



R. PATRICK SAVAGE, JR., PH.D.  
6703 Ilex Court  
New Market, MD 21774  
Licensed Psychologist: MD# 2219

Telephone 301-906-3437

[rpatricksavagejrphd@gmail.com](mailto:rpatricksavagejrphd@gmail.com) \

---

March 6, 2026

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

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

Dear Delegates Bagnall & Cullison,

As I believe you may know, I am a strong supporter of this bill. I listened closely to the hearing yesterday and wanted to offer some clarifications about the opposition's characterization of the training psychologists receive while pursuing their Ph.D. and the additional training required by this bill to become a prescribing psychologist.

Three points I would like to address:

1. The point was consistently made that we are not exposed to the bodily systems involved in and interacting with the emotions, thinking, and behavior of the clients/patients we treat during our training nor in the subsequent training outlined by this bill if you choose to gain prescriptive authority. I believe this was referred to as "medical training."
2. Secondly, the comparison of the totality of the training physician's receive was only being compared to the additional training we must receive to gain prescriptive authority not to the totality of training a psychologist will have received (Ph.D./Psy.D. and then a master's degree) if we are able to gain prescriptive authority. I don't believe, and I hope you agree, that this is an unfair comparison.
3. It also seemed that physician training was presented as consisting of classroom/book learning and supervised practice while psychologists training was referred to as classroom/book learning. What was not mentioned was that psychologists also receive hours of prescribed supervision working with real clients/patients prior to receiving their PhD and this bill requires an additional year of supervised work with real clients/patients after undergoing two years of classroom/book learning.

I'd like to address more fully the extent to which psychologists receive training and exposure to the functioning of the human body. Our exposure begins in the classroom where an array of courses exposes and informs us about the integrated systems of the mind and body. We are constantly made aware of the many bodily systems that interact with the brain to mediate our thinking, behavior, and emotional responses to the world around us. Additionally, we are constantly reminded to consider "medical" issues that can and do affect the cognitive and emotional health of our clients/patients. For example, one should consider whether the thyroid is properly functioning in an individual presenting as depressed. After all, we now know that the body and mind act as an integrated system each influencing the other.

Our exposure does not just consist of "book learning." We received hours of supervised experience working with clients/patients learning to recognize how this integrated system of mind and body function prior to receiving our licenses to practice as psychologists in Maryland. Each of our experiences is somewhat different

depending upon interests and training opportunities available as we seek the ability to practice. Our training prepares us to understand and treat people with mental and behavioral issues that are often accompanied by complex physical conditions.

For instance, I received extensive training in the provision of Neuropsychological Evaluations. As a result, of that training, you receive extensive education about how the brain functions and mediates behavior and emotions as well as the multiple systems (endocrine, respiratory, digestive, excretory, hormonal, circulatory, etc.), chemical processes, and neurotransmitters that affect and or modulate brain function. I also engaged in extensive supervised practice utilizing these evaluations to understand and then treat clients/patients. In fact, we were trained to perform aspects of a neurological exam and then integrate that information with the client/patient's presentation, history, symptoms and the results of psychological tests to arrive at diagnoses and treatment recommendations.

Our exposure to working with complex medical conditions not only occurs during our supervised training experiences but continues as we practice and work collaboratively with medical providers, both generalists and specialists, to provide the most effective and safest treatments designed to improve the health and lives of the clients/patients we strived to serve. As a result, I have worked with patients who have undergone liver transplants, heart surgery, cancer treatment, brain trauma, brain disease, endocrine disorders, developmental disorders, etc. I have always done this in consultation with an array of physicians who deal more directly with the physical aspects of the disease but with the awareness that there are often multiple physical systems that are affecting the cognitive, behavioral and emotional function of the clients/patients I had the honor of serving. All of this without the additional training outlined in the bill you are considering. Should I have decided to pursue prescriptive privileges, per this bill, I would have pursued three additional years of training.

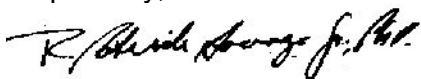
While I could not prescribe medications, even though I took an intensive course in psychopharmacology and in most other courses, psychotropics were often discussed along with the cognitive and behavioral interventions found to be effective in treating mental health issues, I was often asked by a physician what medication I thought would be most helpful to the client/patient. While working with my physician colleague, many times I was asked to monitor the implementation, including titration, of medications prescribed by my medical colleagues for mental health conditions. This was requested by the physicians as they did not see the client/patient as often as I so I could provide quicker feedback on the effects of the medication allowing them to more quickly introduce and make ongoing changes in dosage or changes in medication that might be necessary to support clients/patients' mental health needs. Attention to any changes in bodily function were an important part of this process.

Lastly, we are required to take ongoing continuing education to keep current and refresh our knowledge about the interactions of the mind and body as well as the treatments available to safely support our client/patient's health and emotional well-being. Once again, much of this training is an integration of mind and body systems.

My hope is that this information is of use to you during your deliberations on this bill. I appreciate the time and attention that you have and will continue to give this important opportunity to lessen the burden on those individuals seeking mental health services from psychologists in Maryland.

I would gladly answer any additional questions you might have.

Respectfully,



R. Patrick Savage, Jr., Ph.D. ABMP  
Licensed Psychologist, MD 2219  
Past President, Maryland Psychological Association  
Past Legislative Chair, Maryland Psychological Association  
Member, Editorial Board of Applied Neuropsychology: Child  
Member, Editorial Board of Applied Neuropsychology: Adult