

MARYLAND PSYCHIATRIC SOCIETY



February 26, 2026

The Honorable Heather Bagnall
Health Committee
240 Taylor House Office Building
Annapolis, Maryland 21401

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OPPOSE: HB1021 Licensed Psychologists - Prescriptive Authority

Dear Chairwoman Bagnall & Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS/WPS represent over 1200 psychiatrists and physicians currently in psychiatric training.

While the MPS/WPS deeply values the essential role psychologists play in supporting the mental health of Marylanders as members of the care team, we believe that granting prescriptive authority is not in the best interest of patient care. Our primary concern is patient safety, given the substantial differences between medical and psychological training. Safely prescribing psychotropic medications requires comprehensive knowledge of physiology, pharmacology, diagnostics, and the management of complex medical conditions—areas in which psychologists are not formally trained. Moreover, there is little evidence that expanding prescriptive authority to psychologists would meaningfully improve access to care, particularly in underserved areas. Finally, we believe it is vital to preserve the distinct, non-medicalized approach that psychologists bring to mental health care, a proven framework that could be compromised by expanding their scope of practice.

Patient Safety Risks and Vulnerable Populations

Psychotropic medications are among the most powerful drugs used in modern medicine, requiring comprehensive medical training for safe and effective prescribing. Many psychotropics carry U.S. Food and Drug Administration black box warnings, which signify potentially life-threatening side effects. These medications exert broad and significant effects on multiple body systems, including the cardiovascular, metabolic, nervous, gastrointestinal, endocrine, and hematologic systems. Even the most prescribed medications carry a direct risk of fatal events and increase morbidity. In addition to the inherent risks of prescribing psychotropic medications, licensed clinical psychologists (LCPs) lack the medical training and legal authority to conduct comprehensive evaluations necessary for safe prescribing. Numerous medical conditions, including thyroid dysfunction, neurological disorders, or infections, can closely mimic psychiatric symptoms. Failure to identify potential underlying medical issues can result in serious harm or even death. Unlike psychiatrists, LCPs are not equipped with the diagnostic tools and training needed to rule out additional clinical diagnoses before pursuing serious psychopharmacological interventions. Patient safety concerns are most acute among our most vulnerable populations, including children, older adults, individuals with substance use disorders, and those with serious mental illness (SMI). The heightened medical risks associated with psychotropic medications in these groups demand a prescriber who is extensively trained in pharmacology and its effects on the entire body.

Differences in Training Between Psychiatrists and Licensed Clinical Psychologists

A closer look at the educational requirements for psychiatrists and licensed clinical psychologists (LCPs) reveals why prescriptive authority should remain within the scope of medically trained professionals. As physicians, psychiatrists complete four years of medical school during which they receive extensive education in pharmacology and its integration into all branches of medicine, including psychiatry. Their understanding of pharmacotherapy, including implications for every organ system is tested as a component of the United States Medical Licensing Examination. After medical school, psychiatry residents undergo more than four additional years of intensive supervised training, completing 12,000 to 16,000 hours of patient care across diverse clinical settings. By the time they enter the workforce, a physician will have more than seven to 11 years of postgraduate clinical training under their belt. This hands-on experience allows them to develop

The Maryland Psychiatric Society, Inc., A District Branch of the American Psychiatric Association

1211 Cathedral Street, Baltimore, Maryland 21201, 410 625-0232, Fax 410 547-0915

mps@mdpsych.org, www.mdpsych.org

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deep clinical judgment and manage complex cases involving co-occurring medical and psychiatric conditions. Such rigorous medical training is essential to ensuring the safe, effective use of pharmacological treatments in mental health care.

In contrast, LCPs typically complete three years of graduate coursework, followed by a one-year internship and 1,500 hours of supervised clinical experience. The stark difference in training between psychiatrists and LCPs demonstrates the critical importance of extensive medical education and clinical experience in safely managing pharmacological treatments. Psychiatrists' rigorous and comprehensive training equips them to understand the complex interactions, side effects, and medical considerations essential for prescribing psychiatric medications responsibly. In contrast, licensees whose training requires only a singular hard science course are woefully unprepared to assume the significant risks involved in prescribing these powerful medications.

Exhaustive as psychopharmacology programs may seem, fundamentally they amount to nothing more than fast-track courses in prescribing for individuals with no background in science and no medical training. The didactic program included in many psychologist prescribing proposals purports to thoroughly teach the nuances of all the following and more, in as little as 400 hours: anatomy, physiology, and biology (both pre-requisites and graduate level content); genetics; neuroscience; physical examinations; laboratory tests; the pathological basis of disease across multiple body systems; pharmacology; psychopharmacology; clinical decision-making; and ethical, professional, and legal issues. Even a full-time, two-year master's course would be insufficient to teach the entirety of this content with the depth and breadth necessary to safely manage patients' medication. Further, the fact that the educational program essentially aims to teach psychologists to practice in a medical specialty without first teaching the fundamentals of the medical model warrants scrutiny. In short, psychologists have no medical training, and a crash course in prescribing does not constitute a medical education. **There is no substitute for medical school and residency.**

Granting Prescriptive Authority to Psychologists Will NOT Improve Patient Access or Care

Despite legislative approval in some states, uptake of prescriptive authority among licensed clinical psychologists (LCPs) has remained minimal. In states that do allow psychologists to prescribe, psychologists are not seeking prescriptive authority in droves. Estimates report that there are fewer than 300 prescribing psychologists in the entire United States. Due to the small number of prescribing LCPs, high-quality research on the impact of prescriptive authority on access to mental health care remains limited. Available data from New Mexico and Louisiana—states where psychologists have had prescriptive authority for over two decades—suggests that prescribing psychologists primarily serve patients who are demographically akin to those seen by psychiatrists. Moreover, data suggests that LCPs in New Mexico and Louisiana primarily treat patients in urban areas rather than rural areas, offering little evidence that prescriptive authority improves access in underserved rural communities. In addition, **Medicare does not recognize prescribing privileges for psychologists, even in states where they are licensed to do so, because it does not classify them as "physicians" under the Social Security Act.**

We understand that there is an ongoing and very necessary dialogue around improving access to mental health care in Maryland, and we encourage these conversations to continue. However, we strongly believe, and the data shows, that granting prescriptive authority to psychologists is a high cost, low impact response to improving mental health treatment in Maryland. We therefore urge you to consider other actionable solutions to improve access to care. For example, the Collaborative Care Model and telehealth expansion are safe, evidence-based approaches known to improve access to mental health care without compromising patient safety or the quality of mental health care delivered in Maryland. We believe that Maryland's patients deserve the highest-quality mental health care provided by a physician with years of relevant medical training, and we stress that granting psychologists prescriptive authority is neither a safe nor effective option for improving mental health care in Maryland, even considering the training programs typically proposed by proponents of psychologist prescribing legislation.

If you have any questions regarding this testimony, please contact MPS lobbyist, Lisa Harris Jones at lisa.jones@mdlobbyist.com.

Respectfully Submitted,
The Maryland Psychiatric Society & Washington Psychiatric Society
Legislative Action Committee

APA SAFE PROVIDING

A FACT SHEET FOR YOUR REFERENCE

POWERFUL PSYCHIATRIC DRUGS AFFECT THE MIND AND THE BODY



Powerful **psychiatric drugs**, some of the most potent medications in modern medicine, affect not only the mind but the entire body and **can interact poorly with other drugs**.

More than half of patients living with mental illness also have an underlying physical illness.

Advanced medical training is required to understand how psychiatric drugs affect the entire body and interact with other medications.¹ in 5 adults in the US.

OUR POSITION

FOR SAFELY PRESCRIBING MENTAL HEALTH MEDICATION, MEDICAL DOCTORS LIKE PSYCHIATRISTS HAVE A CLEAR ADVANTAGE OVER PSYCHOLOGISTS.

It is essential to **patient safety** that a medically-trained clinician like a psychiatrist **prescribes and manages** a patient's mental health medications

Graduating medical school, earning a state medical license, going through residency and often a specialty fellowship program, and years of on-the-job expertise, ensures **psychiatrists understand**:

- How psychiatric drugs **interact with other medications**.
- How psychiatric drugs **affect not only a person's mind, but other organ systems**.
- The difference between psychiatric conditions and other illnesses and diseases that may look like a mental health issue but require other medical treatments.

Psychologists have no clinical medical training, compared to psychiatrists who have **12,000-16,000** hours of specialized clinical psychiatric training.



WHAT THE PUBLIC SAYS

ONLY MEDICALLY-TRAINED PROFESSIONALS SHOULD PRESCRIBE

78% of voters recently polled across the United States think only those with a **medical degree** and a license to practice medicine should be **allowed to prescribe powerful psychiatric drugs**.



NATIONAL PRECEDENT

MEDICARE REJECTED PSYCHOLOGISTS PRESCRIBING



Medicare does not reimburse psychologist prescribing because federal experts say psychologists do not have the “knowledge and ability to perform evaluation and management services.”

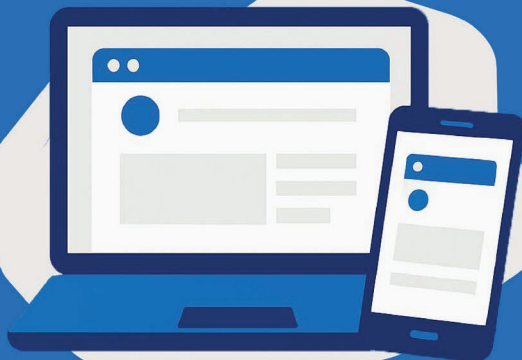
SOLUTIONS

GREATER ACCESS TO MENTAL HEALTH CARE

People believe **government should increase access to care** by:

- Making it easier for mental health care to be coordinated between different types of clinicians, so more people have **timely access to care** that’s overseen by a physician.
- Making it easier to see a healthcare professional via **telemedicine**.
- Incentivizing healthcare professionals to practice in **rural and inner-city communities**.

State legislatures should enact policies that prioritize **care coordination** and ensure that when a patient’s mental health condition requires medication, a trained medical doctor like a psychiatrist oversees prescribing.



Learn more about safe psychiatric prescribing:
www.SafeRxPrescribing.org

AMERICAN
PSYCHIATRIC
ASSOCIATION



Psychiatric Medications Affect All Body Systems



Safe, appropriate prescribing requires expert medical knowledge of all body systems.

Nervous



Medications affect the connection between brain and body, sometimes impairing alertness and reaction time. May cause seizures or stroke.



Skin

Medications may cause a potentially fatal rapid loss of skin (known as Stevens-Johnson syndrome).

Respiratory



Medications are known to affect a patient's ability to breathe and rate of breath. May cause respiratory failure.



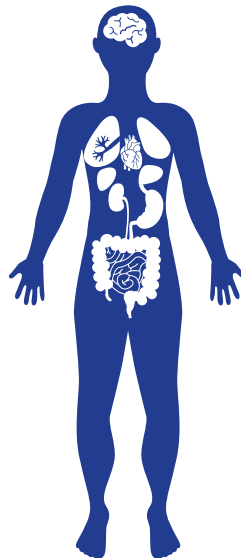
Urinary

As part of the removal of waste, medications can impact one's kidneys, bladder and urinary tract. May cause kidney stones or failure.

Cardiovascular Circulatory



The heart, arteries and veins are crucial to delivering oxygen and nutrients to organs and cells, and medications can alter their function. May cause cardiac arrest.



Reproductive

Fertility, sex drive, and maternal and infant health all may be at risk because of certain medications. May cause birth defects.

Endocrine

Medications can change patients' hormone production, secretion and metabolism. May cause abnormal breast development and lactation in men and women.



Immune

Medications can affect or destroy immune and lymphatic systems, impacting the body's ability to defend against disease-causing agents or even cancer.

Musculoskeletal

Some medications can cause tremors or permanent involuntary movements. Others may affect calcium absorption, bone density and bone formation.



Digestive

Medications are often taken by mouth, metabolized by the liver and can affect the stomach, pancreas, gallbladder and intestines. May cause liver failure.

What's The Difference Between Psychiatrists And Psychologists?



Psychiatrists

Psychologists



"-iatry" refers to medical treatment

Medical doctor

Assess both mental and physical aspects of psychological problems

Conduct and prescribe medical treatments



"-ology" refers to the study of a topic

Advanced degree

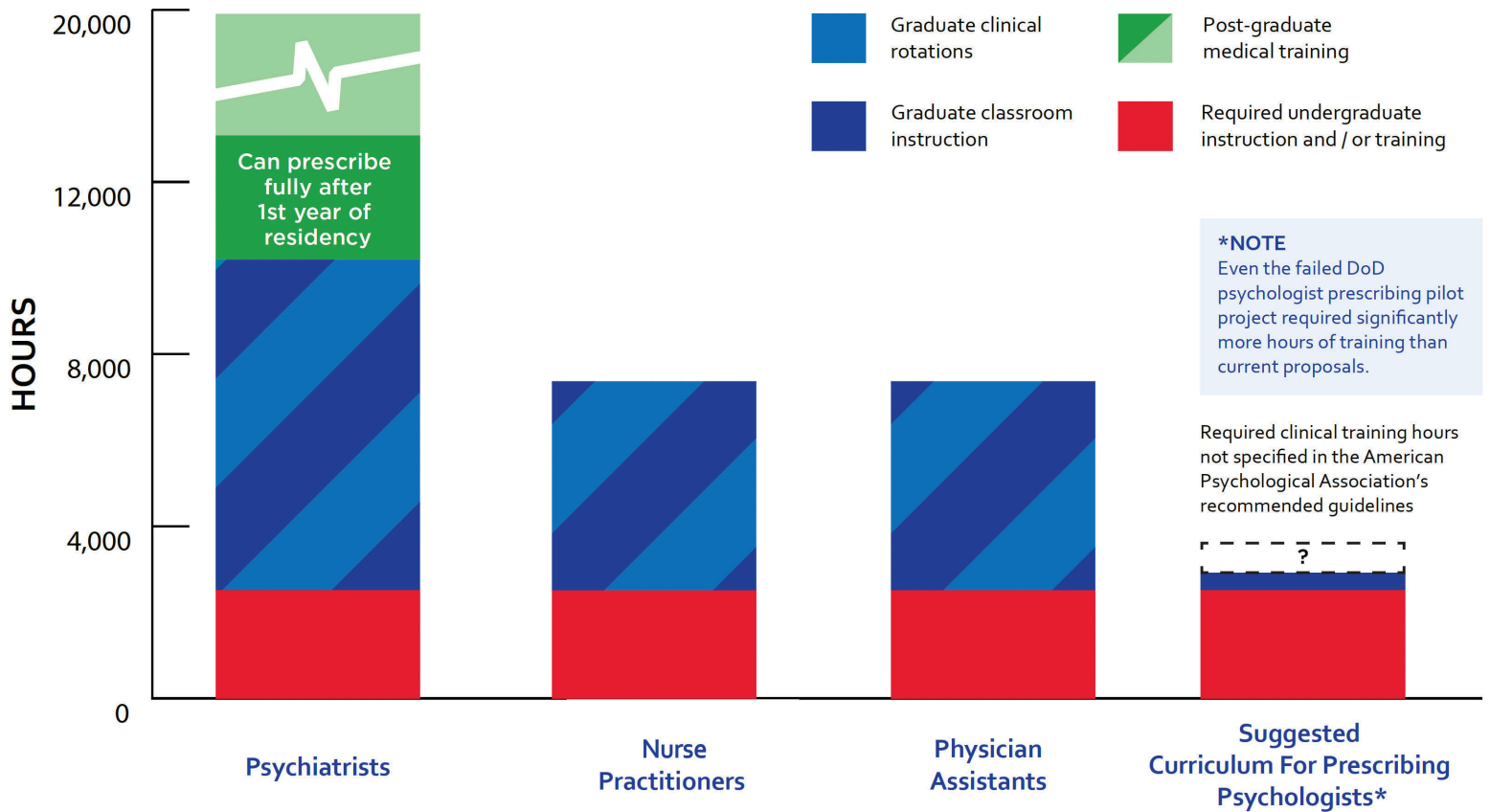
Extensive training in research or clinical practice

Specialize in psychological testing and evaluation

Experts in mental health

Conduct psychotherapy

Biomedical Training is Necessary to Safely Prescribe

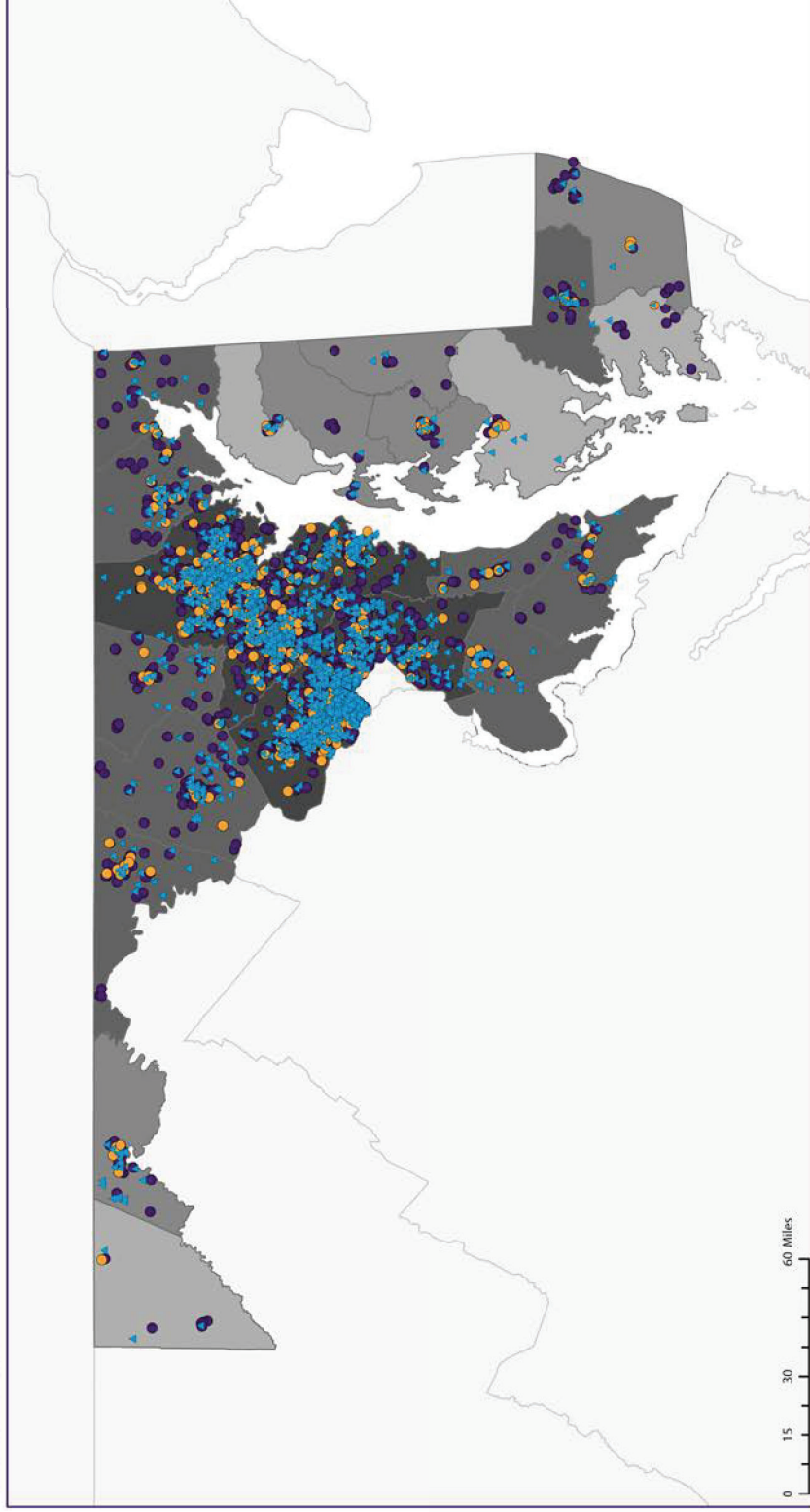


Prescribing Can't Be Taught In Just Ten Weeks

Psychiatrists and Primary Care Physicians to Psychologists



MARYLAND



- Primary Care Physicians (n=6,266)
- Psychiatrists (n=1,244)
- Psychologists (n=3,027)

Population per square mile

Source: 2019-2023 American Community Survey

- <=25
- 26 - 75
- 76 - 250
- 251 - 1,000
- >1,000

Source Notes: AMA Physician Masterfile 2024; U.S. Centers for Medicare & Medicaid Services National Plan and Provider Enumeration System 2024; U.S. Census Bureau county and state shapefiles 2020

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