

## Law & Mental Health Associates, Inc.

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February 26, 2026

Del. Heather Bagnall,  
Del Bonnie Cullison  
Heath Committee  
241 Taylor House Office Building  
Annapolis, Maryland 21401

Dear Del. Bagnall, Del. Cullison, and members of the Health Committee:

Thank you for the opportunity to provide written testimony in support of SB0568/HB1021, legislation that establishes a carefully regulated pathway allowing appropriately trained psychologists to obtain certification to prescribe a limited range of psychotropic medications within a collaborative medical framework.

I am a licensed psychologist practicing in Maryland and work extensively with youth and families involved in the juvenile justice system. I am also a barred attorney, which has given me additional experience in court systems and insight into how gaps in behavioral health access affect legal outcomes. In addition, I am completing graduate-level training in clinical psychopharmacology through a postdoctoral program in New Mexico, in anticipation of the adoption of a prescribing psychologist pathway in Maryland.

For twenty years, I have evaluated children and adolescents with significant mental health needs, including depression, trauma-related disorders, suicidality, ADHD, and severe anxiety. A consistent barrier I encounter is not diagnosis. It is not treatment planning. It is access to medication providers.

I cannot count the number of times families have told me:

“We called everywhere.”

“No one is accepting new patients.”

“The waitlist is months long.”

“The psychiatrist only sees medication management for 10 minutes every three months.”

In many jurisdictions, particularly outside urban centers, psychiatric care is simply unavailable in a clinically meaningful timeframe. Courts order treatment. Schools require treatment. Therapists recommend treatment. Yet families are unable to obtain an appointment.

As a result, children deteriorate while waiting.

This legislation does not allow psychologists to automatically or broadly prescribe. Instead, it creates a rigorous, voluntary certification that requires:

- A two-year post-doctoral master's degree in clinical psychopharmacology
- Passage of a national standardized examination
- Extensive supervised prescribing experience
- Ongoing collaboration with medical providers
- Continuing education and license renewal requirements
- A restricted formulary limited to psychotropic medications

This is not independent medical practice. It is structured, collaborative behavioral health care.

Prescribing psychologists would be uniquely positioned to improve treatment continuity because we already conduct comprehensive psychological evaluations, provide psychotherapy, monitor treatment response weekly or bi-weekly, and coordinate care with families, schools, and courts. Currently, however, treatment is fragmented: one provider evaluates, another provides therapy, and a third briefly manages medication, often with minimal communication between them.

Allowing qualified psychologists to integrate psychotherapy, assessment, and medication management, when clinically appropriate, would strengthen coordinated care, reduce delays, and improve adherence and monitoring, especially for high-risk youth.

Importantly, this bill does not replace psychiatrists. Rather, it complements psychiatric care by expanding the behavioral health workforce in a targeted and safe manner. Psychiatrists remain essential, particularly for complex medical comorbidity and broader pharmacologic management. The proposed pathway instead addresses the well-documented gap in access to basic psychiatric medication management.

Maryland families do not lack diagnoses. They lack access to timely treatment.

SB0568/HB1021 provides a thoughtful, highly regulated solution that expands care while maintaining strong safeguards for patient safety and interprofessional collaboration.

For these reasons, I respectfully request a favorable vote on this legislation.

Thank you for your time and consideration.

Respectfully,

A handwritten signature in black ink, appearing to read "K. Sanschagrín". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Kimberly A. Sanschagrín, J.D., Ph.D.  
Licensed Psychologist, Maryland #04602