

Psychologists are experts in important mental health interventions and are highly valued members of the health care community. While H.237 does incorporate safeguards, we continue to be concerned about diverting important time and resources away from professionals doing what we need more of, which is not prescribing. We also are concerned that we are going into this for the wrong reason – this is not a solution for increasing access to mental health care and we do already have important programs that are being cut, partially funded or not fully utilized to support patients.

In response to Philip Hughes, PhD presentation of the study of safety and access with psychologists prescribing, we want to draw attention to our assessment of the study and his testimony.

High-level Concerns

- **The letter overstates the certainty and generalizability of the scientific evidence.**
- Several claims are directionally plausible but causally overstated, insufficiently contextualized, or presented without appropriate caveats.
- Some assertions, as written, would not withstand close methodological or expert review without qualification, even if based on peer-reviewed studies.
- The biggest flaw is that associational findings are framed as definitive causal proof, particularly regarding suicide, mortality, and adverse events.
 - For example: “Prescribing Psychology Improves Population Mental Health” Statements like: “*Suicide rates decreased when psychologists began prescribing*”; “*Mental health mortality decreased*”; “*In all states where psychologists can prescribe...*” raise red flags because:
 - Suicide trends are influenced by dozens of confounders:
 - Economic cycles
 - Firearm access
 - Substance use trends
 - Medicaid expansion
 - Mental health funding
 - Prescriptive authority laws affect **very small proportions of total prescribers**, making large population-level effects biologically and statistically implausible without strong causal designs.

The main validity problem is not fabrication; it’s over-claiming causality and generalizability from largely observational and/or modeled work. This does not mean the underlying studies are invalid—but the way they are summarized exceeds what the evidence can cleanly support.

As you vote, consider that this is not the solution for increasing access to mental health care. We do already have important programs that are being cut, partially funded or not fully utilized to support patients.

Sincerely,

Lisa Catapano-Friedman, M.D.