

March 2nd, 2026
Assembly Health Committee

Dear Chair Bagnall, Vice Chair Cullison and all distinguished members of the Assembly Health Committee:

I appreciate the opportunity to comment on HB 1021, which concerns prescriptive authority for psychologists. I am an assistant professor and director for the Knee Regulatory Research Center at West Virginia University where my research specializes in analyzing safety, efficacy, access, and cost of healthcare under different practice arrangements for non-physician providers. This comment is not submitted on behalf of any party or interest group.

I am one of the leading experts in the U.S. studying the effectiveness of prescriptive authority of psychologists. The two studies I am about to discuss were even cited as one of the drivers for the Department of Commerce's proposal for this policy change in Utah, which passed a few years ago.

Patient safety comes first and foremost. Mental health is tricky, in that there are so many moments where a person in need of support can drop out of the system. On average, it takes 6-8 weeks for an initial appointment with a psychologist, 6-8 weeks to then be referred and meet with a psychiatrist, and then between 0-6 weeks to be prescribed medication. During these long wait times, many patients give up hope.

New Mexico, Louisiana, Idaho, Illinois, Iowa, Utah, and Colorado allow for psychologists to start these medications earlier, reducing these long periods of time before a person in crisis gets care. My team has spent countless hours analyzing safety data to determine if this is an effective policy. We found no safety concerns. In fact, allowing medication to be started earlier decreased loss of life to suicide by 5-7 percent, and was more effective among middle-aged white men.¹ This did not stop patients from seeing psychiatrists, in fact, psychiatrist businesses were not affected at all.² Instead, there was a substantial set of new patients able to get time-sensitive psychopharmacological interventions in a timely manner.

The data finds that psychologist prescriptive authority after additional graduate training in psychopharmacological interventions is effective, safe, and gets care to those in need in a timely manner.

Best,



Alicia Plemmons, PhD
Director, Knee Regulatory Research Center

¹ <https://pubmed.ncbi.nlm.nih.gov/37271047/>

² <https://onlinelibrary.wiley.com/doi/full/10.1111/coep.12643>