

February 27, 2026

Delegate Heather Bagnall, Chair  
Delegate Bonnie Cullison, Vice Chair  
House Committee  
240 Taylor House Office Building  
Annapolis, MD 21401

**Bill: House Bill 1021 - Health Occupations – Licensed Psychologists – Prescriptive Authority**

**Position: Strong Support**

I am Dr. Pat Savage, a retired psychologist in Maryland who provided mental health services for 40 years to the residents of Maryland. I am also the current chair of the Maryland Psychological Association's Political Action Committee (MPAPAC), a past Chair of the Maryland Psychological Association's (MPA) Legislative Committee as well as a Past President of the Association. Today I am writing in support of HB 1021.

**The Issues**

As you know, this bill is an effort to both increase **access to care** as well as **improve coordination of care** that has the potential to make seeking quality mental health services easier for the residents of Maryland. The bill allows those psychologists, who choose to engage in extensive and focused training, on the knowledge and skills necessary to provide psychotropic medications to the people they serve, the opportunity to prescribe a limited formulary of medications designed to optimize treatment outcomes.

You may ask how this bill might **increase access to care**?

1. It is well known that if one chooses to utilize psychotropic medications as an intervention to treat their mental health issues, waiting times to see psychiatrists/physicians can be weeks to months. If the treating psychologist could prescribe medication an individual could be provided with medication in days rather than weeks or months.
2. By providing psychologists with this opportunity, the number of qualified prescribers is likely to increase. According to the 2024 Maryland behavioral health workforce report from the Maryland Health Care Commission, it is estimated that there are 1196 psychiatrists and 1,266 psychologists treating people in Maryland. The potential to increase access to medication seems quite clear.
3. People who are already in treatment with psychologists are more likely to move forward, when medication can be of help to them, if they can work with someone, they have already established a trusting relationship.

You may ask how this **bill improves the quality of care** received by Marylanders?

1. Many people require psychotropic medication whose effects, both intended and unintended (side effects), are well known and generally safe when properly prescribed and monitored. Allowing psychologists to prescribe will unburden physicians and psychiatrists from more routine cases to focus on more complicated cases, hence improving outcomes for those more complicated individuals.
2. Coordination of care is enhanced by housing an array of interventions (psychotherapy and medication) in one provider who may not need to spend copious amounts of valuable and unreimbursed time attempting to work with other providers, i.e., primary care, internal medicine, psychiatry, pediatricians, etc.
3. One provider regularly seeing the effects of both the behavioral and psychotropic interventions is likely to result in the best treatment outcomes.

4. Marylanders will appreciate spending less of their valuable time seeking the care they need when they can receive multiple interventions from one well-trained provider.
5. This bill requires prescribing psychologists to collaborate with their medical colleagues to ensure the best care is provided to our citizens.

Does this bill allow for psychotropic medications to be provided to our residents **safely**?

1. By requiring an additional master's degree to one's Doctoral degree psychologists will receive adequate training, both coursework and supervised practice, allowing them to safely prescribe a limited formulary of psychotropic drugs.
2. If one reviews the training, supervision, and examinations required to obtain this authority, you will see that attention to patient safety is priority number one.
3. The Department of Defense has long allowed qualified psychologists to prescribe medications and demonstrated that psychologists can do so safely.
4. Multiple states have allowed psychologists to obtain the authority to prescribe demonstrating that psychologists can do so safely. In fact, in several states the rate of suicide has declined after psychologists were granted prescribing privileges.
5. Contrary to what some have said, psychologists do receive course work adequate to develop a basic to complex understanding of the interaction between the brain and the body prior to seeking the additional education this bill requires.
6. This bill also requires psychologists to keep the knowledge necessary to safely prescribe up to date by requiring additional Continuing Education credits to that required to maintain their license as a psychologist.

What happens when an individual has underlying or complicated medical issues?

1. You will note that this bill requires psychologists to coordinate care with medical professionals to provide the highest levels of care for individuals electing to utilize psychotropic medications for their mental health.
2. Many psychologists are already collaborating with their physician colleagues to provide care to individuals with complex medical conditions or those medical conditions that might present as a psychological condition.

## **My Experiences**

I worked with pediatric, adolescent and adult populations to provide both counseling and formal evaluations. As a result, I was initially trained and then continued to be educated in the interaction between one's brain and body. In fact, because I received significant additional training in Neuropsychology, it was imperative to understand a myriad of medical conditions that affected one's cognitive and emotional function. To suggest that psychologists do not receive training of this type is untrue.

To those who say psychologists are not trained to adequately recognize medical conditions, I would offer the following. My training as a psychologist allowed me to be able to consider that what might look like an inattentive child, adolescent, or even adult, more commonly seen in children, might be a person experiencing an absence seizure (simple or complex). So rather than refer a child for psychostimulant medication I would have referred that child to a neurologist to diagnose and then target medication that would treat their condition. When an individual is depressed, considering that you might be dealing with an endocrine disorder such as a hypo or hyper thyroid condition is important and would warrant completely different medications to successfully treat one's condition. I could go on but I hope you see my point that even those of us who have not had the additional training required by this bill to prescribe are well versed in recognizing that biological issues can and do affect cognitive, emotional, and behavioral function.

During my time as a practicing psychologist, I would often provide a child, adolescent or adult with the evaluation necessary to diagnose a mental health condition and then with the individual make the determination that utilizing medication was an important component of their self-care or in our parlance treatment. An example would be the hundreds of people I diagnosed to be struggling with AD/HD, a complex and often misunderstood condition

that is mediated by areas of the brain that do not function “normally” and can result in significant impairments in one’s ability to successfully manage their environments, i.e. home life, social life, school, and/or work. When it was determined that medication might be a helpful tool, I would then spend a great deal of time working with other medical professionals, an array of physicians, to ensure that the individual would receive the best treatment we could provide, generally, a combination of cognitive-behavioral therapy, environmental engineering, and medication. What I found fascinating was that in many instances I would speak to the physician who specialized in pediatrics, internal medicine, and at times neurology, provide my recommendation and the individual’s desire to utilize psychotropics and be asked....” What medication would you recommend?” While this is currently outside the scope of practice for psychologists, I would often help direct the physician in choosing a medication based on the client’s genetics, family history, and any known medical conditions that they had reported to me. It would have been far easier and quicker for the newly diagnosed individual, should I have been trained to do so, to contact the physician, say this is what I’m thinking of prescribing, is there any medical condition that you are aware of that might be a problem with this individual. We both could have been off the phone quickly and the person would have walked away with a prescription and follow up care instructions that day. Time would have been saved for me, the physician, and the person seeking treatment. A win, win, win.

A second commonly encountered situation, that prescription authority would alleviate, is the wait time often required between an individual receiving a diagnosis and the implementation of psychotropic medication. For kids this would mean being able to intervene and adjust dosages more quickly based on an individual’s response to the medication, hence more time the child is able to absorb educational materials presented by teachers and less time presenting behavioral challenges to a teacher that require time that a teacher could have spent providing education rather than managing behaviors.

These are just a few of the examples that come to mind that I hope convince you that granting prescription privileges to psychologists’ time has come.

I have reviewed the training requirements and know that I received a hefty does of coursework addressing biological issues affecting cognitive and emotional functioning, as well as the results of the DOD and several other states and believe that psychologists can and should be offered the opportunity to prescribe psychotropic medications as safely as any other group that currently possess that authority. I also believed and was trained that when I was concerned about biological/medical issues consulting with one’s medical colleagues was the most appropriate standard of care. This bill would not change that but would most likely result in increased levels of collaboration all to the good of the person seeking treatment.

Lastly, if I was in practice today, I would not hesitate to refer to a psychologist who possessed the authority in Maryland to prescribe.

Thank you for your attention and consideration of this bill. I hope and urge you to provide a Favorable Recommendation in Support of HB1021. Should you have any questions or concerns, I would be glad to make myself available to you to answer those questions or address your concerns.

R. Patrick Savage, Jr., Ph.D.  
6703 Ilex Court  
New Market, MD 21774  
Licensed Psychologist: MD#2219