

February 27, 2026

The Honorable Heather Bagnall
Chair
House Health Committee
241 Taylor House Office Building
6 Bladen Street
Annapolis, MD 21401

The Honorable Pamela Beidle
Chair
Senate Finance Committee
3 East Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

Re: **Maryland HB 1021/SB 0568 – Oppose**

Dear Chair Bagnall and Chair Beidle:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to **strongly oppose Maryland House Bill 1021 and Senate Bill 0568 (HB 1021/SB 0568)**, which would grant psychologists—who lack medical training—the authority to prescribe psychotropic medications after completing only a brief course in prescribing. Psychologists are invaluable members of our nation’s health care system, uniquely positioned to provide a wide range of mental health services. However, they are not sufficiently prepared to prescribe medications to patients. While well-intentioned, this proposal is a low impact but high-risk approach to addressing mental health care access issues in Maryland.

Physicians regularly collaborate with psychologists to ensure patients receive the highest-quality care.

At their core, physicians strive to improve and protect the well-being of their patients and fight every day to ensure that each patient gets the time, attention, and quality of care they deserve. To this end, physicians recognize that collaboration across the care team is key to optimal health outcomes. The AMA appreciates the vital and irreplaceable role psychologists play in our nation’s health care system. We emphasize that psychologists are well-trained behavioral health care experts who provide deeply necessary clinical services to millions of patients. Indeed, psychiatrists and primary care physicians work closely with psychologists to address patients’ mental, emotional, and behavioral health care needs. Each member of this care team plays a distinct role: psychologists provide mental health assessments, psychotherapy, and a range of non-medical behavioral interventions, while psychiatrists and primary care physicians offer personalized medical care that is responsive to their patients’ mental health needs and informed by a comprehensive understanding of the human body developed in medical school and residency. This teamwork allows each professional to contribute their specialized expertise, resulting in comprehensive and effective treatment for individuals with mental health needs.

A physician’s medical expertise is necessary to safely manage psychotropic medications.

We urge lawmakers to reject the misperception that treating psychiatric illness is a straightforward process. In reality, psychiatric illness is often highly complex, requiring tailored and nuanced combinations of medications, both psychotropic and non-psychotropic in nature. The psychotropic drugs used to treat mental illness are some of the most powerful in modern medicine, with many commonly

prescribed psychotropics carrying U.S. Food and Drug Administration black box warnings to indicate potentially life-threatening side effects.

Moreover, mental illness cannot be isolated to the mind alone. Patients frequently present with accompanying physical illnesses, and psychotropic medications affect the entire body. Even commonly prescribed psychotropics can impact the liver, heart, kidneys, gastrointestinal tract, and other organs. Some medications require ongoing bloodwork and physical monitoring to ensure safe use.

A prescriber of psychotropics must be able to spot and differentiate between physical and mental symptoms, fully understand co-morbidities and medical conditions beyond mental illness, recognize contraindications, and respond with appropriate medical care. Safely managing these medications demands a deep understanding of all organ systems—an expertise that extends well beyond the scope of psychologists' education and training. For this reason, patients need and deserve a physician involved in their care: someone who comprehensively understands both their medical and mental health needs, including the complex effects drugs have on the human body.

The psychopharmacology program endorsed by HB 1021/SB 0568 is not comparable to a physician's 12,000+ hours of medical training, and is insufficient to prepare psychologists to prescribe.

Physicians undergo extensive medical education that uniquely prepares them to prescribe medications in the context of a patient's overall health. Medical students complete roughly 1,350 hours of basic science coursework and master pharmacotherapy across various specialties like family medicine and psychiatry. Pharmacotherapy training continues during residency, where physicians spend three to four years treating, diagnosing, and prescribing medications for patients in diverse clinical settings. By the time they enter practice, family physicians and psychiatrists have more than 12,000 hours and seven to eleven years of postgraduate clinical training under their belt, all of which is essential for safe prescribing.

By contrast, psychologists generally have no medical background. The training required for licensure as a psychologist is focused on non-medical therapies, and psychology students' one to two years of patient care experience emphasizes behavioral assessment and intervention rather than medical care. Basic sciences are not a key component of the curriculum, and a psychologist may be licensed without coursework in biology, anatomy, or physiology. While a science background is not necessary for delivering a range of mental and behavioral health services, it is essential for practicing medicine.

The psychopharmacology education endorsed by HB 1021/SB 0568 will not equip psychologists to prescribe psychotropics to patients. Exhaustive as it may seem on paper, the proposed training amounts to a crash course in prescribing for individuals with no science or medical background. The didactic program would ostensibly thoroughly cover a vast range of topics—specifically, basic science, functional neuroscience, physical examination, interpretation of laboratory tests, pathological disease, clinical medicine, clinical neurotherapeutics, systems of care, pharmacology, clinical pharmacology, psychopharmacology, and professional, ethical and legal issues—all in as little as *30 hours* of didactic instruction. Even a full-time, two-year master's course would be insufficient to teach all of this content with the depth and breadth necessary to safely manage patients' medication. The proposed 400-hour clinical fellowship is also inadequate, which becomes clear when compared to the more than 12,000 hours of clinical training required of physicians.

In short, the limited preparation prescribing psychologists would receive under this legislation would provide “just enough information to be dangerous.” The practice of medicine is deeply complex, and we fear that psychologists licensed to prescribe will not be equipped to recognize and address what they do

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not know, simply because they will not have the in-depth, specialized medical training necessary to prepare them to safely treat mental illness in the context of the patient's entire health, which includes managing the impact psychotropics will have on their patients, identifying potential drug-drug interactions, addressing side effects, and more. For these reasons, we are profoundly concerned that HB 1021/SB 0568 would not only authorize psychologists to prescribe but also open the door for them to prescribe psychotropics to children, seniors, and those with complex medical conditions. This proposition puts vulnerable patients at risk.

Prescriptive authority is not likely to be an effective solution for access to care issues.

Granting prescriptive authority to psychologists would be a low-impact, high-risk response to access to care issues in Maryland. As the attached workforce map shows, Maryland's psychologists are not any better situated geographically to serve rural populations than psychiatrists and other primary care physicians in the state. And notably, in the few states where psychologists have been granted prescriptive authority, psychologists still continue to work in the same areas as physicians. **Furthermore, in states that do allow psychologists to prescribe, psychologists are not seeking prescriptive authority in droves. Indeed, as of 2024 there were 226 prescribing psychologists practicing in the entire United States.** Legislation to grant prescriptive authority to psychologists has not resulted in a meaningful increase in access to care. We strongly believe, and the data shows, that granting prescriptive authority to psychologists does not and will not solve this complex issue. Asserting otherwise is nothing more than a false promise—one that puts patients at risk.

All patients deserve access to a physician, and we believe there are more effective options to increase access to mental health care in Maryland without sacrificing the delivery of safe, highest-quality care. We encourage continued dialogue on access to mental health care in Maryland and would be happy to participate in these discussions alongside MedChi, the Maryland State Medical Society.

Thank you for the opportunity to submit these comments. For the reasons outlined above, we **urge you and the members of the Maryland Legislature to oppose HB 1021/SB 0568.** Please reach out to me directly at 312-464-5288 or John.Whyte@ama-assn.org if you have questions or need further information.

Sincerely,



John Whyte, MD, MPH

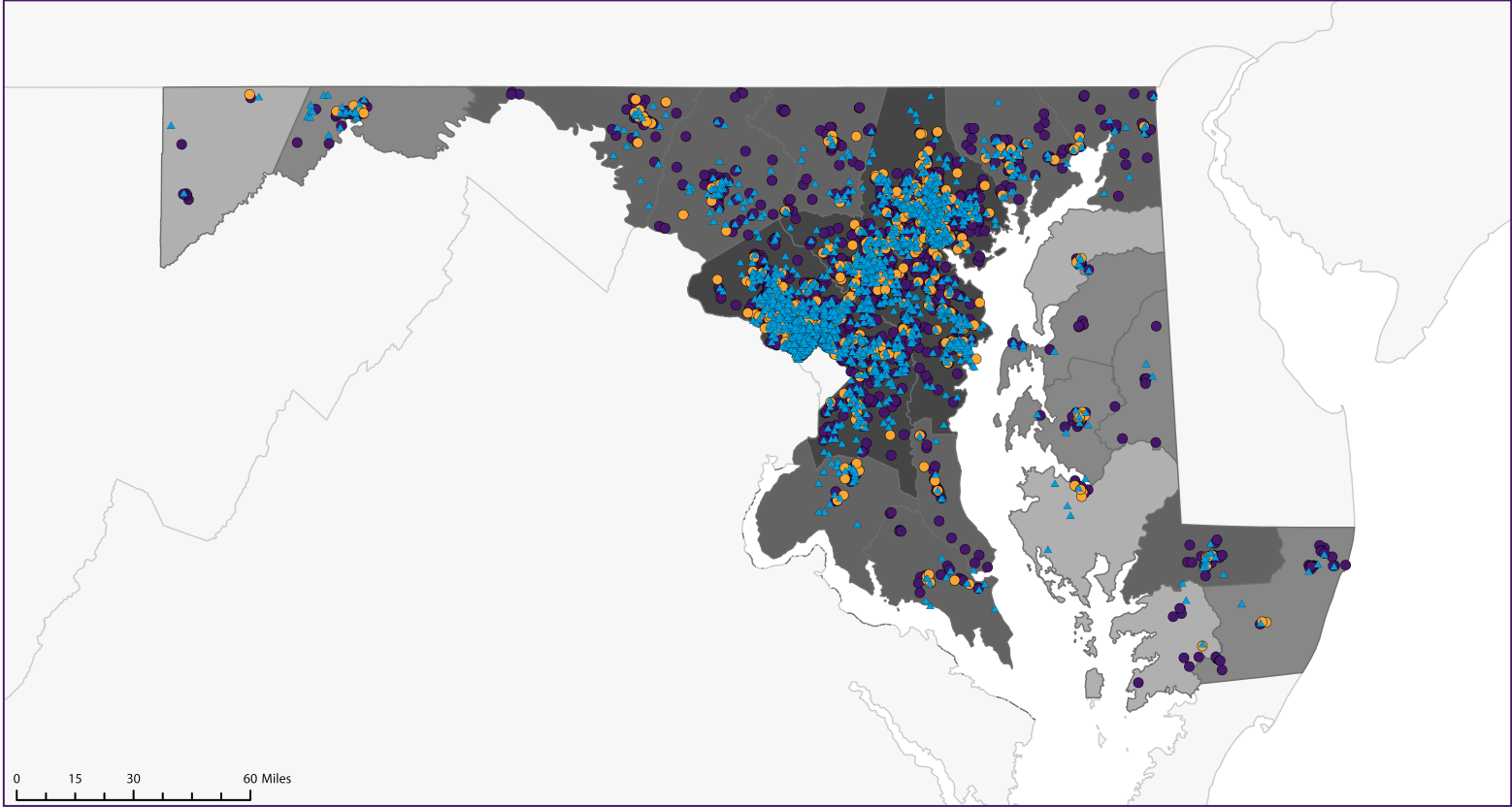
Attachment

cc: MedChi, the Maryland State Medical Society
Ilse R. Levin, DO, MPH & TM

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
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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