Statement of the
Ohio State Medical Association
to the House Health Committee

Substitute H.B. 326 – Psychologists and Prescriptive Authority

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Chairman Huffman, Vice Chair Gavarone, Ranking Member Antonio and members of the House Health Committee, thank you for the opportunity testify in opposition to Substitute House Bill 326, a bill that would permit certain psychologists to prescribe psychotropic and other drugs for the treatment of mental illness.

I am speaking today on behalf of the 12,000 members of the Ohio State Medical Association, as well as on my own behalf, as a clinician who was first educated and trained as a psychologist to treat individuals with behavioral conditions and later as a psychiatric physician.

Psychologists have an academic degree as either a doctor of psychology (PsyD) or a doctor of philosophy (PhD). These academic degrees are in the study of psychology and human behavior and do not include the underpinnings of medical coursework. Psychologists have extensive training to in order to test for deficits in psychological functions and human behavior, as well as various psychotherapies. Their focus is on behavioral change through talk therapy, not underlying biological causes and problems.

Psychologists complete an internship. Their experience varies in depth and breadth regarding psychopathology and interactions with the medical community. These internships may be located in a medical, counseling or community health care setting. Unlike medical specialties, the psychology internship experience is not standardized across the country. This flexibility is required and necessary for the profession of psychology; hence, the accomplishment of a PsyD or PhD alone will not indicate which psychologist is prepared to enter a program that will allow prescribing authority.

After practicing for 13 years as a clinical psychologist, I decided I wanted to do more in helping my patients achieve optimum overall health and well-being (not simply as it related to

behavior). At the time, there were significant advances being made in the area of psychopharmacology with what is known as second-generation medications.

Before I could even apply to medical school, I had to spend four years going back to school to take all the biomedical courses that are not typically included in the undergraduate, master's or doctorate degree programs for psychologists. Those courses include:

- Anatomy and Physiology 201, 202, 203 (1year) with lab cadaver
- Biochemistry 201, 202, 203 (1 year)
- Biology 101, 102, 103 with labs (1 year)
- Chemistry 101, 102, 103 with labs (1year)
- Organic Chemistry 210, 211, 213 (1 year)
- Physics 301, 302, 303 (1 year)

After acquiring the needed courses, I was prepared to take the Medical College Admission Test (MCAT) and apply to medical school. Following four years of medical school, and four years completing a residency training program in psychiatry, I was then able to practice as a physician specializing in psychiatry, which includes the safe prescribing of psychiatric medications and other therapies to help my patients, including the continuation of psychotherapy (which is taught in psychiatric residency programs). Being able to prescribe safely is the culmination of everything we have learned through our medical training and residency.

A crash course in prescribing, as proposed in Sub. HB 326, cannot substitute for the comprehensive knowledge and skills physicians achieve through medical education and rigorous clinical experience. Non-physician professionals who do prescribe (e.g., nurse practitioners, physician assistants) have significantly more medical training than what psychologists propose for themselves. These non-physician providers also generally require strong supervision or collaborative agreements with a physician.

Lowering standards to prescribe is a dangerous and costly venture. These proposals often place licensure regulation of proposed "medical psychologists" or "prescribing psychologists" under state psychology boards with members that lack the necessary medical expertise to oversee and ensure safe practice and standards of care.

Finally, the proponents of Sub HB326 have stated that psychologists have been prescribing safely in the military for decades. They are referring to a pilot program conducted by the Department of Defense in 1991. In reality, thirteen psychologists participated in the program; three dropped out; 10 graduated (two of which decided to go to medical school); the remaining eight went on to prescribe in the Army, Navy or Air Force. Based on exit interviews, many of the psychologists believed they were ill prepared to prescribe competently. Graduating less than 10 psychologists, at a very high cost, in 1997, the General Accounting Office* deemed the pilot a failure and discontinued it.

Thank you again for the opportunity to testify. I would be happy to address any questions committee members have at this time.

*From the GAO report:
“Training psychologists to prescribe medication is not adequately justified because MHSS has not demonstrated a need for them, the cost is substantial, and the benefits are uncertain.”

Moreover, there was reduced legal exposure by these psychologists (or supervising psychiatrists), since under Feres Doctrine, active duty military personnel are immune from lawsuits for injuries that they have caused to other military personnel by their negligence, gross or otherwise.