

Prescriptive Authority for Psychologists
Position Paper
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The National Register of Health Service Psychologists supports legislation to allow prescriptive authority for psychologists who are appropriately trained and credentialed. While concerns about prescriptive authority for psychologists have been raised, research exists to counter those concerns (Curtis et al., 2023). Psychologists can be trained to provide quality services that are safe and effective, prescriptive authority for psychologists is cost effective and such authority can increase access to care including with underserved populations.

Some of the earliest evidence of the effectiveness of training psychologists for prescriptive authority comes from the Department of Defense's training program that started in 1991 and was completed by eleven psychologists (Fox et al. 2009). Competencies and recommended curriculum were also developed by the American Psychological Association in 1993 (Smyer et al., 1993). In the ensuing time, formal quality assurance mechanisms have been established to further ensure the competence of psychologists trained for prescriptive authority. These include a recommended curriculum (American Psychological Association, APA, 2019a), a quality assurance mechanism for training programs (APA, 2019b), a national certification exam (Association of State and Provincial Psychology Boards, n.d.), and a specialty credential well under development (Pujol, 2025). Further, prescriptive authority for psychologists has been approved by a growing number of states, including New Mexico, Louisiana, Illinois, Iowa, Idaho, Colorado, and Utah, as well as in Guam, the Department of Defense, U.S. Public Health Service, and the Indian Health Service.

Support for the cost effectiveness of prescriptive authority for psychologists is also accumulating. Hughes et al. (2023) found that prescriptive authority for psychologists was a cost-effective means to reduce state-level suicide rates. In another study, prescriptive authority was associated with decreases of 5 to 7 percent in mortality from self-inflicted injury were reported in New Mexico and Louisiana (Choudhury & Plemmons, 2023).

Prescriptive authority for psychologists is also a strategy to address shortages of mental health providers who are prescribers, helping to increase access to care (Peck et al., 2021). Moreover, 65% of prescribing psychotropic medications is done by primary care providers who often do not have specialized training in the diagnosis and treatment of mental health conditions (Hughes, 2023). Peck et al. (2021) surveyed prescribing psychologists, and over half of the reported clinical care was to individuals served by Medicare, Medicaid, uncompensated care funds or pro bono work supporting that prescribing psychologists work with underserved populations. Linda and McGrath (2017) asked prescribing psychologists about ways they were increasing access to care; 38.5% reported by mitigating the lack of alternative providers, 19.2% addressing the lack of availability of other providers, 19.2% reducing the need to refer cases out, 15.4% increased access for low SES patients and 15.4% reduced wait time.

Growing data documents characteristics of the work of prescribing psychologists, helping to provide greater understanding of how prescribing psychologists apply their skills. A hallmark of

prescriptive authority for psychologists is that it allows psychologists to develop a unique skillset. Being both highly trained as psychologists and psychopharmacologists offers more flexibility in treatment options (Shearer, 2020). Further, de-prescribing, that is, reducing or discontinuing psychotropic medications while providing psychotherapy, has also been noted as a clinical tool utilized by prescribing psychologists (Curtis et al., 2023).

The evidence base supporting the benefits of prescriptive authority for psychologists continues to build. As such, the National Register of Health Service Psychologists supports efforts to increase the number of jurisdictions that enact legislation to allow prescriptive authority for psychologists who are appropriately trained and credentialed.

References

- American Psychological Association (2019a). Model education and training program in psychopharmacology for prescriptive authority. <https://www.apa.org/about/policy/rxp-model-curriculum.pdf>
- American Psychological Association (2019a). Designation criteria for education and training programs in psychopharmacology for prescriptive authority <https://www.apa.org/education-career/grad/rxp-designation-criteria.pdf>
- Association of State and Provincial Psychology Boards (n.d.). Psychopharmacology examination for psychologists. <https://asppb.net/exams/pep/>
- Choudhury, A. R., & Plemmons, A. (2023). Effects of giving psychologists prescriptive authority: Evidence from a natural experiment in the United States. *Health Policy*, 134, 104846.
- Curtis, S. E., Hoffmann, S., & O'Leary Sloan, M. (2023). Prescriptive authority for psychologists: The next step. *Psychological Services*, 20(2), 363.
- Fox, R. E., DeLeon, P. H., Newman, R., Sammons, M. T., Dunivin, D., & Baker, D. C. (2009). Prescriptive authority and psychology: A status report. *American Psychologist*, 64, 257-268.
- Hughes, P. M., Phillips, D. C., McGrath, R. E., & Thomas, K. C. (2023). Examining psychologist prescriptive authority as a cost-effective strategy for reducing suicide rates. *Professional Psychology: Research and Practice*, 54(4), 284.
- Linda, W. P., & McGrath, R. E. (2017). The current status of prescribing psychologists: Practice patterns and medical professional evaluations. *Professional Psychology: Research and Practice*, 48, 38-45. <http://dx.doi.org/10.1037/pro0000118>
- Newman, R., Phelps, R., Sammons, M. T., Dunivan, D. L., & Cullen, E. A. (2000). Evaluation of the psychopharmacology demonstration project: A retrospective analysis. *Professional Psychology, Research and Practice*, 31(6), 598-603. <https://doi.org/10.1037/0735-7028.31.6.598>
- Peck, K. R., McGrath, R. E., & Holbrook, B. B. (2021). Practices of prescribing psychologists: Replication and extension. *Professional Psychology: Research and Practice*, 52(3), 195.
- Pujol, L. (summer, 2025). President's column. *The Tablet*. 3. <https://www.apadivisions.org/division-55/publications/tablet/summer-2025.pdf>
- Shearer, D. S. (spring, 2021). The case for the efficacy of prescribing psychology: Utilizing existing research and guidelines. *The Tablet*. 13-17. <https://www.apadivisions.org/division-55/publications/tablet/spring-2021.pdf>

Smyer, M. A., Balster, R. L., Egli, D., Johnson, D. L., Kilbey, M. M., Leith, N. J., & Puente, A. E. (1993). Summary of the report of the Ad Hoc Task Force on Psychopharmacology of the American Psychological Association. *Professional Psychology: Research and Practice*, 24(4), 394. <https://doi.org/10.1037/0735-7028.24.4.394>