2/25/26

Dear Honorable Senator,

I am a psychologist with a doctorate in clinical psychology writing to request that you *oppose* legislation that would allow psychologists to prescribe medications, including **SB 568**– Health Occupations - Licensed Psychologists - Prescriptive Authority

Quality Issues: Psychologists lack the training to prescribe safely, having less training in the scientific foundations related to medical practice than any other group that currently prescribes. Most psychologists (93%) have ***not*** taken the prerequisite courses that all nurses, dentists, physicians and other prescribers take at the undergraduate level as well as at the graduate school or professional school level. Psychologists are not required to obtain essentially any courses such as biology, chemistry, organic chemistry, physiology, and other courses that are related to understanding the effects of medications on the human body. Psychologists also lack training in physical diagnosis, which is necessary to detecting side effects and drug interactions, and would receive limited training in the proposed bill. They also have almost no overlapping course work with pharmacists or other health professionals who require expertise regarding the effects of chemical compounds on people.

This legislation is vague about prerequisites for entering clinical psychopharmacology master's programs. It does **not** specify whether any, or how many, courses or credits are required ***prior*** to entrance to the clinical psychopharmacology training. Such prerequisites to graduate level education **are required for training in all other professions** that prepare health professionals to prescribe. Only about 7% of psychologists have completed prerequisites such as courses in biology and chemistry. In fact, when the American Psychological Association (APA) first considered prescriptive authority for psychologists, its own experts contended,

> "It would require students to have undergraduate science training similar to that required of other health service providers (e.g., nurses, pharmacists, allied health professionals, dentists, and/or physicians): (Smyer et al, 1993, p. 400.)

APA's experts' recommendations unfortunately were never incorporated in the APA model for training. These serious deficits in training relative to all other prescribers render granting prescriptive authority for psychologists a **reckless public health policy**. Educational shortcuts are inappropriate for health professionals, especially when it comes to prescribing medications with potentially serious side effects and drug interactions. There are safer alternatives to psychologist prescribing, such as fostering collaborative and integrative care that enable psychologists to use those skills in which they are well trained to provide psychological services in conjunction with the health services (such as

prescribing psychoactive medications) rendered by other health professionals. Similarly, telemedicine allows other professionals to provide services in areas that are underserved, without relying on minimally trained psychologists, who cannot be expected to manage the medications as expertly as other professionals, to provide prescriptions.

Although proponents of psychologist prescribing claim that the Department of Defense pilot program supported prescriptive authority, the final report on the DoD project revealed that the psychologists were "**weaker medically"** than psychiatrists and compared their medical knowledge to **students** rather than physicians. Nevertheless, the APA considers even less training than the DoD psychologists obtained to be adequate. Allowing psychologists, whose medical knowledge is closer to medical students than practicing physicians, to prescribe is not sound public policy.

Controversial: In other health professions whose workforces prescribe there is unanimity that prescribing is appropriate because of the adequacy of the training. However, in contrast, **prescribing by psychologists is a matter of controversy** within the field of Psychology itself, as well as among other health professionals and stakeholders. Surveys of psychologists reveal *some* support for psychologist prescribing, but it is *not* a majority view.

There is no evidence that reducing medical training to about 10% of that required for physicians and about 20% of that required for advanced practice nurses (advanced nurse practitioners) will protect consumers. Moreover, because psychologists tend to practice in urban and suburban areas, allowing psychologists to prescribe would do little to address health professional shortages in rural areas.

Various groups of psychologists oppose psychologist prescribing because of their concern that psychologists would not be sufficiently trained ***even if they undertook the minimal training that has been endorsed by the APA*** (which does not require prerequisites) or as would likely be proposed in future bills that might be brought before the legislature. For example, 89.2% of members of the multidisciplinary Association for Behavioral and Cognitive Therapies (ABCT) argue the medical training for psychologists to prescribe should be equivalent to other non-physician prescribers, which is not what the APA or Maryland Psychological Association advocate or what proponents of this bill would want.

The shortcuts to training would make psychologists the **least well-trained of any prescribers** and would create needless risk to patients, including some of the most vulnerable citizens. Consumer groups, such as the National Alliance on Mental Illness (NAMI) do not support such legislation. An international group of psychiatric nurses even considers it ***unethical*** to support psychologist prescribing.

Across the country the vast majority of bills proposing psychologist prescribing have rightfully been rejected by legislators and governors who recognize the risks and have reason to be skeptical about the overly simplistic, and rosy claims of its proponents about its impact. To promote quality mental health services, **there are clear alternatives to psychologist prescribing**. In addition to collaborative, interprofessional, integrated care and telehealth described earlier, expanding funding for training in all of the mental health professionals would facilitate development of robust workforces that are prepared to collaborate in service delivery. These are compelling alternatives, that do not rely on inadequately trained prescribers, and that deserve the full support of legislators and public health officials.

Workforce Issues: In addition to these quality concerns, another reason to oppose prescriptive authority for psychologists is related to **workforce**. APA's experts considered that only "a small, but important, minority of psychologists may seek specialty training leading to licensure for psychotropic prescribing (Smyer et al., 1993, p. 402). That prediction has been accurate! **Few psychologists actually are interested in prescribing,** and only a few hundred are authorized to prescribe nationally, even in the outlier states that have allowed psychologist prescribing for years. Consequently, any of the optimistic impacts of psychologist prescribing that its proponents assert, likely overstate any positive public health impact. There would be significant costs in developing the infrastructure and regulatory mechanisms for implementing psychologist prescribing.

Whereas there is a national shortage of psychiatrists, it is important to recognize that psychiatrists are not the only health professionals prescribing psychoactive medications. Most prescriptions for psychoactive medications are written by non-psychiatric physicians, nurse practitioners, and physician assistants. They *all* have more medical and scientific training than psychologists would have, even those who complete a psychopharmacology course. Current prescribers are better prepared to manage psychoactive and other medications in the broader context of patients' health.

According to the Bureau of Labor Statistics' (BLS) May 2024 *Occupational Employment and Wage Statistics* (https://data.census.gov/profile/Maryland?g=040XX00US24), Maryland has multiple prescribers including 18,180 non-psychiatric physicians, 620 psychiatrists, 7,610 nurse practitioners and other advanced practice registered nurses (APRNs), 2,920 physician assistants. All **29,330** of them are authorized to prescribe psychoactive medications.

It is not known how many psychologists would seek to prescribe, but it would likely be a small minority. **The two states that have allowed it for two decades have only had 8.2-14.8% of psychologists seek prescriptive authority.** Our recent article about workforce revealed that **99.77%** of prescribers in the six

states that allow psychologists to prescribe are *not* psychologists. In New Mexico, the first state that allowed psychologists to prescribe, psychologists account for only 1.19% of all prescribers. If Maryland were to permit psychologists to prescribe, New Mexico's and Louisiana's experiences suggests psychologist prescribers would account for a relatively *trivial* proportion of all prescribers in the state. Based on those two states. Extrapolating from the mean percentages of those two states, based on the 1,680 clinical and counseling psychologists estimated by the BLS to be in Maryland, would predict 188 prescribing psychologists over 20 years. **They would constitute 0.6% of all Maryland prescribers.**

Therefore, any touted benefits would be limited and would add minimally to the current workforce of prescribers in Maryland who are authorized to prescribe psychoactive medications. Also, it should be noted that if psychologists prescribe, they would have less time to provide traditional psychotherapeutic and assessment services. When considering the state's mental health service needs, there is a great need for psychotherapy services that psychologists do provide competently after extensive training in it, and for which there is also a shortage of clinicians.

Thank you for your kind consideration. I would be pleased to send you copies of additional articles described in the attached bibliography if you would like further information. Also, I would be pleased to discuss this matter with you or your staff if you wish. Additional resources that address concerns about psychologist prescribing are available at the website for **Psychologists Opposed to Prescription Privileges for Psychologists** (POPPP) http://www.poppp.org.

Attached are an annotated bibliography that addresses multiple concerns, a position statement of a nursing organization that opposes psychologist prescribing, and articles entitled:

Fool's Gold: Psychologists Using Disingenuous Reasoning to Mislead Legislatures into Granting Psychologists Prescriptive Authority

Prescriptive Authority for Psychologists: A Looming Health Hazard?

Prescriptive Authority for Psychologists: Despite Deficits in Education and Knowledge?"

Psychologists and Medications in the Era of Interprofessional Care: Collaboration is Less Problematic and Costly Than Prescribing.

Prescriptive authority: Psychologists' Abridged Training Relative to Other Professions' Training

The Workforce of Prescribing Psychologists: Too Small to Matter? Worth the Cost?

Sincerely,

William N. Robiner, Ph.D., L.P.
Director, Health Psychology
University of Minnesota
MMC 741
420 Delaware Street, SE
Minneapolis, MN 55405