental health care**. I also want to be clear that this work is not rooted in any one paradigm, but instead was conducted with a team of researchers from multiple fields: health services research, pharmacoepidemiology, health economics, psychology, psychiatry, social work, and nursing.

I implore you to please consider this information as you work to decide how to proceed with SB 0568. I would be more than happy to find a time to meet with you to answer any questions you may have on this issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Phillip Hughes". The signature is written in a cursive style with a large initial "P" and "H".

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