To the Honorable Chair and Vice Chair of the Committee on Health and Welfare,

My name is Dr. Derek Phillips; I am double board-certified in psychopharmacological psychology and medical psychology. I am the Director of Psychiatry at Arcus Behavioral Health & Wellness, a non-profit psychology practice in Chicago. I am also Executive Director of the M.S. in Clinical Psychopharmacology program within the Marion Turpan College of Psychology and Counseling at Fairleigh Dickinson University, one of seven clinical psychopharmacology training programs in the U.S.

I am writing to express my **full support for H. 237** and will now address several common concerns about the proposed legislation.

**Training:** The education and training of prescribing psychologists is quite extensive and, depending on the jurisdiction in which one is a prescribing psychologist, is as high as 20,000 hours. This does not lower the standard for prescribing authority, particularly considering the amount of training non-psychiatric prescribers (who prescribe most psychotropic medications such as primary care providers) have. While we do not go to medical school, we are medically-trained. A prescribing psychologist's education and training includes 1) a four-year undergraduate degree, 2) four-year doctoral degree in health service psychology (PsyD or PhD), 3) one-year full-time internship, 4) one- to two-year full-time postdoctoral fellowship, 5) passage of the Examination for Professional Practice in Psychology (EPPP), 6) two-year (full-time) postdoctoral Master of Science degree in clinical psychopharmacology (known as MSCP), 7) passage of the Psychopharmacology Examination for Psychologists (PEP), 8) a supervised physical assessment practicum, and 9) a supervised prescribing fellowship. The MSCP consists of at least 450 classroom hours over approximately 24 months in which the following subjects are taught: basic science (biology, chemistry, anatomy & physiology), functional neurosciences, physical examination, interpretation of laboratory tests, pathological basis of disease, clinical medicine, clinical neurotherapeutics, pharmacology, clinical pharmacology, psychopharmacology, and psychopharmacology research. The program also includes mandatory, specific coursework that addresses treating special populations, including both children and adolescents and older adults. With this degree of education and training, prescribing psychologists are able to conceptualize their patients holistically, including the ability to anticipate and manage side effects, drug interactions (drug-drug, drug-food, etc.), differential diagnosis (including medical conditions that mimic psychiatric conditions) related to any and all body systems, and order appropriate laboratory and/or imaging tests. Moreover, prescribing psychologists consider many factors of a patient's health, not only their mental health.

Given the enormity of this training, both the mental health and medical training of prescribing psychologists are more than adequate to prescribe safely, which has been evident over the past 30+ years of prescribing by psychologists across the Army, Navy, Air Force, Public Health Service, Indian Health Service, and the seven states that already have RxP. In fact, recent research suggests that prescribing psychologists' knowledge of psychopharmacology and related content areas is second only to psychiatrists and superior to all other providers included in the study (e.g., PCP, APRN, PA-C, etc.) who commonly prescribe psychotropic medications (Cooper, 2020).

**Access:** Unfortunately, many places around the country are mental health shortage areas and psychiatric prescribers are among the least available in these areas. This is primarily due to the aging psychiatrist population and the phenomenon of physicians increasingly choosing other medical specialties over psychiatry. Will prescribing psychologists completely remedy this problem? Perhaps not. But they will and already do help the access to care problem, as there are significantly more psychologists available than psychiatrists, sometimes twice as many psychologists in some areas. This is true even if a relatively small percentage of psychologists choose to undergo this additional training. The unfortunate truth is that wait times to see a psychiatrist are unacceptably long and fewer and fewer psychiatrists are accepting patients with insurance, which exacerbates the problem. Some potential solutions to access problems that have been suggested before are increasing psychiatry residency spots and increasing the use of telemedicine; however, these have both been done and have not resulted in significant improvements to access to care in most places. Some argue that prescribing psychologists will not work in rural areas and/or accept Medicaid. However, as an example, over the past 20 years in New Mexico, approximately 90% of prescribing psychologists see patients with Medicaid. Also, in general, psychologists are more likely to accept various forms of insurance than psychiatrists.

Another argument is that enacting RxP will negatively affect the wait times for patients to see psychologists for psychotherapy or other psychological services, such as psychological testing. This not likely due to the way prescribing psychologists structure seeing their patients. If RxP becomes law, prescribing psychologists will be able to prescribe medications, if needed, while simultaneously providing psychotherapy. Extra appointments that could bog down schedules and thus wait times would not be needed. This also allows prescribing psychologists to be a "one-stop-shop" for patients who need psychological testing, psychotherapy, and medication, which means lower costs for patients due to fewer total appointments and less-fractured care. Yet another argument from the opposition is that there is still a relatively low number of prescribing psychologists even after nearly 30 years. Although it is true that our numbers are still relatively low, the primary reason for this is not a lack of interest from psychologists to complete the additional training. The primary reason is because the opposition has prevented prescribing psychology legislation from being successful, which then prevents our numbers from growing significantly. In the clinical psychopharmacology program that I run, we are always at capacity with students on a waiting list to begin the training.

**Quality Care:** Psychologists tend to spend more time with their patients, as they meet more frequently and have longer visits, something for which other providers simply do not have the time. This easily lends itself to having an extensive knowledge of the patient (and often their family) and a deep rapport. Research indicates that 60-80% of psychotropic medications are prescribed by primary care providers, who have less training with prescribing these medications and often ask for psychologists' suggestions regarding which medications to prescribe. Due to psychologists' foundational training in psychological assessment, psychotherapy, and consultation, we have other treatment tools to use with our patients. Because of this, prescribing psychologists are known to frequently "deprescribe" psychotropic medications and more heavily rely on alternative treatment approaches to avoid polypharmacy, which is a common phenomenon in psychiatric patients, especially in older adults. New research has shown that, in

two states that already have RxP, suicide rates have decreased by 5-7% (Roy-Choudhury & Plemmons, 2020).

**Safety:** Although safety data are difficult to come by, in nearly 30 years of prescribing, there have been essentially no substantiated complaints of prescribing psychologists, according to information provided by The Trust, a large malpractice insurance company for psychologists. In contrast, 2-3% of all psychiatrists annually have a malpractice claim lodged against them (Frierman & Joshi, 2019). Also, anecdotally, PCPs are very comfortable referring their patients to prescribing psychologists and very much rely on prescribing psychologists to care for their patients since it is not family medicine or internal medicine physician's area of expertise. There have been additional arguments that prescribing psychologists must be overseen and regulated by the medical board. While prescribing psychologists are not under the jurisdiction of the medical board, they are regulated in the same way by a psychology board comprised of a combination of non-prescribing psychologists, prescribing psychologists, and physicians.

I appreciate your time reviewing my comments and am happy to answer any questions you may have.

Sincerely,

**Derek C. Phillips, PsyD, MSCP, ABMP, ABRxP**
Founding President, American Board of Psychopharmacological Psychology
Former President, Illinois Psychological Association
Former President, Society for Prescribing Psychology
Board Certified in Psychopharmacological Psychology
Board Certified in Medical Psychology
Licensed Prescribing Psychologist in Illinois

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