



## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

### Board of Examiners of Psychologists

4201 Patterson Ave., Baltimore, MD 21215

<https://health.maryland.gov/psych>

March 4, 2026

The Honorable Heather Bagnall  
Chair, Health Committee  
240 Taylor Office Building  
Annapolis, MD 21401-1991

### ***Re: HB 1021 Health Occupations – Licensed Psychologists – Prescriptive Authority – Letter of Concern***

Dear Chair Bagnall and Committee Members:

The Maryland Board of Examiners of Psychologists (the “Board”) is submitting this Letter of Concern for HB 1021 Health Occupations – Licensed Psychologists – Prescriptive Authority.

This bill authorizes a licensed psychologist to use prescriptive authority under certain circumstances if the psychologist is certified by the Board; establishes the Prescriptive Authority Advisory Committee to advise the Board on oversight and implementation of certain provisions of the Act; establishes application and qualification requirements for certified prescribing psychologists; and establishes requirements for prescribing psychologists who use prescriptive authority.

The Board is theoretically and philosophically supportive of authorizing prescriptive authority to qualified licensed psychologists. The Board, however, has not conducted the research necessary to determine how best to protect the public when implementing prescriptive authority for psychologists and was not given the opportunity to conduct any research or to opine before the bill was introduced. The Board is not sure whether the training requirements in the bill are sufficient to ensure competency, or whether any other restrictions or limitations not included in this bill would be prudent. It is understood that various models are used in the seven states that currently allow psychologists to prescribe but given that there are only approximately 200-250 prescribing psychologists in the country, it is not clear which model is most effective.

The Board has two main concerns with the bill as written. First, the bill lacks specificity on how a prescribing psychologist is meant to coordinate with the patient’s medical provider. It does not define “coordinate,” does not provide minimum standards for coordination, does not account for medical providers and psychologists who disagree on proper treatment, and does not provide for a patient who has no medical provider. The bill is more aspirational on this topic than

standardizing; some states are much more specific about the relationship between prescribing psychologists and medical providers. Second, the Board is concerned about the makeup of the advisory committee. Three of the five members would be Board members, none of whom are currently experts in psychopharmacology. Only one of the five are prescribers, and only two of the five would be guaranteed to be knowledgeable in psychopharmacology. The Board would essentially be advising itself on something it has no expertise in.

There are also some technical concerns with the bill as written. For example, the bill requires the Board to adopt a policy that requires a psychologist with prescriptive authority to get 20 hours of continuing education that is relevant to prescriptive authority, which is exactly half of the 40 hours of continuing education required for license renewal. The Board believes that is too much to be required on just one of the innumerable topics relevant to competency in the practice of psychology. Also, the bill requires prescribing psychologists to report the prescription to the Prescription Drug Monitoring Program (the "PDMP") as applicable, but prescribers do not report to the PDMP; only dispensers do; prescribing psychologists would have to register with the PDMP and be subject to querying requirements if they prescribe opioids (unlikely) or benzodiazepines (more likely).

Finally, the Board is concerned that the bill as written would carry a prohibitive fiscal note. The increased administrative burdens on the Board, including issuing certifications to prescribing psychologists, recognizing and approving educational programs, maintaining and transmitting required records, administration of the advisory committee, and ensuring compliance with the law and any related regulations, would require additional full-time staff and increased infrastructure and technological costs, which would likely necessitate an increase in licensing fees. The bill would also increase costs on the Office of Controlled Substances Administration and the other boards involved in the advisory committee.

The Board believes that the bill raises an important issue that could be beneficial to the health of the citizens of Maryland. However, expanding psychologists' scope of practice to include prescriptive authority requires a deliberate study of prescriptive authority to ensure safeguards are in place to protect the public. Such a study will lead to a more practical bill and clear up the current ambiguities and inconsistencies.

The Board respectfully asks that you vote unfavorably on HB 1021 as written and approve for the Board to conduct a Summer Study. The study will refine this bill and maximize efficiency, efficacy, and public protection. Representatives of the Maryland Psychology Association will be included in the discussion.

Thank you for your consideration. If you would like to discuss this matter further or have any questions, please contact Lorraine Smith, Executive Director, at [lorraine.smith@maryland.gov](mailto:lorraine.smith@maryland.gov).

Respectfully,  
*Stephen F. Bono*, Ph.D.  
Acting Chair, MD Board of Examiners of Psychologists

*The opinion of the Board expressed in this letter of concern does not necessarily reflect that of the Department of Health or the Administration.*