

Testimony of Morgan Sammons, PhD, ABPP, in re: HB 1021

I am Morgan Sammons, a psychologist and a retired Navy captain, providing testimony on behalf of HB1021, a measure that will allow appropriately trained psychologists to utilize certain medications in their practice. Although I now live in Oregon, I was a resident of Maryland for over 20 years, and was long-time member of the Maryland Psychological Association, including a term as its president. During that time, I was in the first cohort of a program that existed in the Department of War to train psychologists to prescribe. I did so safely and effectively for almost 20 years, providing prescribing services to military members and their families in Maryland and throughout the world. In both metropolitan areas where I worked alongside my psychiatric colleagues, such as the National Naval Medical Center, and in places where no mental health prescribers existed, such as Iceland and combat outposts in Iraq, I was able to assist servicemembers and their families with both psychological and pharmacological treatments.

I prescribed a full range of psychotropic drugs to active-duty members and their dependents in the DoW. I treated diagnoses from depression to severe psychosis with a full range of drugs from agents for insomnia to lithium and powerful antipsychotic drugs. All psychotropic agents have some degree of risk, several, including lithium, require close monitoring. As my training gave me the ability to interpret laboratory findings, I was able to administer complex regimens. After my military experience, I became Systemwide Dean of the California School of Professional Psychology, where I oversaw a civilian training program for clinical psychopharmacology, and have since consulted with other training programs for psychologist prescribers.

Maryland like most other states in our country faces a shortage of qualified prescribers of psychotropic drugs. Such shortages are of long-standing duration, and it has been demonstrated that in states where psychologists have been allowed to prescribe they have safely and effectively assisted in alleviating this problem. Such services are especially needed in rural and underserved areas, in this instance, significant areas of Western and Eastern Maryland.

Safety is an issue for all health care providers, no less so for psychologist prescribers. But the safely record of all non-physician healthcare specialties that have been given prescriptive authority is clear. Professions who add prescriptive authority to their scope of practice have uniformly done so safely and effectively.

Allowing psychologists to prescribe will be to allow mental health providers with extensive training and experience to incorporate medication, where indicated, into treatment. Because psychologists are fundamentally trained in behavioral and psychological, not just medication interventions, that are best equipped to provide a complete range of mental health services to patients rather than simply medication management.

I respect my psychiatric colleagues and have welcomed their collaboration in patient care. When I first began training in 1991, suffice to say my program was not popular in psychiatry. This changed rapidly when our training site, Walter Reed Hospital, faced a sudden shortage of psychiatric residents and I am happy to report that we became accepted and valued service providers alongside our fellow residents. The program I began in was truly an experiment. Now, with psychologist providers in 7 states, the DoD, Indian Health Service and US Public Health Service, we are an accepted component of comprehensive mental health care who have proven efficacy in meeting rising demand for services.

Prescribing psychologists will continue to work collaboratively with psychiatry and other providers to improve patient care. At the same time, we remain independently licensed providers who should be able to determine our own scope of practice, and not have it dictated by other professions. History speaks loudly that when other professions expand into areas once considered the exclusive purview of medicine, they do so safely and effectively, just as nurse practitioners have already done so in the state of Maryland and throughout the nation.

I am happy to answer any further questions you may have.