



Opponent Testimony

Substitute House Bill 326 Psychologists and Prescriptive Authority

To Members of the
Ohio House Health Committee

Presented by:
William Resch, DO

on Behalf of the
Ohio Psychiatric Physicians Association

May 23, 2018

Chair Huffman, Vice Chair Gavarone, Ranking Member Antonio and members of the House Health Committee, I thank you for the opportunity to provide testimony in opposition to Substitute House Bill 326, which would allow psychologists to prescribe psychotropic medications.

My name is Bill Resch and I am a board-certified psychiatric physician, who specializes in the treatment of patients with mental health disorders, which include schizophrenia, bipolar disorder, major depression and many other illnesses of the brain. I am a Clinical Associate Professor of Psychiatry at The Ohio State University and Ohio University Heritage College of Osteopathic Medicine. I have further experience in medical education and training as medical student Clerkship Director, and Residency Training Director x 2.

In my position as President, I am speaking on behalf of the Ohio Psychiatric Physicians Association (OPPA), a statewide medical specialty association whose nearly 1,000 physician members specialize in the diagnosis, treatment and prevention of mental illness including substance use disorders.

As background, for well over two decades, organized psychology (the American Psychological Association and its state branches) has made numerous attempts to expand their scope of practice by seeking the authority to practice medicine through legislative efforts that would permit them to prescribe psychotropic medications for mental illnesses. The American Psychological Association defined and developed “model curriculum” – without input from physicians, including psychiatrists.

Nearly 200 bills have been introduced and consistently defeated in more than 20 states since 1985. In only two states, NM (2002) and LA (2004) are a limited number of psychologists actually prescribing. Three additional states, IL, IA and ID have legislatively granted psychologists prescribing privileges, however, in all of these states, efforts have been bogged down in the regulatory process, as a result of significant concerns of safety to patients. Last year, Oregon Gov. Kate Brown (D) wisely vetoed a bill because of patient safety concerns and as she stated: This legislation “is not a proven solution. There remains a lack of evidence that psychologist prescribing will improve access or quality of care.”

The difficulty Ohio citizens have accessing mental health care is a serious problem in our state. While a small minority of individuals believe HB326 provides a solution, it is one we believe puts Ohioans at unnecessary risk by permitting psychologists, without sufficient medical training to prescribe very serious and potentially dangerous medications. We believe a 425-hour online course, which can be completed in the equivalent of 10 weeks, teaching solely about medications, is inadequate preparation for the skills necessary to safely prescribe. It requires NO basic science prerequisites, NO natural science education, limited exposure to anatomy, physiology, biochemistry, neurology, cardiology, gastroenterology, nephrology, endocrinology or other fields of medicine necessary to make accurate diagnoses and provide safe, effective treatment for those experiencing psychiatric symptoms. Not only is the breadth of coursework lacking, but the depth of the proposed training (based on organized psychology’s model coursework) is woefully inadequate.

The psychotropic medications used to treat mental illnesses are among the most powerful available to modern medicine. Psychotropic medications affect all body systems, not solely the brain (addendum A). Psychotropic medications have potential disabling and deadly side effects. When not properly prescribed and monitored, they can cause convulsions, cardiac arrhythmias, blood diseases, severe high or low blood pressure, coma, stroke and even permanent disability and death.

We have attempted to work with the proponents to identify a safe and effective model of care which would enable them to prescribe. The OPPA has stated that the education and training for

psychologists who want to prescribe must be no less than that of other behavioral health prescribers – psychiatric advanced practice registered nurses (APRNs) and physician assistants (PAs) – in number of hours, breadth, course content (including “hands-on labs”) and prerequisites. Just last week the proponents came to an interested parties meeting conceding that they need additional coursework in biomedical education, however what was presented is still inadequate based on the course content required of psychiatric APRNs and PAs.

While we all want to do something about the access problem, it is imperative that we select only those solutions that ensure patient safety and effective care. There is no evidence that prescribing psychologists have improved access in NM or LA (the only two states where psychologists are prescribing) no evidence that they've moved to underserved areas (appendix B), and no evidence that patients are seen more quickly as a result. And, again, there is no evidence that psychologists prescribe safely.

There ARE safe alternatives to improve access:

- 1) better utilization of available prescriber-resources by incentivizing collaborative care, whereby psychiatrists work with primary care physicians to provide more efficient and effective mental health care;
- 2) reimbursement of telepsychiatry, which can improve access to those in rural parts of the state utilizing already trained providers;
- 3) increasing mental health education opportunities for primary care providers; and
- 4) expanding the number of APRNs and PAs providing treatment in Ohio

All of these alternatives will improve access to care, cost-effectively and SAFELY.

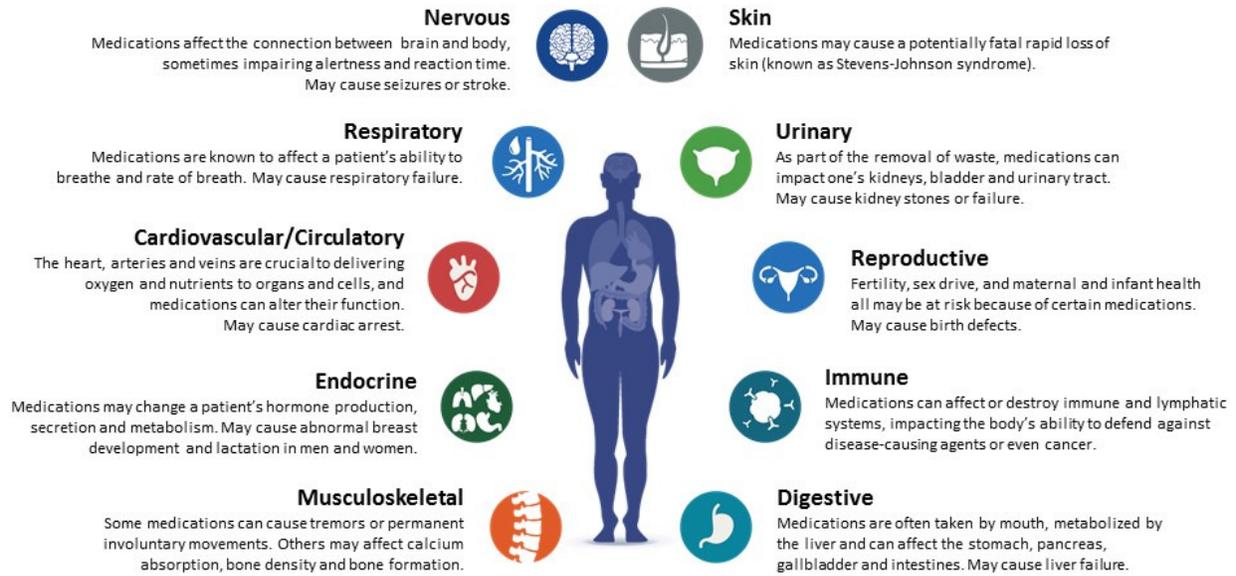
Ohio's citizens with mental illness are among the most stigmatized and discriminated in our state. To enable this vulnerable population to receive medication treatment from inadequately trained prescribers reinforces the notion they are not deserving of the same high level of medical care we insist upon for those with other physical medical illness. Please don't jeopardize the safety of Ohio's mentally ill. Ensure that they have access to only safe prescribers with appropriate medical training.

To allow insufficiently-trained professionals to provide direct medical care without adequate medical training or direct supervision is a risky gamble with the mental and physical health needs of some of the most medically complex and vulnerable Ohio citizens.

Thank you for allowing me to share the concerns of the Ohio Psychiatric Physicians Association. I would be happy to address and questions you may have.

Psychiatric Medications Affect All Body Systems

Safe, appropriate prescribing requires expert medical knowledge of all body systems.



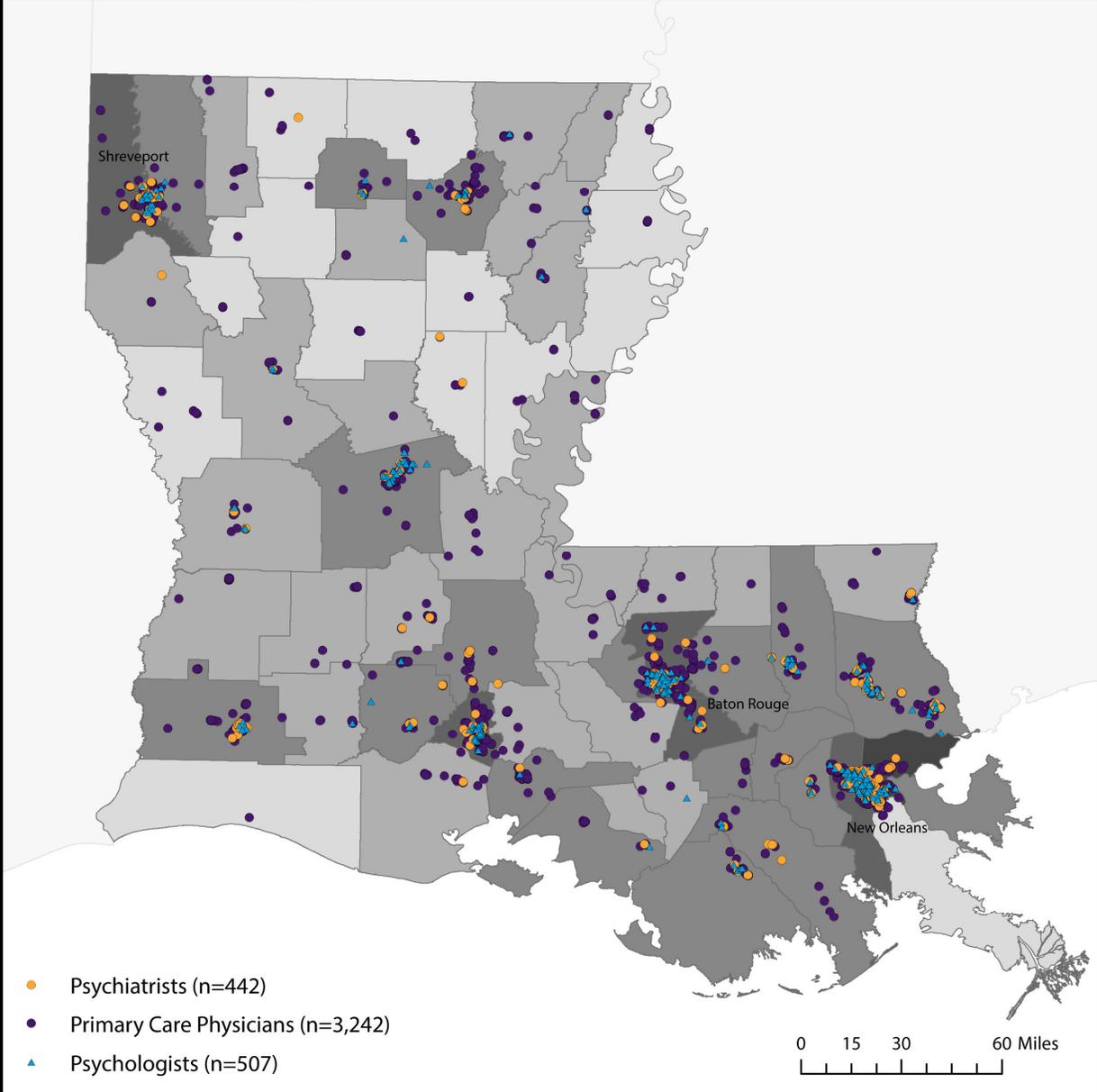
Safe Prescribing Can't Be Taught in the Equivalent of Just Ten Weeks
Oppose the Unsafe Psychologist-Prescribing Bill – Sub. HB326

Addendum B



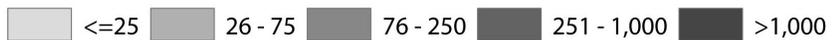
Psychiatrists and Primary Care Physicians to Psychologists

Louisiana



Population per square mile

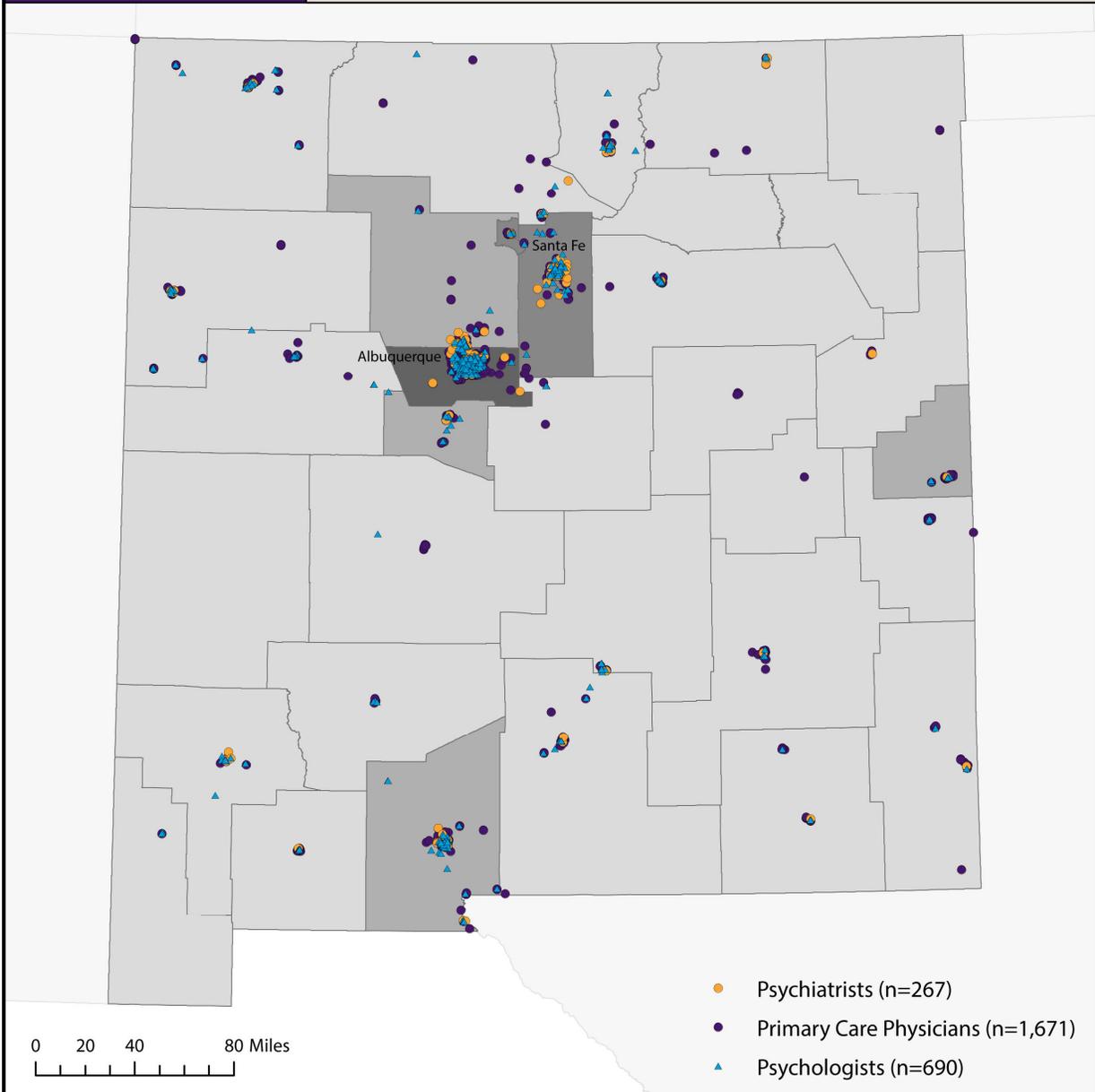
Source: 2012 American Community Survey



Source Notes: AMA Physician Masterfile 2013; Centers for Medicare and Medicaid Services' National Plan and Provider Enumeration System 2013; US Census county and state shapefiles 2010 © 2014 American Medical Association. All rights reserved. Created by The Robert Graham Center

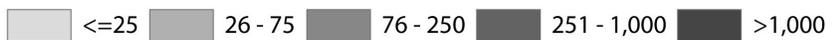
Psychiatrists and Primary Care Physicians to Psychologists

New Mexico



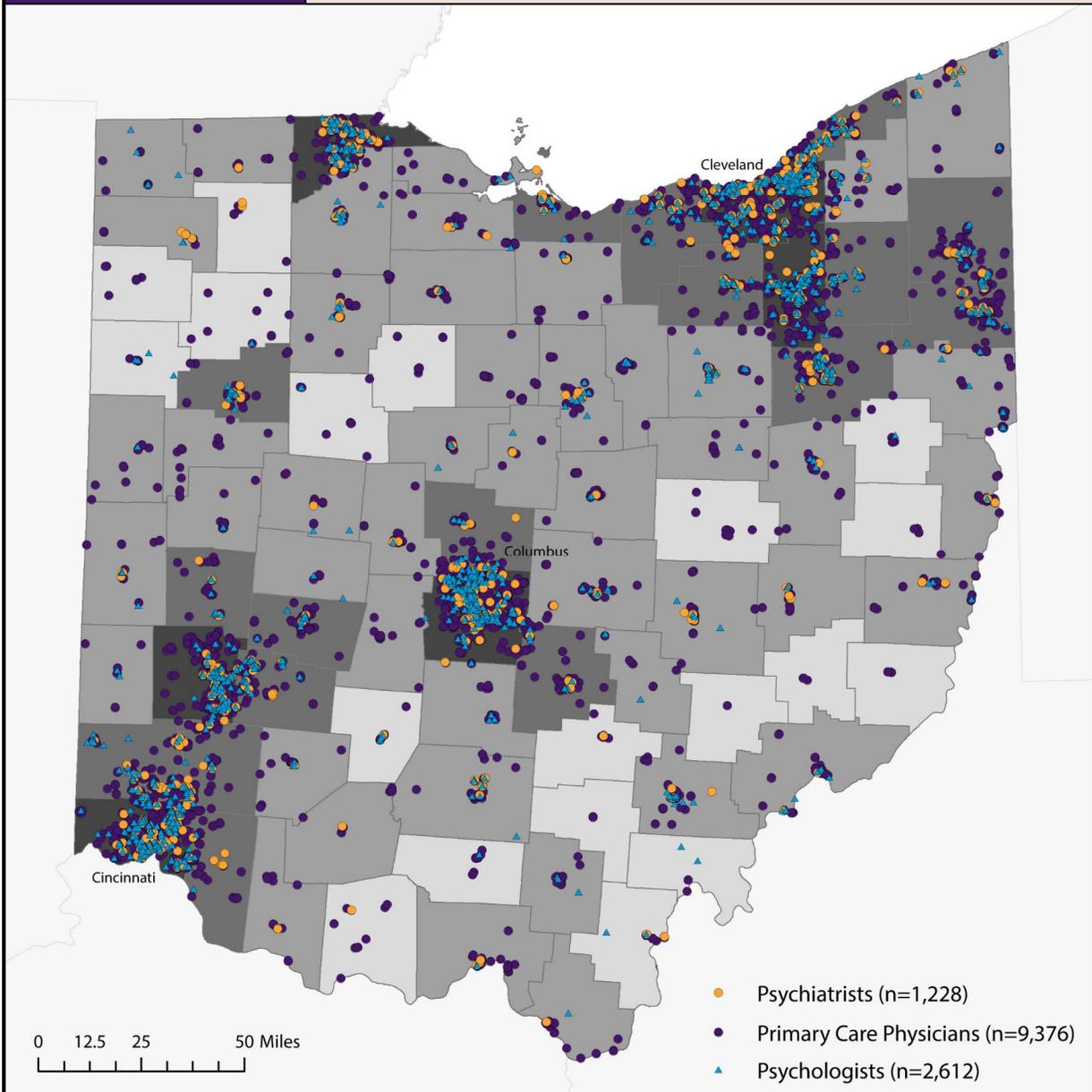
Population per square mile

Source: 2012 American Community Survey



Psychiatrists and Primary Care Physicians to Psychologists

Ohio



Population per square mile

Source: 2012 American Community Survey

